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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2004

JUNE 26, 2003.—Ordered to be printed

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

REPORT

[To accompany S. 1356]

The Committee on Appropriations reports the bill (S. 1356) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2004, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amount of budget authority

Total bill as reported to Senate	$472,167,787,000
Amount of adjusted appropriations, 2003	430,990,474,000
Budget estimates, 2004	469,697,048,000
The bill as reported to the Senate:	
Over the adjusted appropriations for 2003	+41,177,313,000
Over the budget estimates for 2004	+2,470,739,000

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2003, the Committee recommends total budget authority of $472,167,787,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, $137,601,000,000 is current year discretionary funding.

OVERVIEW AND BILL HIGHLIGHTS

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

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

HIGHLIGHTS OF THE BILL

Job Training.—The Committee recommendation includes $5,115,588,000 for job training programs, an increase of $163,602,000 over the budget request.

Worker Protection.—The Committee bill includes $1,493,485,000 to ensure the health and safety of workers, including $463,324,000 for the Occupational Safety and Health Administration and $270,711,000 for the Mine Safety and Health Administration. The recommendation is an increase of $33,841,000 over the 2003 level.

Child Labor.—The Committee bill includes $108,000,000 for activities designed to end abusive child labor. This is $95,730,000 above the budget request.

National Institutes of Health.—A total of $27,982,604,000 is recommended to fund biomedical research at the 27 Institutes and Centers that comprise the NIH. This represents an increase of $1,000,000,000 over the fiscal year 2003 level and $318,613,000 over the budget request.

Centers for Disease Control.—The Committee bill provides $4,432,496,000 for the Centers for Disease Control and Prevention, an increase of $147,856,000 over the fiscal 2003 level. Included in this amount is $801,844,000 for chronic disease prevention and health promotion of which $50,000,000 for obesity prevention.

Physical Activity and Nutrition.—The Committee recommendation includes a total of $944,702,000 for programs to increase physical activity, improve nutrition, and reduce obesity and overweight, an increase of $34,221,000 over the fiscal year 2003 appropriation.

Infectious Disease Initiative.—The Committee bill includes $2,138,960,000 for infectious disease research, prevention and control. Included in this amount is $422,760,000,000 for infectious disease control at the Centers for Disease Control of which $50,000,000 is targeted to areas where new infectious diseases tend to occur and $25,000,000 for containment of disease outbreaks such as SARS and monkeypox. For emerging infectious diseases at the National Institutes of Health, the Committee has included $1,686,200,000, an increase of $599,000,000 over the fiscal year 2003 appropriation.

Preventing and Reversing Heart Disease.—The Committee bill includes $5,758,686,000 for research and prevention programs to address heart and related diseases. This amount is $166,497,000 over the fiscal year 2003 level. Included in this amount is $2,897,595,000 for research programs at the National Heart, Lung and Blood Institute and $45,963,000 for programs at the Centers for Disease Control.

Health Centers.—The recommendation includes $1,627,164,000 for health centers, the same as the budget request and $122,358,000 over the fiscal 2003 level.

AIDS.—The Committee bill includes $6,058,688,000 for AIDS research, prevention, and services. This includes $2,041,599,000 for Ryan White programs, an increase of $23,634,000 over the fiscal year 2003 level, $932,189,000 for AIDS prevention programs at the Centers for Disease Control and Prevention and $2,869,900,000 for AIDS research programs at the National Institutes of Health. For global AIDS programs, the bill includes $90,000,000 for international mother to child transmission prevention and $150,000,000 for the Global Fund for AIDS.

Bioterrorism.—The Committee bill includes $1,896,149,000 to fund efforts to address bioterrorism threats.

Substance Abuse.—The Committee bill provides $3,274,590,000 for substance abuse prevention and treatment programs. Included in this amount is $2,051,803,000 for substance abuse treatment, $194,306,000 for substance abuse prevention and $855,711,000 for mental health programs.

Head Start.—The Committee recommendation includes $6,815,570,000 for the Head Start Program. This represents an increase of $148,037,000 over the 2003 level and is the same as the request.

Low-income Home Energy Assistance State Grants.—The Committee recommends $2,000,000,000 for heating and cooling assistance for low-income individuals and families, the same as the budget request and $311,050,000 more than the 2003 level.

Persons With Disabilities.—To promote independent living in home and community-based settings, the Committee has included $6,671,308,000 for services to persons with disabilities. This includes $26,824,000 for programs authorized under the Assistive Technology Act. Also included is $47,333,000 for the Office of Disability Policy at the Department of Labor, $15,000,000 for Disabled Voter Services and $40,000,000 for Real Choice Systems Change Grants through the Center for Medicaid and Medicare Services.

Education for the Disadvantaged.—The Committee has provided $14,103,356,000 in grants to enhance educational opportunities for disadvantaged children, an increase of $365,083,000 over the fiscal year 2003.

Teacher Quality.—The Committee recommends $2,850,000,000 for State grants to improve teacher quality. This is the same as the budget request.

English Language Acquisition.—The Committee recommends $665,000,000 for bilingual education, the same as the budget request.

Student Financial Aid.—The Committee recommends $14,174,115,000 for student financial assistance, the same level provided in 2003. The amount provided for the Pell Grant Program will allow for a maximum grant award of $4,050.

Higher Education Initiatives.—The Committee bill provides $1,974,247,000 for initiatives to provide greater opportunities for higher education, including $840,000,000 for Federal TRIO programs and $300,000,000 for GEAR UP.

Education for Individuals With Disabilities.—The Committee bill provides $11,027,464,000 to help ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of $993,547,000 over the 2003 level and $337,360,000 above the budget request.

Rehabilitation Services.—The bill recommends $3,004,360,000 for rehabilitation services, an increase of $50,727,000 above the amount provided in 2003. These funds are essential for families with disabilities seeking employment. The Committee restored funding for several important programs proposed for elimination, such as Supported Employment State Grants, Projects with Industry, Recreational programs and programs for migrant and seasonal farmworkers.

Services for Older Americans.—For programs serving older Americans, the Committee recommendation totals $2,924,508,000, an increase of $41,199,000 over the fiscal year 2003 level. This recommendation includes $216,619,000 for senior volunteer programs, $442,306,000 for community service employment for older Americans, $355,673,000 for supportive services and centers, $149,025,000 for family caregiver support programs and $716,974,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends $1,031,411,000. The Committee recommendation also includes $12,500,000 for the Medicare insurance counseling program.

Corporation for Public Broadcasting.—The Committee bill recommends an advance appropriation for fiscal year 2006 of

$400,000,000 for the Corporation for Public Broadcasting. This amount is $10,000,000 over advance appropriation provided in fiscal year 2005. In addition, the Committee bill includes $55,000,000 for conversion to digital broadcasting and $10,000,000 for the replacement project of the interconnection system in fiscal year 2004 funding.

OBESITY PREVENTION AND NUTRITION INITIATIVE

Obesity has become our Nation's fastest rising public health threat with the disease affecting nearly one-third of the adult American population. The number of overweight and obese Americans have reached epidemic proportions. It is estimated 127 million people or 64.5 percent of adults are overweight and nearly 30.5 percent are obese. A recent study found that obesity is more detrimental to health than smoking and alcohol abuse and leads to increased risk for chronic and life-threatening diseases such as heart disease, stroke, cancer and diabetes. An estimated 300,000 premature deaths a year are associated with obesity and overweight, an amount second only to tobacco-related deaths. The total direct and indirect costs attributed to overweight and obesity totals $100,000,000,000 in annual health care costs.

The problem is not limited to adults. Approximately 30.3 percent of children, between the ages of 6 and 11, are overweight and 15.3 percent are obese. For adolescents, ages 12 to 19, approximately 30.4 percent are overweight and 15.5 percent are obese. Excess weight at these early ages has been found to predict overweight in adults. The prevalence of obesity in children and young adults has quadrupled over the past 25 years. In a recent study, hospital costs for diseases related to childhood obesity have increased threefold in the past 20 years. The study confirms that Americans are becoming obese at younger ages: approximately 27 percent of U.S. adults are obese by the time they reach their mid-30s, about twice the rate in the early 1960s.

This dramatic upsurge in obesity has been associated with a nationwide increase in diabetes. At least 80 percent of patients with type 2 diabetes are overweight or obese. Type 2 diabetes was commonly known in the past as "adult onset" diabetes. However, research is showing a dramatic escalation in the number of children diagnosed with type 2 diabetes. Problems with obesity and diabetes also disproportionately affect minority communities. According to the CDC, African Americans are considered to have the highest rates of both obesity and diabetes among all races and ethnic groups. Among all groups, however, Native Americans have some of the highest prevalence rates of overweight.

The good news is that many of the chronic diseases linked to obesity are preventable. Recent studies provide strong evidence that prevention efforts focusing on diet, exercise and other lifestyle changes can result in substantially reduced risk among high-risk groups. A recent clinical trial reported that Americans at high risk for type 2 diabetes can dramatically reduce their risk of getting the disease with improvements to their diet and exercise.

On February 17, 2003, the Subcommittee held a hearing on improving health through lifestyle modifications. Testimony was heard from medical professionals and community organizations on

steps that can be taken to motivate people so that they can make responsible health choices. Witnesses agreed that there is a great need to increase prevention and research initiatives to address obesity and overweight through lifestyle modifications. Witnesses discussed the geography and demographics of obesity and highlighted the link between poverty and obesity. To address weight management programs for children, the Subcommittee heard from professionals who have designed successful programs utilizing a structured diet, exercise participation, parent support, and behavior modification. The program also has a counseling component to emphasize the importance of nutrition counseling and physical activity to teach children good eating habits. Community organizations also discussed the need to improve the availability of nutritious foods in public schools and for the food industry to adopt guidelines for responsible marketing of food and entertainment to eliminate promotion of unhealthy behaviors, and to provide healthy foods in our health care system.

The Committee strongly believes a commitment to improving physical activity and nutrition is imperative if we are to reduce chronic disease, premature deaths and related health care costs. For this reason, the Committee has included a total of $944,702,000 for programs designed to increase physical activity, healthy lifestyles and nutrition, an increase of $34,221,000 over the fiscal year 2003 appropriation.

The Committee urges agencies receiving funds for this purpose under this bill to take special measures to coordinate their activities. In particular, the CDC's Division of Nutrition and Physical Activity should develop mechanisms such as interagency committees to coordinate with the Department of Education in administering such programs as the Carol M. White Physical Education for Progress in order to leverage resources at the local level.

Nutrition and Physical Activity

The Committee commends the substantial efforts that CDC is directing to stem the obesity epidemic across all life stages. CDC is coordinating national, State, and school-based programs to research and implement health promotion and public health education strategies and interventions to increase physical activity levels and good nutrition at all ages, to provide important health information, and to monitor health and healthy behaviors in the population. The Committee recommends $123,651,000 for primary prevention activities related to Nutrition, Physical Activity, and Obesity at CDC, an increase of $15,651,000 over fiscal year 2003. The Committee also includes $746,174,000, in the Administration on Aging for programs to address preventive health and nutrition of the elderly.

School Health

Obesity rates were significantly reduced among girls in grades 6–8 who participated in a school-based intervention program. The Committee applauds CDC for establishing effective coordinated school health programs and has provided an increase of $5,227,000 for a total of $63,112,000 to expand these efforts. School health programs address risk behaviors such as tobacco use, unhealthy diets, and physical inactivity at CDC. The Committee urges CDC and the

Department of Education to continue to coordinate activities relating to nutrition and physical activity which will help to reduce obesity and prevent heart disease.

Head Start

The Committee commends the Department for its efforts to focus on prevention as a key to improving the overall health and well-being of our Nation. The Committee also recognizes the importance of good nutrition and physical activity among young children for developing a fertile atmosphere for cognitive development and school readiness. The Committee urges the Head Start Bureau to review the scope of good nutrition and physical activities which are presently being undertaken in response to the Head Start Performance Standards, as well as the current knowledge based on good nutrition and physical activities for young children. The Committee once again encourages the Head Start Bureau, in collaboration with the National Head Start Association, to devise a plan for implementing a locally-determined but coordinated effort to achieve the goals of a stronger, more effective nutritional and physical activity component within Head Start programs.

Physical Education

Despite the well-publicized benefits of exercise, more than 60 percent of American adults do not get enough physical activity to provide health benefits. This trend is not limited to adults. Nearly one-half of American youths aged 12–21 years are not vigorously active on a regular basis. Physical education [PE] classes are important for ensuring that young people have a minimal, regular amount of physical activity and for establishing physical activity patterns that may be carried into adulthood. Yet the Committee notes that daily enrollment in physical education classes dropped from 42 percent to 25 percent among high school students between 1991 and 1995. In order to help reverse this trend, the Committee recommendation includes $70,000,000 for the Carol M. White Physical Education for Progress program. This is an increase of $10,390,000 over the fiscal year 2003 level and $70,000,000 over the request. This program provides grants to local educational agencies and community-based organizations to initiate, expand, and improve physical education programs for students in kindergarten through 12th grade. The PEP program will help curb this Nation's increasing obesity problem, which will in turn reduce the risk of developing heart disease later in life.

DISABILITY INITIATIVE

It will soon be 13 years since Congress passed the Americans with Disabilities Act. During that time, the Nation has made much progress in advancing the civil rights of individuals with disabilities. Americans living with disabilities are exercising their freedoms with continually expanding opportunities and a growing acceptance by the public at large. Services like curb cuts and closed captioning, once envisioned solely for use by individuals with disabilities, have proven a benefit to us all. And as the barriers have fallen for people with disabilities, the expertise, energy, and deter-

mination that these Americans have contributed to society has grown significantly.

However, it is important to remember that these Americans still face significant challenges in their effort to participate fully in American life. The Committee strongly believes that it has a unique responsibility to ensure that all Americans experience the promise that has defined our Nation from its very inception—the promise of opportunity. The programs in this bill represent our effort to fulfill that responsibility. Many of them relate specifically to breaking down the barriers that impede the quality of life for Americans with disabilities. In this year's bill, the Committee has made a special effort to target resources to a few of the programs that are at a critical turning point in our national debate on disability. In addition to administrative funds allocated to the Social Security Administration for the processing of disability claims, the Committee dedicates $16,529,841,000 of its allocation to its major disability programs. A notable few are listed here.

Education

The Individuals with Disabilities Education Act [IDEA] was first enacted in 1975. This landmark legislation was created to help States and school districts meet their legal obligations to provide children with disabilities with a free and appropriate public education. In this statute, Congress recognized that school districts would incur higher costs in educating children with disabilities. Despite the limited resources available in this bill, the Committee increased funding for IDEA grants to local school districts by $984,000,000.

Income

In 2003, the Social Security Administration will distribute benefits to 5.5 million workers with disabilities and 1.7 million dependents. These benefits are an irreplaceable source of income for those members of our society who are no longer able to work. While some of these disabilities stem from birth, studies show that a 20-year-old worker has a 3-in-10 chance of becoming disabled before reaching retirement age. The average processing time for initial disability claims is 104 days—over 3 months with no income. If the case is appealed, an average of 352 additional days is required, bringing the decision to 456 days, or 15 months without income. More than 50 percent of the wait time is due to the backlog of cases. The Committee has provided a $636,000,000 increase, or 7.1 percent, in administrative funding to the SSA in order to work down this backlog.

Workforce

When a worker with a disability is able to transition into employment, the individual experiences an increase in income, and self-sufficiency while contributing to the community and providing a positive learning experience for others in the workplace. In addition, the State saves money in benefit payments. For these reasons, the Committee created the Office of Disability Employment Policy [ODEP] in fiscal year 2001 with the goal of bringing a heightened and permanent long-term focus to the goal of increasing employ-

ment of persons with disabilities. The Committee has allocated $47,333,000 this year for this important office.

Specifically, the Committee believes that telework and electronic networking can be of immense benefit to individuals with disabilities, opening employment opportunities to persons who cannot commute to their workplace. Within the Office of Disability Employment Policy, the Committee has funded $2,500,000 for increased telecommuting opportunities for individuals with disabilities so they can gain economic independence. These funds are to be used to enable Government agencies to explore the feasibility of employing home-based workers with significant disabilities.

Community Integration

In 1999, the Supreme Court recognized in the *Olmstead* decision that needless institutionalization was discrimination and that States were continuing to segregate individuals with disabilities in institutional settings. According to the most recent data available, Medicaid funding continues to favor institutional care over community services. Data from 2001 indicate that 70 percent of Medicaid funding for long-term services is spent on institutions and only 30 percent is spent on community-based services.

Therefore, the Committee has allocated $40,000,000 for Systems Change grants in the Centers for Medicare and Medicaid Services [CMS] to continue the effort in States to develop and reform their service systems to encourage community-based services and supports.

Direct Service Workers

The Committee recognizes that direct service workers are the backbone of the community service system, yet they face increasing challenges. The Bureau of Labor Statistics predicts a 39 percent growth in the need for direct service workers in the next 10 years. In order to meet this need, there must be improvements in recruitment, training, supervision, retention, and benefits.

The Committee strongly believes that a commitment to improving the long-term community service system in States is imperative to allow individuals with disabilities to truly gain the freedom and independence envisioned in the Americans with Disabilities Act. For this reason, the Committee has funded $6,000,000 for the Service Worker Demonstration Projects, an increase of $3,000,000 over the President's budget request.

Developmental Disabilities

Nearly 4 million Americans have developmental disabilities—severe, chronic disabilities attributable to mental and/or physical impairment, which manifest before age 22 and are likely to continue indefinitely. The Committee is deeply committed to providing increased capacity for assisting the families and individuals with disabilities. For that reason, the Committee has restored the funding for these important programs and provided a 4 percent increase overall.

Families of children with disabilities provide support, care, and training that not only encourages and enables their children to become active members of our communities but also save States mil-

lions of dollars. Unfortunately, most families of children with disabilities, especially families in underserved areas, do not have access to support services to help them in their efforts to care for such children at home. Within the Projects of National Significance, the Committee has provided $4,000,000 for family support services, recognizing that families often play a critical role in supporting individuals with disabilities so they can live in their home communities.

Disabled Voter Services

There should be no issue of greater importance to a democratic government than the right to vote. The Help America Vote Act of 2002 had as its goal the improvement of access to voting places and the ability of communities to record and transmit the votes of their citizens. Persons with disabilities often experience barriers to voting that include proper physical access to polling places and voting machines that are not accessible to individuals with disabilities. The Committee strongly believes that any barrier to the right of citizens to vote endangers our democracy. For that reason, the Committee has included $15,000,000 in funding for the Disabled Voter Services program.

Gallaudet University

Gallaudet University, founded in 1864, is the world's only university that brings together deaf, hard of hearing, and hearing students as well as faculty in the common pursuit of education. The Committee maintains its commitment to this institution by including funding for its operating budget and endowment and at an increase of $3,002,000.

American Printing House for the Blind

The American Printing House for the Blind [APH] was founded in Louisville, Kentucky in 1858 and in 1879 became the official supplier of educational materials for students with visual impairments below the college level in the United States and its territories. The Committee recognizes the important role this institution plays in the lives of visually impaired Americans and therefore has provided an increase of 6 percent.

National Council on Disability

The National Council on Disability [NCD] is an independent Federal agency making recommendations to the President and Congress on issues affecting Americans with disabilities. NCD is currently coordinating a multi-year study on the implementation and enforcement of the Americans with Disabilities Act and other civil rights laws. The Committee appreciates this work and has included an additional $500,000 to continue and expand the survey.

PREVENTING AND REVERSING HEART DISEASE INITIATIVE

Nearly 63 million Americans, young and old, live with the effects of cardiovascular disease. Heart disease and related disorders account for 960,000 deaths each year—the Nation's number one killer. The economic losses are more than any other disease costing society over $330,000,000,000 annually in medical costs and lost pro-

ductivity. Challenges to combating this disease include persistent geographic, racial, and ethnic disparities, the increased prevalence of sedentary lifestyles, obesity rates, and deficiencies in the use of proven and effective treatments for those already afflicted with cardiovascular disease.

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

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

To address the prevention and reversing heart disease initiative, the Committee has included $5,758,686,000 in addition to the amounts provided as part of the physical activity and nutrition initiative.

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

Fund for Innovative Education

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

National Heart, Lung, and Blood Institute

For research into the prevention, causes and cures for heart disease and related disorders at the National Heart, Lung, and Blood Institute, the Committee has included $2,897,595,000, an increase of $103,862,000 over the fiscal year 2003 level.

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

Centers for Medicare and Medicaid Service

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

The Committee understands that recent research indicates there are significant health and economic benefits from incorporating psychological interventions, such as stress management and other cognitive behavioral interventions, in the overall treatment of cardiovascular disease. If proven, this would greatly benefit Medicare and Medicaid Services patients with heart disease while saving money. Heart disease is the number one cause of death in the Nation and is particularly prevalent among the elderly. A demonstration of this research is critically important. Therefore, the Committee expects the Centers for Medicare & Medicaid Services to conduct a study of the cost savings and quality of care benefits from incorporating stress management and other cognitive behavioral interventions in the treatment of Medicare beneficiaries with cardiovascular disease.

Centers for Disease Control

The Committee has provided $45,963,000 to increase CDC's cardiovascular programs as part of the Committee's initiative to prevent and reverse heart disease. The Committee urges the CDC to initiate research to examine strategies to prevent and reverse heart disease, including mind/body approaches to stress management, yoga, diet modifications, and exercise programs.

To improve the health of racial and ethnic populations through the development of effective health policies and programs to eliminate disparities in health, the Committee has provided

$192,824,000 for the National Center on Minority Health and Health Disparities and $37,561,000 to eliminate racial and ethnic health disparities. Also included, to address areas hardest hit by the HIV–AIDS epidemic, is $131,884,000 specifically targeted for minority AIDS programs and $585,900,000 for minority AIDS research at the National Institutes of Health.

To aid institutions with a significant percentage of financially needy students, the Committee has provided an increase of $487,519,000, an increase of $15,196,000 over the fiscal year 2003 appropriation. Included in this amount is $81,467,000 for strengthening institutions, $93,551,000 for Hispanic-serving institutions, $224,086,000 for historically black colleges and universities, $53,415,000 for strengthening historically black graduate institutions, and Native Alaskan and Native Hawaiian institutions are funded at $11,000,000.

To assist States, colleges, middle and high schools serving high percentages of low income students and improve postsecondary education opportunities for low-income individuals and first-generation college students, the Committee has included $840,000,000 for TRIO and $300,000,000 for GEAR UP programs. To assist Howard University with academic programs and the administration of the University hospital, the Committee recommends $238,440,000.

The increases provided for the above-mentioned programs, along with funding for the National Institutes of Health, the Centers for Disease Control and Prevention, and education programs will go a long way towards eliminating health and education disparities.

PROSTATE CANCER RESEARCH AND PREVENTION

Prostate cancer is the most common cancer, with the exception of skin cancer, in men. It is the second leading cause of cancer death in American men, exceeded only by lung cancer. This year over 198,100 new cases of prostate cancer will be diagnosed and 31,500 men will die from it. African-American men are more likely both to have prostate cancer and twice as likely to die from it than are white or Asian men. Among men diagnosed with prostate cancer, 97 percent survive at least 5 years, 79 percent survive at least 10 years, and 57 percent survive at least 15 years.

The Committee commends the National Institutes of Health for preparing a prostate cancer research plan which will enable the National Cancer Institute and the other institutes at the NIH to respond to new discoveries and research opportunities. The Committee supports the goals and objectives outlined in the plan which focus on discovering genetic, biochemical, environmental, and lifestyle factors and how they relate to prostate cancer risks.

Over the past decade, significant progress has been made in characterizing molecular and cellular changes and the mechanisms responsible for malignant transformation and cancer progression. Progress is also being made in understanding the interactions between the cancer cell and its environment that influence organ invasion, metastases, hormone-independent growth, and resistance to cell death.

The Committee is strongly committed to improving research and prevention efforts in the area of prostate cancer and has included $4,770,519,000, an increase of $178,171,000 over the fiscal year

2003 appropriation, for cancer research programs at the National Institutes of Health. The Committee understands that of this amount, the National Cancer Institute plans to devote approximately $399,900,000 specifically for prostate cancer research.

Prostate Cancer and Minority Health

The Committee is also encouraged by the efforts of the National Center on Minority Health and Health Disparities to collaborate with the National Human Genome Research Institute to fund research to determine the environmental and familial/genetic risk factors for prostate cancer. This collaborative effort will lead to a better understanding of the genetic basis of this disease and its disproportionate impact on African Americans.

The Centers for Disease Control and Prevention is also working to better understand prostate cancer. The CDC is also emphasizing the high incidence of the disease in the African-American community. The Committee is supportive of CDC's efforts to enhance prostate cancer data in State cancer registries, especially with regard to stage of diagnosis, quality of care and racial and ethnic information. To address prostate cancer initiatives at the CDC, the Committee has included $15,583,000, an increase of $1,628,000 over the fiscal year 2003 appropriation.

Diet and Prostate Cancer

The Committee is interested in the correlation between diet and prostate cancer. Some studies suggest that saturated fat or red meat maybe associated with a higher risk of prostate cancer. But so far, studies have not proven components in meat or dairy foods could cause prostate cells to go haywire. In a Harvard study, conducted in 1993, researchers reported that men who ate red meat most frequently had more than double the risk of advanced prostate cancer compared to men who ate little or no red meat.

Increasing scientific evidence indicates that what you include in your diet may be as important as what you exclude. Scientists estimate that at least 30–40 percent of all cancers are linked to diet and related lifestyle factors. Some foods contain substances known to increase the risk of cancer, including saturated fat, cholesterol, and oxidants. Avoiding these foods may reduce the risk of many of the most common forms of cancer, including prostate cancer, breast cancer, and colon cancer. Other foods contain substances that help protect against cancer and heart disease, and these are sometimes known as functional foods. These include phytochemicals, bioflavinoids, retinols, isoflavones, genestein, lycopene (found in tomatoes), and sulforaphanes (in broccoli). With few exceptions, these protective substances are found in fruits, vegetables, whole grains, legumes, and soy products. A growing number of compounds in fruits, vegetables, and cereal grains have been found to interfere with the process of cancer development in laboratory research. Epidemiologists have found that populations that consume large amounts of plant-derived foods have lower incidence rates of some types of cancer. Eating vegetables and fruits is associated with a decreased risk of cancers of the esophagus, oral cavity, stomach, colon, rectum, lung, prostate, and larynx and possibly other cancers.

The Committee is aware of randomized controlled trials that are being conducted to determine if prostate cancer may be affected by making changes in diet and lifestyle. In these studies 90 men with biopsy-proven prostate cancer—who had elected not to undergo conventional treatment—for reasons unrelated to the study were randomly assigned into experimental groups—one group was asked to make comprehensive lifestyle changes and the other group was assigned to a non-intervention control group. The study found that the progression of prostate cancer may be stopped or perhaps even reversed by making comprehensive lifestyle changes alone. After 1 year, PSA levels worsened in the control group but improved in the experimental group. These differences were statistically significant after 1 year. Also, tumor growth in tissue culture was inhibited nine times more in the experimental group than in the control group. There was a strong and statistically significant correlation between adherence to the lifestyle program and changes in PSA across both groups after 1 year. The more people changed, the more their PSA decreased. This is the first time that a diet and lifestyle intervention has been demonstrated to affect the progression of any type of cancer in a randomized controlled trial.

If these trials prove to be effective, and heart disease and prostate cancer can be stopped or reversed, then the implications for preventing them in the next generation may be even more important. Also, it may not require such intensive changes in diet and lifestyle to prevent these diseases as it does to stop or reverse their progression once a person has already developed them. These patients will be followed for at least 5 more years to determine the long-term effects of diet and lifestyle changes on rate of recurrence, metastasis, number of patients requiring conventional treatment, and survival.

The Committee encourages the National Institutes to monitor the trials currently being conducted and to support research in the area of diet and lifestyle modifications to prevent or reverse prostate cancer.

INFECTIOUS DISEASE INITIATIVE

Infectious diseases are a leading cause of death worldwide and contribute significantly to the escalating costs of health care. Earlier predictions of the elimination of infectious diseases often did not take into account changes in demographics and human behaviors and the extraordinary ability of microbes to adapt, evolve, and develop resistance to drugs. More than 35 newly emerging infectious diseases were identified between 1973 and 2002, and new infectious diseases continue to be identified. Disease outbreaks endanger U.S. citizens at home and abroad. To address these needs the Committee has included $2,238,960,000 to improve this Nation's research capabilities and to detect and control emerging infectious disease threats in the United States and around the world.

Emerging Infectious Disease

Emerging infectious diseases, like West Nile virus, SARS and monkeypox, continue to pose a serious threat to the public's health. Outbreaks of these diseases cause great suffering and death and impose an enormous financial burden on societies around the

world. The Committee recognizes the necessity of a strong domestic public health infrastructure and robust partnerships between CDC, the National Institutes of Health, the World Health Organization, and other global stakeholders to counter the threat posed by emerging infections. Recent experiences with SARS, West Nile virus and monkeypox illustrate the vital necessity of strengthening this Nation's capacity to identify and combat emerging infectious diseases. The Committee had included $372,760,000,000 for infectious disease control at the Centers for Disease Control including $25,000,000 for containment of disease outbreaks such as SARS and monkeypox. For emerging infectious diseases at the National Institutes of Health, the Committee has included $1,686,200,000, an increase of $599,000,000 over the fiscal year 2003 appropriation.

Public Health Research

Our Nation's substantial economic investment in biomedical research has identified causes of and methods to prevent illness, allowing medical practitioners to diagnose and treat an astonishing array of medical conditions. In order to have a public health impact commensurate with this level of investment, however, the information generated in biomedical laboratories must be translated into effective public health programs. Public health research conducted by CDC is solution-oriented, designed to bridge the gap between medical research discoveries and behaviors people adopt. Specifically, public health research helps to define the best strategies for detecting new diseases, assessing the health status of populations, motivating healthy lifestyles, communicating effective health promotion messages, and acquiring and disseminating information in times of crisis. This kind of practical, applied research seeks to overcome barriers that prevent people from adopting healthy behaviors proven effective by biomedical research. The Committee has included $30,000,000 for public health research to improve the health status of the Nation.

Global Disease Detection System

The Committee commends CDC for its role in strengthening the capacity of the public health community, both at home and abroad, to respond to global threats, such as West Nile virus, SARS, monkeypox, pandemic flu and bioterrorism. CDC's Global Disease Detection System, designed to provide worldwide technical support to ensure rapid and accurate diagnoses of emerging infectious disease events, is integral to these efforts. These capacities are critical to mitigate the consequences of a catastrophic public health event, whether the cause is an intentional act of terrorism or the natural emergence of a deadly infectious virus. The Committee has provided $50,000,000 for CDC to develop the Global Disease Detection System to full capacity to assure a rapid and appropriate response to global infectious disease threats.

Pandemic Flu

Pandemic influenza represents both a naturally-occurring and potentially man-made threat to our Nation's health. The influenza pandemic of 1918 claimed more than 25 million lives globally and more than 500,000 in the United States in less than 10 months.

Most scientists agree that it is not a question of whether there will be another influenza pandemic, but rather when it will occur. Once a pandemic begins, it will be too late to accomplish the activities required to minimize its toll. Vaccines cannot be prepared in advance and stockpiled, but planning and implementation of preparatory activities can be started well in advance. Currently, the Nation's influenza vaccine supply totals about 90 million doses. Preparing for a severe pandemic could require more than 280 million doses of vaccine. The Committee has included $100,000,000 to provide resources to produce an adequate supply of vaccine in the event of a severe flu outbreak.

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 as-

sessments 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, 2003	$5,200,161,000
Budget estimate, 2004	4,951,986,000
Committee recommendation	5,115,588,000

The Committee recommends $5,115,588,000 for this account in 2004 which provides funding authorized primarily by the Workforce Investment Act [WIA]. This is $84,573,000 less than the 2003 level, and $163,602,000 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 2004 will support the program from July 1, 2004, through June 30, 2005.

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 Workforce Investment Act, beginning July 1, 2000 through June 30, 2001. This legislation significantly enhanced employment and training services, consolidating, coordinating, and improving programs utilizing a local level one-stop delivery system.

The legislation is due for reauthorization for fiscal year 2004, and therefore, the Committee is acting on a current law request, deferring without prejudice proposed legislative language that should be addressed by the authorizing Committees.

Adult Employment and Training Activities.—For Adult Employment and Training Activities, the Committee recommends $900,000,000. This program is authorized by the Workforce Investment Act and is formula-funded to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, which will be available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends $1,431,760,000. Of the total, $1,155,152,000 is

designated for State formula grants, the same as the fiscal year 2003 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 $276,608,000 available to the Secretary for activities specified in WIA, primarily to respond to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects.

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

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

The Committee expects the Department to abide by its August 2002 agreement to provide sufficient funds to the State of Alaska from within available amounts to mitigate negative effects on Alaskan fishermen stemming from passage of the Trade Adjustment Assistance Act in 2002 as provided in the agreement with the Secretary.

Due to economic reasons and family dysfunction, elderly caregivers care for thousands of preschool Hawaiian and part-Hawaiian children with little or no preparation. The Committee urges the Department to expand funding to programs which work to train and assist these caregivers and the children they serve. The Committee was pleased to learn from the Secretary that the administration has established an interagency effort to address our Nation's nursing shortage. The shortage is especially critical in rural America and within various ethnic minority populations, such as native Hawaiians. The Department is accordingly strongly urged to work with nursing programs serving such populations, and in particular, to ensure that summer employment opportunities exist for nursing students.

The Committee is aware of the substantial worker dislocation brought on by the closure of sugarcane plantations and the rapidly increasing demand for food safety training at all levels of food production. To meet these needs, the Committee reiterates its recommendation in last year's report to provide on-farm and off-farm food safety training for dislocated sugarcane workers employed in the agricultural and food sector. To facilitate the transition from large-scale plantation agriculture to smaller scale diversified agricultural operations, workers displaced by plantation closures must be trained in both the production and financial aspects of agricultural businesses. The Committee recommends continuing funding for the programs to provide agricultural production and business training to dislocated sugarcane workers.

The Committee is troubled by the length of time it takes for the Department to approve applications for National Emergency Grants. The purpose of this program is to provide emergency help

to workers who have recently lost their jobs get training to quickly find a new job. However, it routinely takes the Department several months to respond to emergency requests. The Committee expects the Department to submit a report to the Committee on the timeline of the National Emergency Grant process over the last 3 fiscal years. The report should detail the length of time between the Department's receipt of a National Emergency Grant application to the decision to award that grant and finally to the release of those funds. The Committee is also concerned by a shortfall in the Trade Adjustment Assistance program over the last few years and would like the report to include the percentage of National Emergency Grant funding that has been awarded to Trade Adjustment Assistance-eligible entities over the same period of time. The Department should submit this report to the Committee within 90 days after enactment of this bill.

Youth Activities.—For Youth Activities, the Committee recommends $1,000,965,000. The Committee recommendation does not address the administration's legislative proposals for these activities. 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 the concurs with the budget request discontinuing funding for this demonstration program. During its 5 year demonstration period, Youth Opportunity Grants were aimed at increasing the long-term employment of youth who live in empowerment zones, enterprise communities, and other high-poverty areas.

Job Corps.—For Job Corps, the Committee recommends $1,541,216,000. This is $24,667,000 less than the budget request, but $28,045,000 more than the 2003 comparable level. The Committee applauds Job Corps for establishing partnerships with national employers, and encourages Job Corps to continue to work with both large employers and small businesses to ensure that student training meets current labor market needs. Job Corps should continue its efforts to upgrade its vocational offerings and curricula to reflect industry standards and skill shortages. Job Corps, authorized by WIA, is a nationwide network of residential facilities chartered by Federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is voluntary and is open to

economically disadvantaged young people in the 16–24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation.

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

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

The Committee recognizes Project CRAFT (Community, Restitution, and Apprenticeship-Focused Training), a program of the Home Builders Institute, the workforce development arm of the National Association of Home Builders, as a modern intervention technique in the rehabilitation and reduced recidivism of adjudicated youth. The Committee also acknowledges the importance of housing to our Nation's economy and the role Project CRAFT plays in preparing young people to join the residential construction industry's workforce. The Committee therefore encourages the Department to replicate Project CRAFT to bring its outcomes-oriented approach to adjudicated juveniles throughout the country in order to help them become members of this vibrant industry's workforce and spur the nation's economy.

The Committee believes that Job Corps' partnerships with National Training Contractors, such as the Home Builders Institute [HBI], the workforce development arm of the National Association of Home Builders, are essential to the success of Job Corps. The Committee commends HBI for its proven record in providing at-risk youth with the craft skills training and employment opportunities they need to succeed while helping the building industry meets its workforce needs. As such, the Committee encourages the Department to expand its Job Corps partnership with the building industry in order to ensure the continued availability of skilled workers for this thriving industry.

The Committee commends the Job Corps program for establishing cost-effective national and local partnerships with the United States Army, Navy, and Coast Guard to recruit high quality military personnel. Job Corps students' average scores on military entrance exams exceed the national average. Last year, the Army recruited more than 2,000 Job Corps graduates. The Committee also recognizes that the Job Corps is training young people with skills that are in high demand by civilian support contractors who service the military, including computer technology, nursing, and welding.

Responsible Reintegration for Youthful Offenders.—The Committee recommends $54,642,000 for Responsible Reintegration for Youthful Offenders, the same as the fiscal year 2003 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. To maximize the impact of these initiatives, the Labor and Justice Department funds will be targeted to the same communities and populations. An estimated 10,400 youth will be served, and it is expected that 65 percent of program graduates will get jobs, re-enroll in high school, or be enrolled in post-secondary education or training.

Native Americans.—For Native Americans, the Committee recommends $55,636,000. This is the same as the 2003 comparable level. This program, authorized by WIA, is designed to improve the economic well-being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs.

Migrant and Seasonal Farmworkers.—For Migrant and Seasonal Farmworkers, the Committee recommends $77,330,000. This is the same as the 2003 comparable level. This program, authorized by WIA, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

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

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

The Committee has rescinded funds available to the Department of Labor from farmworker housing for program year 2003 because the Department proposed to use them in a manner inconsistent with the intent of Congress. It continues to be the intention of the Committee that funds appropriated for farmworker housing, that is an authorized supportive service under the Workforce Investment Act, be used to develop permanent housing for eligible migrant and seasonal farmworkers.

The Committee has included language that re-appropriates the funds rescinded as well as provides an appropriation for program year 2004. In doing so, the Committee has earmarked the program year 2003 funds for use of farmworker housing organizations with grants expiring June 30, 2003. The principal purpose of these funds is to develop permanent housing and related facilities for migrant and seasonal farmworkers.

The Committee recommendation of $77,330,000 for program year 2004 activities authorized under Section 167 of the Workforce Investment Act is reflected in two separate line items on the table accompanying the Committee Report: "Migrant and Seasonal Farmworkers" and "National Activities/Other." Under the Migrant and Seasonal Farmworkers line item, the Committee recommends $72,213,000. The Committee recommendation includes bill language directing that $4,610,000 of this amount be used for migrant and seasonal farmworker housing grants, including activities to develop permanent housing. The recommendation also provides that the remaining amount be used for State service area grants, including funding grantees in those States impacted by formula reductions at no less than 85 percent of the comparable 1998 levels for such States. Within the National Activities/Other line item, the Committee recommendation includes $507,000 to be used for Section 167 training, technical assistance and related activities, including funds for migrant rest center activities. The Committee urges the Department to continue valuable technical assistance services provided by the Association of Farmworker Opportunity Programs. Finally, the Committee wishes to again advise the Department regarding the requirements of the Workforce Investment Act in selecting an eligible entity to receive a State service area grant under Section 167. Such an entity must have already demonstrated a capacity to administer effectively a diversified program of workforce training and related assistance for eligible migrant and seasonal farmworkers.

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

Technical Assistance.—The Committee recommends the budget request level of $3,000,000 for the provision of technical assistance

and staff development. This includes the current level of $993,000 for technical assistance to employers and unions to assist them in training, placing, and retraining women in nontraditional jobs and occupations.

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

In addition, the Committee recommends $7,000,000 for the Denali Commission for job training in rural Alaska. Funding will allow un- and underemployed rural Alaskans to train for high paying jobs in their villages.

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

Evaluation.—The Committee recommends $9,039,000 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 concurs with the administration request to discontinue separate funding of $933,000 for the Women in Apprenticeship and Nontraditional Occupations program. This activity is continued with technical assistance funding under the Workforce Investment Act, to assist employers and unions in training, placing, and retraining women in nontraditional jobs and occupations.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2003	$442,306,000
Budget estimate, 2004	440,200,000
Committee recommendation	442,306,000

The Committee recommends $442,306,000, the same as the program year 2003 comparable level 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 2004 appropriation will support the program from July 1, 2004, through June 30, 2005. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced home-

makers, aged minorities, limited English-speaking persons, and legal immigrants.

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

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

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

The Committee believes that the program should pay special attention to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

The Committee urges the Department to consider allowing sponsoring organizations within their awarded grants to participate in section 502(e) innovative projects designed to assure second career training and placement of eligible individuals in employment opportunities with private business concerns.

The Committee is deeply concerned that the Labor Department is instituting massive changes, on very short notice, that have the potential to seriously disrupt the services to participants in the Senior Community Service Employment Program [SCSEP]. Several organizations currently serving these participants have expressed grave concern over the process by which the Labor Department has awarded national SCSEP grants for the program year commencing July 1, 2003. The Committee expects the Labor Department to give top priority attention to assuring that there will be no disruption of existing program operations while these concerns are being addressed. If necessary, these changes should be put on hold to prevent any possibility of disrupting the vital services being provided to senior citizens. Prior to this change, the Committee expects the Labor Department to work with the new grantees' to allow for subcontracting of services and programs and reallocating of unspent State allocations to the existing grantees. If the Department does proceed with these changes, the Committee expects the Department to provide a complete report regarding the transition of SCSEP participants to new grantees, including the nature and extent of any disruption that may have affected participants or community service organizations, any decline in the quantity or quality of services delivered, and the specific and total expenses incurred by grantees or the Department in effecting the transition of SCSEP participants.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2003	$972,200,000
Budget estimate, 2004	1,338,200,000
Committee recommendation	1,338,200,000

The Committee recommends $1,338,200,000, the same as the budget estimate for fiscal year 2004, an increase of $366,000,000 over the fiscal year 2003 appropriation for Federal Unemployment Benefits and Allowances. Trade Readjustment Allowance [TRA] weekly benefits are estimated to increase from 2.5 million in fiscal year 2003 to 4.2 million in fiscal year 2004. Fiscal year 2004 will continue the implementation and operation of the Trade Adjustment Assistance program with an emphasis on melding the TAA program into the workforce investment system. This is an entitlement program.

The Trade Adjustment Assistance Reform Act of 2002 that amended the Trade Act of 1974 was signed into law on August 6, 2002 (Public Law 107–210). This Act consolidated the previous Trade Adjustment Assistance [TAA] and NAFTA Transitional Adjustment Assistance [NAFTA–TAA] programs, into a single, enhanced TAA program with expanded eligibility, services, and benefits. While the amendments generally apply to workers covered on or after November 4, 2002, the Act includes provisions to continue eligibility for workers certified prior to November 4 until their eligibility under the previous legislation is exhausted. Therefore, the amounts appropriated to the FUBA account are to provide for services and benefits to workers certified under the amended program as well as the predecessor programs. Additionally, the Act provides a program of Alternative Trade Adjustment Assistance for Older Workers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2003	$3,595,381,000
Budget estimate, 2004	3,646,783,000
Committee recommendation	3,620,552,000

The Committee recommends $3,620,552,000 for this account. This is $26,231,000 below the budget request and $25,171,000 above the 2003 comparable level. Included in the total availability is $3,478,032,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $142,520,000 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 $2,645,424,000. This includes $2,634,924,000 for State Operations, and $10,500,000 for UI national activities, which is directed to activities that benefit the State/Federal unemployment insurance program. The bill provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 3,227,000. This contingency amount would fund

the administrative costs of unemployment insurance workload over the level of 3,227,000 insured unemployed per week at a rate of $28,600,000 per 100,000 insured unemployed, with a pro rata amount granted for amounts of less than 100,000 insured unemployed.

For the Employment Service grants to States, the Committee recommends $791,557,000 which includes $23,300,000 in general funds together with an authorization to spend $768,257,000 from the "Employment Security Administration" account of the unemployment trust fund. These funds are available for the program year of July 1, 2004, through June 30, 2005.

The recommendation includes $64,351,000 for national activities, an increase of $14,000,000 over the fiscal year 2003 level. This recommendation provides increased funding of the foreign labor certification program, but not the full amount requested by the Administration. The recommendation includes $20,000,000 for the work opportunity tax credit program.

The recommendation also includes $99,350,000 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 $19,870,000 for the Work Incentives Grants program, to help persons with disabilities find and retain jobs through the One-Stop Career Center system mandated by the Workforce Investment Act. Funding will support systems building grants intended to ensure that One-Stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 2003	$463,000,000
Budget estimate, 2004	467,000,000
Committee recommendation	467,000,000

The Committee recommends $467,000,000, the same as the budget estimate for fiscal year 2004, an increase of $4,000,000 over 2003. 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 2004 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 2004 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 appropriate 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, 2003	$174,511,000
Budget estimate, 2004	183,365,000
Committee recommendation	178,961,000

The Committee recommendation includes $115,824,000 in general funds for this account, as well as authority to expend $63,137,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $178,961,000.

The Committee recommendation provides a portion of the increase requested to reduce the backlog of applications for the permanent labor certification program.

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 expects the Labor Department to conduct a comprehensive study, detailing the changing composition of our manufacturing workforce, including job loss or gain by industry sector in the United States over the last 10 years.

The study should take 1993 as a base year and include such normal components as the duration of post lay-off job searches, health insurance coverage, as well as industry, occupation and earnings of the old and new jobs. The study should examine occupational employment based on national trends, taking into account, in reasonable detail, the level of education by industry group and any changes in those levels from the base year to the most recently available data. The study should also provide information on the composition of full and part-time employment in manufacturing for past years and, based on that empirical evidence, to the extent possible determine what percentage of the manufacturing workforce will be employed full vs. part-time as of 2012. Also to the extent possible, the study should provide a projection as to the overall contribution of manufacturing to the U.S. GDP out to, or as of, 2012. The study should be completed by May, 2004.

EMPLOYEE BENEFIT SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2003	$116,283,000
Budget estimate, 2004	128,605,000
Committee recommendation	121,316,000

The Committee recommendation provides $121,316,000 for this account, formerly the Pension and Welfare Benefits Administration, which is $5,033,000 above the 2003 comparable level. This includes partial funding of requested program increases to enhance confidence in the private sector employee benefits system, and provide interpretive guidance to employers.

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

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimated obligations for fiscal year 2004 include single employer benefit payments of $2,961,000,000, multiemployer financial assistance of $13,730,000 and administrative expenses of $228,772,000. Administrative expenses are comprised of three activities: (1) pension insurance activities, $16,553,000; (2) operational support, $80,054,000; and (3) pension plan terminations expenses, $132,165,000. Such expenditures will be financed by permanent authority.

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, assets of terminated pension plans, collection 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 defined benefit plans fail or go out of existence.

Unlike the 2003 budget, the 2004 budget does not recommend a discretionary limit on administrative expenditures [LAE] for PBGC. In 2004 and subsequent years, the PBGC's budget will reflect—in a way that is more accountable to the Committee—the level of administrative expenditures that the Committee believes is appropriate to PBGC's changing responsibilities to protect the pensions it insures. PBGC's dollar benefit levels and workload change from year to year as specific pension plans fail. Most of its workload involves terminating failed pension plans, so that pension benefits can be paid. The workload of plan termination especially fluctuates from year to year as large plans (or a spate of small ones) terminate, and then as the terminations are completed. The language provides the PBGC the flexibility to respond when dictated by increased workload and increased benefit payments, while increasing accountability to the Committee by requiring approval by the Office of Management and Budget and the Committees on Appropriations.

The single-employer program protects about 34 million participants in about 35,000 defined benefit pension plans. The multi-employer insurance program protects about 8.8 million participants in about 1,700 plans.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2003	$381,113,000
Budget estimate, 2004	397,753,000
Committee recommendation	392,061,000

The Committee recommendation includes $392,061,000 for this account. The bill contains authority to expend $2,016,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder are general funds. In addition, an amount of $32,004,000 is available by transfer from the black lung disability trust fund.

This recommendation provides sufficient funding to offset the impact of inflation, and includes resources for a portion of requested program increases. 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 $87,573,000. It restores proposed program reductions, including the equal pay initiative and includes recommended program increases.

The President's budget included a legislative proposal under the jurisdiction of the Senate Committee on Health, Education, Labor, and Pensions to charge individual agencies, starting in fiscal year 2003, the administrative cost of the Federal Employees' Compensation Act [FECA] program. Currently Federal agencies are budgeted for and billed each year for monetary and medical benefits that have been paid to their employees under FECA, while the program's discretionary administrative costs are financed in the Department of Labor [DOL]. The authorizing committee has not acted on this legislation, therefore the Senate Appropriations Committee will continue to fund this administrative cost through this account.

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

SPECIAL BENEFITS

Appropriations, 2003	$163,000,000
Budget estimate, 2004	163,000,000
Committee recommendation	163,000,000

The Committee recommends $163,000,000, the same as the budget estimate for fiscal year 2004, and fiscal year 2003. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law. In fiscal year 2004, an estimated 155,000 injured Federal workers or their survivors will file claims; 55,500 will receive long-term wage replacement benefits for job-related injuries, diseases, or deaths.

The 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 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.

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2003: Transferred from SSA	$300,177,000
Appropriations, 2004: Transferred from SSA	97,000,000
Budget estimate, 2004	300,000,000
Budget estimate, 2005	88,000,000
Committee recommendation, 2004	300,000,000
Committee recommendation, 2005	88,000,000

The Black Lung Consolidation of Administrative Responsibility Act was enacted on November 2, 2002. The Act amends the Black Lung Benefits Act to transfer part B black lung benefits responsibility from the Commissioner of Social Security to the Secretary of Labor, thus consolidating all black lung benefit responsibility under the Secretary. Part B benefits are based on claims filed on or before December 31, 1973. The Secretary of Labor is already responsible for the Part C claims filed after December 31, 1973. In fiscal year 2004, an estimated 56,000 beneficiaries (7,000 miners and 49,000 survivors) will receive benefits.

The Committee recommends an appropriation of $300,000,000 in fiscal year 2004 for special benefits for disabled coal miners. This is in addition to the $97,000,000 appropriated last year as an advance for the first quarter of fiscal year 2004. 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.

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 $88,000,000 for the first quarter of fiscal year 2005, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriations, 2003	$104,867,000
Budget estimate, 2004	55,074,000
Committee recommendation	55,074,000

The Committee recommends $55,074,000, the same as the budget estimate for fiscal year 2004, and $49,793,000 below 2003.

The mission of the Energy Employees Occupational Illness Compensation Program is to deliver benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors or to certain survivors of such individuals, as provided in the Energy Employees Occupational Illness Compensation Program Act. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. Benefit costs of $385,000,000 are anticipated in fiscal year 2004.

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 program went into effect on July 31, 2001.

The Committee is very disappointed at the lack of progress in completing dose reconstructions more than 2½ years after the Energy Employees Occupational Illness Compensation Program Act was enacted. The Committee urges the Secretary to expedite collection of necessary information and performance of dose reconstructions, and to set verifiable performance targets and appropriate timelines for when claimants can expect the work on their cases to be completed.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2003 (Definite)	$55,629,000
Appropriations, 2003 (Indefinite)	979,371,000
Budget estimate, 2004 (Definite)	56,099,000
Budget estimate, 2004 (Indefinite)	986,901,000
Committee recommendation (Definite)	56,099,000
Committee recommendation (Indefinite)	986,901,000

The Committee recommends $1,043,000,000 for this account in 2004, of which $56,099,000 is definite authority and $986,901,000 is indefinite authority. The appropriation language changed beginning in fiscal year 2003 for the Black Lung Disability Trust Fund to provide such sums as may be necessary to pay for benefits. This change eliminated 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 2004 will provide $346,901,000 for benefits payments, and $56,099,000 for adminis-

trative expenses for the Department of Labor. Also, included is $640,000,000 for interest payments on Advances.

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 44,500 people will be receiving black lung benefits financed through the end of the fiscal year 2004, compared to an estimated 49,000 receiving benefits in fiscal year 2003.

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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2003	$450,310,000
Budget estimate, 2004	450,008,000
Committee recommendation	463,324,000

The Committee recommendation includes $463,324,000 for this account. This is an increase of $13,316,000 over the budget request and an increase of $13,014,000 above the 2003 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, as well as additional resources to expand outreach to non-English speaking workers and small businesses.

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

The Committee believes that OSHA's worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. The Committee is concerned that OSHA has again cut funding to help establish ongoing worker safety and health training programs and has provided $7,175,000 in additional funds to restore the Susan Harwood training grant program to $11,175,000. Bill language specifies that no less than

$3,200,000 shall be used to maintain the existing institutional competency building training grants, provided that grantees demonstrate satisfactory performance.

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

The Committee continues to be pleased with OSHA's efforts in placing high priority on the voluntary protection programs [VPP] and other voluntary cooperative programs. 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 continue to be funded as close as possible to its present level.

The Committee has become increasingly concerned about a Department of Labor reorganization proposal, which would close the Occupational Safety and Health Administration [OSHA] offices in Bangor and Portland, Maine, and would consolidate the activities of those offices in Augusta, Maine. The Committee expects the Department of Labor to maintain the existing organizational structure with offices in Bangor and in Portland; this includes the provision of adequate office space for the current Bangor OSHA staff.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2003	$272,956,000
Budget estimate, 2004	266,767,000
Committee recommendation	270,711,000

The Committee recommendation includes $270,711,000 for this account, an increase of $3,944,000 over the budget request.

This recommendation provides sufficient funding to offset the impact of inflation, as well as additional resources for enforcement, compliance assistance, and to establish a new office to provide technical assistance to small mine organizations. It further includes funding to continue the Miner's Choice X-ray Program.

The Committee recommendation also increases the requested bill language amount for mine rescue and recovery activities from "up to $1,000,000" to "up to $2,000,000", the same as the fiscal year 2003 comparable level. It also retains the provision allowing the Secretary of Labor to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster.

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

In addition, bill language is included to allow the National Mine Health and Safety Academy to collect not to exceed $750,000 for

room, board, tuition, and the sale of training materials to be available for mine safety and health education and training activities. Bill language also allows MSHA to retain up to $1,000,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and may utilize such sums for such activities.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2003	$492,233,000
Budget estimate, 2004	512,262,000
Committee recommendation	515,223,000

The Committee includes $515,223,000 for this account, $22,990,000 more than the 2003 comparable level. This includes $75,110,000 from the "Employment Security Administration" account of the unemployment trust fund, and $440,113,000 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 recommendation includes an increase of $7,710,000 over the budget request to provide full year funding of Occupational Employment Statistics; the President's budget only provided funding for 3 months. To partially offset this increase, reductions below the request are recommended in the "Compensation and Working Conditions" and "Productivity and Technology" activities, but still providing more than the current levels.

OFFICE OF DISABILITY POLICY

Appropriations, 2003	$47,178,000
Budget estimate, 2004	47,333,000
Committee recommendation	47,333,000

The Committee recommends $47,333,000 for this account in 2004. This is the same as the President's request and $155,000 above 2003.

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.

Within the funds provided for the Office of Disability Policy, the Committee has included $2,500,000 to expand the telework feasibility program and to increase the number of demonstration projects. These funds are to be used to enable Government agencies to explore the feasibility of employing home-based workers with significant disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2003	$387,841,000
Budget estimate, 2004	273,536,000
Committee recommendation	351,609,000

The Committee recommendation includes $351,609,000 for this account, which is $78,073,000 more than the budget request and $36,232,000 less than the 2003 comparable level. In addition, an amount of $23,401,000 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 includes $26,296,000 for Executive Direction, the same as the fiscal year 2003 comparable level.

The Committee recommendation includes $8,926,000 for the Women's Bureau. The Committee encourages the Women's Bureau to support effective programs such as "Women Work!", to provide technical assistance and training on programming for women in transition.

The Committee is disappointed that the Department of Labor has once again put forward a budget for the coming year that eliminates all funding for the initiatives within the International Labor Affairs Bureau [ILAB] working with the International Labor Organization to combat abusive and exploitative child labor. Over the past decade the United States has been the leader in helping to reduce abusive and exploitative child labor around the world. As a result of the consistent and combined efforts of U.S. governmental agencies, appropriately led by the Department of Labor and with the strong support of Congress and specifically this Committee, the issue of abusive and exploitative child labor has received heightened international attention and programs have been instituted to rehabilitate these vulnerable children. ILAB projects funded through the ILO have given hundreds of thousands of children the opportunity to attend school rather than engage in hazardous work. These projects have also helped their families break the cycle of poverty by providing the children with an education and giving underemployed parents the opportunity of employment. ILAB also works with governments to help them build institutional capacity to combat abusive and exploitative child labor and improve access to quality education so that in time they will be able to become better trading partners. This positive activity clearly needs to be augmented, not stopped. The Committee strongly believes that ILAB's core mandate is very much intertwined with the broader trade agenda and as this trade agenda grows, ILAB's work necessarily will grow as well. Therefore, the Committee recommendation includes $108,000,000 for the Bureau of Inter-

national Labor Affairs. Of this amount, the Committee's recommendation includes $82,000,000 for international child labor prevention activities including $45,000,000 for the U.S. contribution to sustain and to extend to more countries in waiting the successful efforts of the ILO's International Program for the Elimination of Child Labor [IPEC]. Within ILAB funds, $37,000,000 is for bilateral assistance to expand upon the program initiated by the Department in fiscal year 2001 to help ensure access to basic education for the growing number of children removed from the worst forms of child labor in impoverished nations where abusive and exploitative child labor is most acute.

The Committee notes that in the fiscal year 2003 appropriation, ILAB asked for and was granted 2 year obligating authority due to a belief that ILAB could not obligate the funds in a timely manner. The Committee is disappointed to see that the Department responded to this authority by reducing the staffing at ILAB by 40 FTEs. This reduction in staffing is detrimental to the effort to obligate funds in a timely manner. Therefore, the Committee has reverted to 1-year oligating authority and expects the Secretary to allocate the appropriate staffing levels to ILAB in order to process grant competitions within that time frame.

The Committee deems it very important that ILAB deepen and improve its permanent capacity to compile and report to the Congress annually on the extent to which each foreign country that has trade and investment agreements with the United States enforces internationally-recognized worker rights as required under multiple U.S. laws and promotes core labor standards as embodied in the ILO Declaration on Fundamental Principles and Rights at Work as adopted and reaffirmed in 1998. The Committee expects $5,000,000 to be spent for this purpose.

The Committee recommends $10,000,000 for HIV/AIDS workplace education, for the purpose of providing the ILO with assistance to conduct global education and prevention programs. For other ILAB programs, including 125 FTE for Federal Administration, the Committee recommends $11,000,000.

Acknowledging the need to upgrade the information technology capability in the Department of Labor, the Committee provides $48,565,000 for the information technology fund, and $10,000,000 for management cross cut activities. The total provided includes support for cross-cutting investments such as common office automation suite implementation, architecture requirements, and web services as well as human resource management. In addition, $9,700,000 is recommended for a separate Working Capital Fund appropriation, to begin implementation of a new core accounting system for the Department of Labor.

The Committee is concerned that lower wage Department of Labor employees are eligible for a maximum monthly transit subsidy of $65, compared to $100 for management employees. This disparity does not exist in the Departments of Education and Health and Human Services, nor does it exist for the Senate Appropriations Committee. The Committee hopes this matter can be resolved expeditiously to provide equitable treatment for all employees of the Labor Department.

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.

The Committee continues to urge the Department to investigate the impact of the nursing shortage on the overall health care labor market across the country, and engage in constructive problem solving on the issue.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2003	$212,819,000
Budget estimate, 2004	219,993,000
Committee recommendation	219,993,000

The Committee recommendation includes $219,993,000 for this account, including $26,550,000 in general revenue funding and $193,443,000 to be expended from the "Employment Security Administration" account of the unemployment trust fund. This is $7,174,000 more than the 2003 comparable level.

For State grants the bill provides $83,481,000 for the Disabled Veterans Outreach Program and $78,934,000 for the Local Veterans Employment Representative Program. The Committee did not act on the request to consolidate these programs.

For Federal administration, the Committee recommends $29,028,000, the same as the budget request. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain an effective program. The Committee recommendation includes $2,000,000, the same as the budget request, 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 understands the Labor Department is experimenting with displaying budget justification material of appropriations estimates on a performance budgeting basis. While this is a commendable goal, the Committee nevertheless continues to rely on the traditional display of appropriations account information provided prior to fiscal year 2004, and expects the Department to work with the Committee to make sure that the fiscal year 2004 budget justifications meet Committee needs.

The Committee recommendation includes $19,000,000 for the Homeless Veterans Program, the same as the budget request. Also included is $7,550,000 for the Veterans Workforce Investment Program, the same as the budget request.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2003	$61,852,000
Budget estimate, 2004	66,795,000
Committee recommendation	64,852,000

The bill includes $64,852,000 for this account, $3,000,000 above the 2003 comparable level. The bill includes $59,291,000 in general funds and authority to transfer $5,561,000 from the "Employment Security Administration" account of the unemployment trust fund.

In addition, an amount of $338,000 is available by transfer from the black lung disability trust fund.

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

GENERAL PROVISIONS

General provision bill language is included to:

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

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

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

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

Rescind $210,833,000 in unspent funds from the expiring Welfare-to-Work program (sec. 105).

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 2003	$6,455,558,000
Budget estimate, 2004	5,665,996,000
Committee recommendation	5,906,322,000

The Committee provides a program level of $5,906,322,000 for the Health Resources and Services Administration. The Committee recommendation includes $5,881,322,000 in budget authority and an additional $25,000,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2003 comparable program level was $6,455,558,000 and the administration request program level was $5,665,996,000.

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.

FREE CLINIC MEDICAL MALPRACTICE COVERAGE

The Committee provides $10,000,000 in first-time funding for payments of claims under the Federal Tort Claims Act to be made available for free clinic health professionals as authorized by U.S.C. Title 42 Section 233(o) of the Public Health Service Act. As required by the statute, the Secretary shall establish a fund for the purposes of this program.

This appropriation will extend Federal Tort Claims Act coverage to medical volunteers in free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. Such coverage is currently provided in the Public Health Service Act to certain community and other health centers. According to Title 42, Section 233(o), a free clinic must apply, consistent with the provisions applicable to community health centers, to have each health care professional "deemed" an employee of the Public Health Service Act, and therefore eligible for coverage under the Federal Tort Claims Act.

HEALTH CENTERS

The Committee provides $1,627,164,000 for the consolidated health centers. The fiscal year 2003 comparable program level was $1,504,806,000 and the administration request program level was $1,627,164,000. This group of programs includes community health centers, migrant health centers, health care for the homeless, and

public housing health service grants. The Committee has provided increased funding in fiscal year 2004 to: (1) continue the economic stabilization efforts for existing health centers, (2) expand existing health centers, and (3) fund new health center sites.

The Committee commends HRSA for its work to stabilize centers in fiscal year 2003, and urges the continuation of this important effort. Health centers, like all health providers, have experienced growth in their costs of providing care, including the care provided to the 5 million uninsured health center patients that is not borne by other revenue sources. This situation has placed many centers in declining financial conditions and has slowed the expansion effort among existing grantees. The Committee urges HRSA to increase these stabilization efforts so that existing grantees can expand as needed.

While the Committee has provided annual increases for the consolidated health center program in order to serve more patients across the country, the Committee is very concerned by reports that States are reducing their support for the program, which could negatively impact the expansion initiative. The Committee requests that HRSA conduct a survey of State funding for health centers, to include recent and/or proposed funding changes, and fully assess the impact of these actions on the expansion initiative. The Committee requests that these findings be reported to the Committee by April 1, 2004.

The Committee is concerned that a significant portion of the medically underserved population in Illinois continues to lack necessary access to community or migrant health center services. The underserved populations of Kankakee, Jefferson, Saline, Sangamon, McHenry, Peoria, St. Clair, Menard, Whiteside, Massac, DuPage, and Adams and the South side of Chicago, the underserved Asian Americans and Pacific Islanders population on the North side of Chicago, and the underserved Latino population within suburban Cook County need new and expanded access points to health services. The Committee strongly urges HRSA to identify proposals from these and other underserved areas, and work with the applicants to improve their proposals. The Committee expects HRSA to inform the Committee of the status of this effort no later than September 15, 2004.

The Committee urges HRSA to give full and fair consideration to proposals to expand health access in underserved communities in Missouri and other States.

The Committee limits the amount available for payment of claims under the Federal Tort Claims Act to $45,000,000, which is the same as the administration request and $5,000,000 more than the amount provided for last year. The continued viability of the FTCA judgment fund is critical to the continued expansion of the health center program and the Committee renews its request that the Department recommend future legislative alternatives for the Fund.

The Committee does not provide additional funds for loan guarantee authority under section 330(d) of the Public Health Service Act. The Committee notes that $121,000,000 in loan guarantee authority from the $160,000,000 appropriated in fiscal years 1997 and

1998 continues to remain available for guarantees of both loan principal and interest.

Community Health Centers

Community health centers improve the health of Americans by providing comprehensive primary and preventive health care services to underserved populations in rural and urban areas, regardless of ability to pay. Of the clients served by community health centers, over 39 percent had no insurance, 64 percent were minorities, 47 percent lived in rural areas, and 28 percent were children under 12 years of age.

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

The Committee commends HRSA for its efforts over the past year to visit and evaluate many of the rural underserved areas across the country. The Committee continues to believe that to expand services offered by these centers more nurse practitioners have to be utilized. Specifically, opportunities that are developed for the increased use of nurses in community health centers in collaboration with the National Institute of Nursing Research are recommended as highly beneficial to the underserved.

The Committee is aware that Nurse-Managed Health Centers [NMHCs] serve a dual function in strengthening the health care safety net by providing health care to populations in underserved areas and by providing the clinical experiences to nursing students that are mandatory for professional development. Recognizing that NMHCs are frequently the only source of health care to their patients and that a lack of clinical education sites for nurses is a contributing factor to the nationwide nursing shortage, the Committee urges HRSA to work with existing NMHCs to enable them to qualify for participation in the Community Health Center program (Public Health Service Act, section 330) and to expand both the numbers of students educated and the numbers of patients cared for at NMHCs.

The Committee recognizes the critical role that translation services, as well as culturally sensitive health care delivery, plays in ensuring comprehensive care to patients who do speak English as a second language. It is often the case that grants to health centers under section 330 do not adequately cover the full costs of providing translation services to the growing range of diverse popu-

lations and languages these centers target. The Committee encourages HRSA to award grants to health centers to provide translation services or to compensate bilingual or multilingual staff for providing language assistance to those patients not fluent in English.

Congress recognized the need to provide mental and behavioral health services to the underserved through the Federal Community Health Centers in the Safety Net Legislation of 2001. The Committee encourages the CHC Program to expand its efforts to provide mental and behavioral health services by increasing the number of psychologists in CHCs Nation wide.

The Committee recognizes that asthma is a growing problem nationwide, particularly among minorities and the underserved. The Committee encourages HRSA, through its Community Health Centers program, to enhance its efforts aimed at reducing the incidence of asthma among ethnic and racial minorities and other medically underserved populations.

School-based Health Centers

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

Migrant Health Program

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

Health Care for the Homeless

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

Public Housing Health Service Grants

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

Native Hawaiian Health Care

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has included sufficient funding so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than $15,000,000 be provided for these activities in fiscal year 2004.

Other Native Hawaiian and Pacific Islander Health Issues

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

In addition, as emphasized again last year, the Committee strongly supports the establishment of a Center of Excellence for Indigenous Health and Healing at the University of Hawaii and other schools that serve native peoples including American Indians, Alaska Natives and Pacific Islanders. The incorporation of traditional medicine and healing practices into the training of medical, nursing, social work, psychology, pharmacy and public health students will not only advance these disciplines but also enhance the health care services delivered to these populations. The Committee encourages HRSA, CDC, and SAMSHA to support these concepts in their awarding of grants wherever native and indigenous people reside.

The Committee believes that community health centers are a critical source of care for the underserved, particularly in remote rural areas in States such as Alaska and Hawaii. New health centers in remote communities are critically needed. Nurse practitioners could be instrumental in expanding these critical health care services. Telemedicine technology should be emphasized whenever possible to maximize resources and collaborative communication. The Committee wants to applaud HRSA for the work that has been done to re-examine regulations and the creation of an on-line grant application process.

National Health Service Corps: Field Placements

The Committee provides $45,948,000 for field placement activities. The fiscal year 2003 comparable level was $45,948,000 and the administration request was $45,305,000. 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.

The Committee is pleased by the increasing percentage of placements of NHSC assignees at Community, Migrant, Homeless, and Public Housing Health Centers. The Committee encourages HRSA to further expand this effort to ensure that the health center expansion effort is sustainable and has access to a sufficient level of health professionals. The Committee requests that HRSA identify any potential problems with the implementation of the new automatic Health Professional Shortage Area [HPSA] designation for all health centers, and also how the new designation process will enhance the placement opportunities for health centers.

National Health Service Corps: Recruitment

The Committee provides $125,140,000 for recruitment activities. The fiscal year 2003 comparable level was $125,140,000 and the administration request was $167,542,000. 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.

The Committee commends the NHSC for its focus on ensuring a health workforce for integrated, comprehensive health care for the underserved that includes mental and behavioral health services. The Committee urges the NHSC to continue its efforts and increase the number of psychologists in the Loan Repayment Program and begin, for the first time, to support psychology students in the Scholarship Program.

HEALTH PROFESSIONS

The Committee provides $423,765,000 for all HRSA health professions programs. The fiscal year 2003 comparable level was $711,305,000 and the administration request was $308,372,000.

The Committee commends HRSA for its efforts to address the gap between the size of the Nation's aging baby boom population and the number of pulmonary/critical care physicians. HRSA is presently developing a report on the workforce shortage issue. The Committee understands that a portion of this report will be informed, in part, by the research efforts of the American College of Chest Physicians [ACCP] and the members of the Critical Care Workforce Partnership through its COMPACCS study. Given the efforts of the ACCP and the members of the Critical Care Workforce Partnership, the Committee encourages HRSA to use the pulmonary/critical care specialty as a model for developing and testing policy options to address workforce shortage issues.

Recognizing previous direction from the Committee that HRSA complete a national study on the status of pediatric rheumatology in the United States, the Committee urges HRSA to conclude its research in this area in partnership with the Arthritis Foundation. As provided in the Children's Health Act of 2000, this study assesses the current pediatric services shortage and identifies strategies for addressing this significant shortage for children with arthritis.

The Committee expresses concern about the increasing population of children with complex neurological disorders and the number of pediatric neurologists available to treat them. The Committee therefore urges HRSA to consult with the Child Neurology Society to develop a comprehensive action plan to address this critical shortage.

The Committee recognizes that hospitals and health facilities across the United States have been deeply impacted by declines among nurses, pharmacists, radiology, and laboratory technicians, and other workers. This health care workforce shortage is a long-term problem, and most States are looking for ways to address such shortages. Therefore, in an effort to attract new entrants to the health professions by focusing attention on young people, the Committee recommends that the Secretary of Health and Human Services, acting through the Bureau of Health Professions of the Health Resources and Services Administration, award grants to accredited universities and/or community colleges for the establish-

ment of summer health career introductory programs for middle and high school students.

The Committee recommends consolidated funding for Health Professions programs authorized under titles VII and VIII of the Public Health Service Act. The following clusters and their associated programs are included in this consolidated account:

A. Training for Diversity

Centers of Excellence

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

The Committee is pleased that HRSA has re-focused the Minority Centers of Excellence program on providing support to historically minority health professions institutions. The Committee recognizes the important role of this program in supporting faculty and other academic programs at minority institutions. The Committee encourages the 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.

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

The Committee intends that this program receive at least the level of funding requested by the administration from the consolidated health professions appropriations. This program provides grants to health professions schools for student scholarships to in-

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

B. Training in Primary Care Medicine and Dentistry

Family Medicine Training

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

General Internal Medicine and Pediatrics Training

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

Physician Assistants

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

General Dentistry and Pediatric Dental Residencies

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

The Committee recognizes 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, rural States are disproportionately underserved by pediatric dentists. The Committee notes that several States have fewer than 10 pediatric dentists. This clearly is not enough to address American children's needs. The Committee intends that at least $5,500,000 from the consolidated health professions appropriation be used to continue and expand the Pediatric Dental Program.

C. Interdisciplinary, Community-based Linkages

Area Health Education Centers

This program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: Core grants to plan and implement programs; special initiative funding for schools that have previously received Area Health Education Centers [AHEC] grants; and model programs to extend AHEC programs with 50 percent Federal funding.

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

The Committee understands the Graduate Psychology Education Program is the only federally funded psychology training program, and for this reason, considers its continuation a priority. This competitive program will continue to provide grant awards for work with underserved populations, particularly in rural communities, including elderly, children, the chronically ill, and victims of abuse or terror.

Geriatric Education Centers and Training

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

Quentin N. Burdick Program for Rural Health Interdisciplinary Training

This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice.

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

Podiatric Primary Care Training

This program provides grants to hospitals and schools of podiatric medicine for residency training in primary care. In addi-

tion 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

This 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 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.

D. Workforce Information and Analysis

Health Professions Data and Analysis

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

Research on Certain Health Professions Issues

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

E. Public Health Workforce Development

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

Public Health, Preventive Medicine and Dental Public Health Programs

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

Health Administration Programs

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

F. Children's Hospital Graduate Medical Education Program

The Committee intends that the Children's Hospital Graduate Medical Education [GME] program receive at least $290,102,000 from the consolidated health professions appropriation. The administration requested $199,258,000 and the fiscal year 2003 comparable level was $290,102,000.

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 recognizes the success of the Children's Hospitals Graduate Medical Education Payment Program in providing critical support for training pediatric and other residents in graduate medical education programs in teaching hospitals that do not receive support through the Medicare program. It has come to the Committee's attention that a limited number of free-standing perinatal hospitals and children's psychiatric hospitals have been excluded from participation in this program despite the fact that these teaching institutions are not eligible for Graduate Medical Education funding under Medicare. The Committee expects HRSA to study and report back to the Committee on this matter by April 1, 2004. The Committee expects HRSA to explore the appropriateness of including these hospitals in the Children's Hospitals Graduate Medical Education Program and to offer recommendations that might allow for their inclusion.

G. Nursing Education Programs

The Committee intends that these programs be funded through the consolidated health profession appropriation and continue with at least the level of funding provided in fiscal year 2003. The fiscal year 2003 comparable level was $112,763,000 and the administration requested $98,214,000 for fiscal year 2004.

The Committee recognizes that the current nursing shortage has reached a crisis state across America. The situation only promises to worsen due to a lack of young nurses in the profession, an aging existing workforce, and inadequate availability of nursing faculty to prepare future nurses. The Committee urges HRSA to support programs aimed at increasing nursing faculty and encouraging a diverse population's entry into nursing.

Advanced Education Nursing

The Committee intends that this program be funded through the consolidated health profession appropriation and continue with at least the level of funding provided in fiscal year 2003, which was $50,174,000. The administration requested $26,548,000 for fiscal year 2004. This program funds nursing schools to prepare nurses

at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

Basic Nurse Education and Practice

The Committee intends that this program be funded through the consolidated health profession appropriation and continue with at least the level of funding provided in fiscal year 2003, which was $26,824,000. The administration requested $24,202,000 for fiscal year 2004. Authorized by Public Law 105–392, the goal of this program is to improve the quality of nursing practice. Activities under this program will initiate new projects that will change the educational mix of the basic nursing workforce and empower the workforce to meet the demands of the current health care system.

Nursing Workforce Diversity

The Committee intends that this program be funded through the consolidated health profession appropriation and continue with at least the level of funding provided in fiscal year 2003, which was $9,935,000. The administration requested $20,564,000 for fiscal year 2004. 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 nurses' ability to provide quality health care services to the increasingly diverse community it serves.

Nurse Loan Repayment for Shortage Area Service

The Committee intends that this program be funded through the consolidated health profession appropriation and continue with at least the level of funding provided in fiscal year 2003, which was $19,870,000. The administration requested $26,900,000 for fiscal year 2004. 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.

Comprehensive Geriatric Education

The Committee intends that this program be funded through the consolidated health profession appropriation and continue with at least the level of funding provided in fiscal year 2003, which was $2,980,000. The administration did not request funding for fiscal year 2004.

Nursing Faculty Loan Program

The Committee intends that this program be funded through the consolidated health profession appropriation and continue with at least the level of funding provided in fiscal year 2003, which was $2,980,000. The administration did not request funding for fiscal year 2004.

OTHER HRSA PROGRAMS

Hansen's Disease Services

The Committee has included $17,570,000 for the Hansen's Disease Program. The fiscal year 2003 comparable level was $18,024,000 and the administration request was $17,570,000. 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.

Maternal and Child Health Block Grant

The Committee provides $731,565,000 for the maternal and child health [MCH] block grant. The fiscal year 2003 comparable level was $729,965,000 and the administration request was $750,831,000.

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

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

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

The Committee notes that there has been a steady decline in oral health leadership and personnel within HRSA. At the HRSA central and regional office level, the number of dental health professionals has declined from more than 100 to less than 20. Of those remaining, 33 percent will reach the 30-year mandatory retirement level for commissioned corps officers this year. The Committee is concerned about this situation in light of recent decreases in State dental programs and an increase in dental disease and oral health disparities for the Nation's most vulnerable populations. Therefore, the Committee requests that HRSA report by April 1, 2004 on

what actions it has taken to address this situation. The Committee would like included in the report HRSA's response to a January 2002 report submitted by HRSA Regional Dental consultants and any other relevant actions taken to enhance dental programs within HRSA.

The Committee also provides an additional $1,600,000 more for SPRANS activities than would otherwise be the case under the statutory formula for mental health programs and activities in the States. The Committee expects that the programs will include mental health grants for prevention and early intervention services for children and youth ages 0 to 24 years and for women's mental health as it relates to their role in the family, particularly for women diagnosed with postpartum depression. One out of every ten new mothers suffers from postpartum depression [PPD], a treatable condition that presents a range of emotional and physical changes. Unfortunately, half of these women never get help. One reason for the low treatment rate is that only approximately 10 percent of women with postpartum depression discuss their symptoms with a health care professional. This is an important problem with devastating affects on America's children and families. Research shows that postpartum depression is a significant contributing factor in child abuse and neglect.

Screening tools need to be developed for the detection of PPD in perinatal women. In addition, recent extreme cases of PPD involving mother-child violence illustrate the need for a national, multilingual public education campaign to reduce the stigma of seeking treatment for PPD. Treatment of PPD focuses on: the development of support groups; the training of health providers such as obstetricians, gynecologists, pediatricians, low-income clinic general practitioners, and emergency room nurses; the development of hotlines for women to receive referrals to treatment; and the training of public assistance staff (eg. HUD, WIC, Medicaid) and home health visiting organizations to recognize symptoms and provide referrals to women suffering from PPD. The Committee encourages the Bureau to focus on low-income women and mothers of children with low birth weight. The Committee recommends that funding be used on science-based programs or models such as the Starting Early Starting Smart Program that was funded by the Substance Abuse and Mental Health Service Administration [SAMHSA] and the Casey Family Programs to specifically target early intervention and prevention.

Newborn screening is a public health activity used for early identification of infants affected by certain genetic, metabolic, hormonal and or functional conditions for which there are effective treatments or interventions. Screening detects disorders in newborns that, left untreated, can cause death, disability, mental retardation and other serious illnesses. Biliary atresia, a pediatric liver disease which affects 1 in 10,000 infants, is such a condition. If identified and treated before the infant reaches the age of 60 days, biliary atresia has a high cure rate. If left untreated, it will result in liver failure. Parents are often unaware that while nearly all babies born in the United States undergo newborn screening tests for genetic birth defects, the number and quality of these tests vary from State to State. The Committee supports efforts to implement the

heritable disorders program authorized in Title XXVI of the Children's Health Act. This program is designed to strengthen States' newborn screening programs and improve States' ability to develop, evaluate, and acquire innovative testing technologies, and establish and improve programs to provide screening, counseling, testing and special services for newborns and children at risk for heritable disorders. The Committee urges HRSA to include additional conditions, such as biliary atresia, Fragile X, and abnormally elevated levels of bilirubin, in this program evaluation of testing programs with the goal of implementing cost-effective public health screening programs for these and other disorders.

The Committee notes that the Maternal and Child Health Bureau has issued a program announcement that will extend support for comprehensive treatment centers for Cooley's anemia patients under SPRANS through fiscal year 2005. The Committee applauds the bureau's responsiveness to earlier expressions of interest in this program. The Committee urges the bureau to continue to coordinate its activities with the Cooley's Anemia Foundation and seek opportunities to expand the program to other centers throughout the country.

The Committee also commends the Maternal and Child Health Bureau for its support of the Sudden Infant Death Syndrome Program Support Center, and encourages the bureau to continue its efforts in this important area of service, 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.

The Committee remains very concerned about the impact of level funding of hemophilia treatment centers on access to needed comprehensive care for persons with bleeding disorders. The Committee encourages HRSA to commit additional resources to this model disease management network.

The Committee recognizes epilepsy, a chronic neurological condition, as a significant public health concern affecting over 2.5 million persons in the United States. As 125,000 new cases of epilepsy are diagnosed annually, delayed diagnosis, along with inadequate seizure treatment, greatly increases the risk of subsequent seizures, brain damage, disability, and death. Therefore, timely, effective treatment is essential. The Committee is supportive of the epilepsy public health program as described by the Children's Health Act of 2000 and of a model demonstration program that would improve access to health and other services to encourage early detection and treatment for children and others residing in medically underserved areas. The Committee encourages HRSA to partner with a national voluntary epilepsy agency to implement an epilepsy public awareness campaign directed toward underserved populations.

The Committee is aware that diabetes and asthma disproportionately affect minority populations in medically under-served areas. Rates of severe asthma continue to disproportionately affect poor, minority, and inner-city populations. For example, African Americans visit emergency departments, are hospitalized, and die due to asthma at rates three times higher than rates for white Americans. Diabetes, now the sixth leading cause of death in America, has its

greatest effect on the elderly and certain racial and ethnic groups. The Committee encourages HRSA to partner with organizations, such as the Visiting Nurse Associations of America, to implement programs that address these growing epidemics.

The Committee recognizes that children's physiological and psychological needs are often different from adults. The "Bioterrorism and Emergency Preparedness and Response Act of 2001" called for preparedness and response efforts which addressed children's unique needs. The Committee believes that a pediatric network on bioterrorism and emergency preparedness could provide this focus and quickly deepen and extend both expertise and resources to providers, States, and localities across the country. The Committee urges HRSA to identify the key steps, costs, and authorities necessary to establish a national network of Pediatric Centers for Public Health and Bioterrorism Preparedness, and report its findings to the Committee by April 1, 2004.

Healthy Start Initiative

The Committee provides $98,346,000 for the healthy start infant mortality initiative. The fiscal year 2003 comparable level was $98,346,000 and the administration request was $98,729,000.

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

Universal Newborn Hearing Screening and Early Intervention

The Committee provides $9,935,000 for universal newborn hearing screening and early intervention activities. The fiscal year 2003 comparable level was $9,935,000 and the administration did not request funds for this program in fiscal year 2004. The Committee again rejects the administration proposal to consolidate this program into the Maternal and Child Health Block Grant program.

The Committee continues to strongly support the initiative it began 2 years ago to provide grants to States to establish universal newborn hearing screening and early intervention programs. This initiative has been quite successful and the response from States has been substantial. Numerous studies have demonstrated that newborn hearing screening followed by early intervention services can greatly improve health and educational outcomes for children.

The Committee expects HRSA to coordinate projects funded with this appropriation with projects related to early hearing detection and intervention by the National Center on Birth Defects and Developmental Disabilities, the National Institute on Deafness and Other Communication Disorders, the National Institute on Disability and Rehabilitation Research, and the Office of Special Education and Rehabilitative Services.

Organ Procurement and Transplantation

The Committee provides $24,828,000 for organ transplant activities. The fiscal year 2003 comparable level was $24,828,000 and

the administration request was $24,924,000. 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 considers increasing the supply of organs available from voluntary donations to be a top public health priority and expects that funds be committed to those activities having the greatest demonstrable impact on donation rates.

The Committee continues to encourage the agency to establish linkages with State and Federal transportation officials to improve coordination of donation following vehicular accidents, through the establishment of donor registries.

The Committee commends HRSA for its leadership in promoting increased organ and tissue donations across the Nation. The Committee encourages the Division of Transplantation to enhance its partnership with the pulmonary hypertension community aimed at increasing awareness about the need for increased heart and lung donations.

The Committee is encouraged by the growing number of transplants using living donors who contribute a portion of their liver to a recipient. HRSA is urged to study the outcomes for both donors and recipients, define the optimal surgical procedure and identify eligibility criteria. Additionally, to maximize donation of cadaveric organs for transplantation, research is needed to study the outcomes of: preservation modalities, preservation times, and donor and recipient risk factors. The Agency is urged to study various models for presumed consent and, in cooperation with nonprofit health organizations to investigate the feasibility of implementing presumed consent in the United States.

The Committee is aware of reports that fewer than 2,000 cadaver pancreata are available each year for transplantation and research purposes, far fewer than other organs. Clinical trials involving pancreatic beta cells to cure juvenile diabetes have shown great promise, and approximately 80 percent of patients who have received the transplants remain free from insulin injections 1 year after transplant. The Committee urges HRSA to develop and implement policies to encourage the retrieval of pancreata so that additional transplants can be conducted.

National Bone Marrow Donor Program

The Committee provides $21,891,000 for the National Bone Marrow Donor Program. The fiscal year 2003 comparable level was $21,891,000 and the administration request was $22,013,000. The National Bone Marrow Donor Registry is a network, operated under contract, which 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.

National Cord Blood Stem Cell Bank Program

The Committee has strongly supported medical research and the translation of medical research into treatments and cures. The Committee has led the way in doubling the budget of the National Institutes of Health over 5 years and supporting groundbreaking technologies that have the potential to relieve the suffering of millions of Americans. The Committee strongly supports embryonic and adult stem cell research. Adult stem cells, including stem cells collected from umbilical cords, have been the subject of research at the NIH for many years. Although these cord blood stem cells are still more limited in their ability to transform into other cell types and proliferate indefinitely than embryonic stem cells, the technology is useful for a range of blood disorders and cancers. Therefore, the Committee has provided $10,000,000 to create a National Cord Blood Stem Cell Bank with the aim of building an inventory of the highest quality, fully characterized cord blood units for use as unrelated donor grafts for patients who need transplantation therapy but lack suitably matched conventional bone marrow donors. The Committee understands that this Cord Blood Stem Cell Bank will serve patients suffering from high risk and refractory malignancies (leukemia, lymphoma, myelodysplasia, neuroblastoma), congenital and acquired bone marrow failure syndromes (aplastic anemia, fanconi anemia), congenital immunodeficiency syndromes (SCID, Wiscott Aldrich Syndrome CID), inborn errors of metabolism and hemoglobinopathies (sickle cell anemia and thalassemia). The inventory will be constructed so as to provide equal access to this therapy for members of all the ethnic groups in the United States, which will be further facilitated by the suitability of partially matched cord blood stem cell grafts. These features of the National Program will overcome the lower probabilities of finding matched bone marrow donors for patients with rare tissue types and members of ethnic minorities. Cord Blood Stem cells will also serve patients who, because of the advanced stage of their disease, must undergo transplantation therapy within days or weeks, requiring rapid donor procurement. The inventory will also be available for the performance of pre-clinical and clinical research focusing on cord blood stem cell biology and the use of umbilical cord blood stem cells for human transplantation and cellular therapies.

Rural Health Outreach Grants

The Committee provides $39,850,000 for health outreach grants. The fiscal year 2003 comparable level was $58,410,000 and the administration request was $37,752,000. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services.

Mississippi's Delta is a community in which residents disproportionately experience disease risk factors and children are significantly mentally and physically developmentally behind. The Committee recognizes that communities such as this show positive behavioral change when community based programs and infrastructure are in place. The Committee believes that collaborative programs offering health education, coordination of health services and health-related research offer the best hope for breaking the

cycle of poor health in underprivileged areas such as the Mississippi Delta. Therefore, the Committee recommends the continued funding of these activities as already initiated and undertaken by the coordinated efforts of the Mississippi Delta Health Initiative, which is a collaboration involving Delta State University, Mississippi State University, the University of Mississippi Medical Center, and the Mississippi State Department of Health.

The Committee is also supportive of non-profit organizations, such as the Children's Health Fund, that offer mobile comprehensive medical care to uninsured and medically underserved children. The fund is currently implementing state-of-the-art electronic patient record systems at its project sites and to assist Delta State University and Mississippi Delta community health centers to implement mobile health in this critically underserved area.

The Committee appreciates innovative programs to address health care needs in rural underserved areas and supports the efforts of Schools of Nursing in establishing nurse-managed clinics. The Committee further recognizes the value of collaborative projects involving Schools of Pharmacy, along with rural clinics and hospitals.

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

Rural Health Research

The Committee provides $9,935,000 for the Rural Health Policy Development Program. The fiscal year 2003 comparable level was $10,630,000 and the administration request was $5,984,000. The funds provide support for the Office as the focal point for the Department's efforts to improve the delivery of health services to rural communities and populations. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service.

State Offices of Rural Health

The Committee provides $8,445,000 for the State Offices of Rural Health. The fiscal year 2003 comparable level was $8,445,000 and the administration request was $3,990,000. The State Office of Rural Health program helps the States strengthen rural heath care delivery systems by allowing them to better coordinate care and improve support and outreach in rural areas. The Committee believes that continued funds for this purpose are critical to improving access and quality health care services throughout rural communities.

Telehealth

The Committee provides $3,973,000 for telehealth activities. The fiscal year 2003 comparable level was $26,686,000 and the administration request was $5,594,000. The telehealth program promotes the use of technologies to improve access to health services and distance education for health professionals.

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

The Committee also commends the Office for the Advancement of Telehealth for its support of information infrastructure development at minority health professions institutions and encourages continued support for this high priority activity in fiscal year 2004.

The Committee supports efforts to bridge the gap in availability of clinical services between the resource-rich metropolitan center of Shelby County, Tennessee, with the medically underserved counties of Tennessee, Mississippi, and Arkansas.

The Committee recognizes the efforts of organizations that have worked to provide greater access to health care services and providers for all patients, including rural and urban underserved populations.

Native and Rural Alaskan Health Care

The Committee provides $40,000,000 for the Denali Commission. The fiscal year 2003 comparable level was $27,321,000 and the administration did not request funds for this program in fiscal year 2004. These funds support construction and renovation of health clinics, hospitals and social service facilities in rural Alaska as authorized by Public Law 106–113. Provision of the funding will help remote communities in Alaska develop critically needed health and social service infrastructure for which no other funding sources are available so that health and social services may be provided to Alaskans in remote rural communities as they are in other communities throughout the country.

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

Critical Care Programs

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

Emergency Medical Services for Children

The Committee provides $20,000,000 for emergency medical services for children. The fiscal year 2003 comparable level was $19,373,000 and the administration requested $18,943,000 within the Public Health and Social Services Emergency Fund in the Office of the Secretary. The Committee continues to fund this program within HRSA. The program supports demonstration grants

for the delivery of emergency medical services to acutely ill and seriously injured children.

The Committee is pleased with the efforts made for the emergency medical services for children. The Committee would like an update on this program. The 10 year Institute of Medicine [IOM] report and study was extremely helpful and the Committee strongly urges a 20 year program study and update to the IOM report.

Poison Control Centers

The Committee provides $22,354,000 for poison control center activities. The fiscal year 2003 comparable level was $22,354,000 and the administration requested $21,166,000 within the Public Health and Social Services Emergency Fund in the Office of the Secretary. The Committee continues to fund this program within HRSA. The funds provided support activities authorized in the Poison Control Center Enforcement and Enhancement Act as well as the development and assessment of uniform patient management guidelines.

The Committee recognizes that poison control centers may serve as the entry point for sickened individuals into the public health system. Early detection of public health threats is critical to limiting the consequences of a threat. Therefore, the Committee strongly urges HRSA to work with the CDC to find innovative ways to further incorporate the poison control centers into the public health infrastructure. HRSA and CDC should cooperate to improve real-time data collection and analysis from the poison control centers to identify the presence of a potential health threat, including chemical or biological attack, as early as possible.

Traumatic Brain Injury Program

The Committee provides $9,438,000 for the traumatic brain injury program. The fiscal year 2003 comparable level was $9,438,000 and the administration requested $7,479,000. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support. The Committee includes $3,000,000 for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

Black Lung Clinics

The Committee provides $6,000,000 for black lung clinics. The fiscal year 2003 comparable level was $5,961,000 and the administration requested $6,000,000. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Trauma Care

The Committee provides $3,476,000 for trauma/emergency medical services. The fiscal year 2003 comparable level was $3,476,000 and the administration did not request funds for this program in fiscal year 2004. The Committee again rejects the administration

proposal to consolidate this program into the Maternal and Child Health Block Grant program. This program is intended to improve the Nation's overall emergency medical systems, which are constantly activated to respond to a wide range of natural and man-made disasters, such as: earthquakes; mass violence; riots; school shootings; motor vehicle crashes; and terrorist attacks.

Payment to Hawaii, Hansen's Disease Treatment

The Committee provides $2,045,000 for Hansen's disease services. The fiscal year 2003 comparable level was $2,032,000 and the administration requested $2,045,000.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

Ryan White AIDS Programs

The Committee provides $2,041,599,000 for Ryan White AIDS programs. The recommendation includes $25,000,000 in transfers available under section 241 of the Public Health Service Act. The fiscal year 2003 comparable level was $2,017,965,000 and the administration request was $2,009,549,000.

Within the total provided, $131,884,000 is for Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders.

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

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

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

Emergency Assistance—Title I

The Committee provides $618,693,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. These funds are provided to metropolitan areas meeting certain criteria. Half of the funds are awarded by formula and the other half are awarded through supplemental competitive grants.

Comprehensive Care Programs—Title II

The Committee provides $1,077,027,000 for HIV health care and support services. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of anti-retroviral therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for $739,000,000 for AIDS medications.

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

Early Intervention Program—Title III–B

The Committee provides $198,374,000 for early intervention grants. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

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

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

Women, Infants, Children, and Youth—Title IV

The Committee provides $73,551,000 for title IV pediatric AIDS. 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. With the exception of funds provided through the Minority HIV/AIDS Initiative, the Committee expects the funds will be used to support maintenance of existing care services because of the rising costs of providing comprehensive care. HRSA should also use a significant portion of the remaining funds to expand existing comprehensive services programs for youth. Due to the longstanding accomplishments by title IV programs in reduction of mother-to-child HIV transmission [MTCT] through family-centered care models, the Committee expects HRSA to develop linkages between title IV programs and international MTCT initiatives as well as domestic MTCT programs funded by CDC. The Committee is concerned that the existing ban on travel by project officers is inhibiting the effectiveness of title IV programs and urges HRSA to reevaluate this policy.

Some 5 percent of the funds appropriated under this section may be used to provide peer-based technical assistance. The Committee expects any funds used for peer-based technical assistance will be primarily provided to existing Title IV grantees. 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 $13,405,000 for AIDS Dental Services. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

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

AIDS Education and Training Centers

The Committee provides $35,549,000 for the AIDS education and training centers [AETC's]. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's

are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

Family Planning

The Committee provides $283,350,000 for the title X family planning program. The fiscal year 2003 comparable level was $273,350,000 and the administration request was $264,808,000.

Title X grants support primary health care services at more than 4,500 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level. Title X of the Public Health Service Act, which established the family planning program, authorizes the provision of a broad range of acceptable and effective family planning methods and preventive health services. This includes FDA-approved methods of contraception.

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

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

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

Community Based Abstinence Education Program

The Committee provides $73,044,000 for this program, which provides support for the development and implementation of abstinence education programs for adolescents, ages 12 through 18. The fiscal year 2003 comparable level was $54,642,000 and the administration request was $73,044,000. These programs are unique in that their entire focus is to educate young people and create an en-

vironment within communities that support teen decisions to postpone sexual activity until marriage. The Committee intends that the Secretary fund grantees who are currently receiving section 510 funds, but whose project periods were scheduled to expire at the end of fiscal year 2003.

Health Care Facilities

The Committee has provided no funding for health care facilities. The fiscal year 2003 comparable level was $294,700,000 and the administration did not request funds for this program in fiscal year 2004. This account makes funds available to public and private entities for construction and renovation of health care and other facilities. The reduction below last year's level is due to the funding of one-time projects.

Buildings and Facilities

The Committee provides $248,000 for buildings and facilities. The fiscal year 2003 comparable level was $248,000 and the administration request was $250,000.

Rural Hospital Flexibility Grants

The Committee provides $39,740,000 for rural hospital flexibility grants. The fiscal year 2003 comparable level was $39,740,000 and the administration request was $29,921,000. Under this program, eligible rural hospitals may convert themselves into limited service facilities termed Critical Care Hospitals. Such entities are then eligible to receive cost-based payments from Medicare. The grant component of the program assists States with the development and implementation of State rural health plans, conversion assistance, and associated activities.

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

Rural Access to Emergency Devices

The Committee provides $8,000,000 for rural access to emergency devices. The fiscal year 2003 comparable level was $12,419,000 and the administration request was $2,009,000. This program, which is to be administered through the Rural Health Outreach Office, provides grants to expand placement of automatic external defibrillators [AEDs] in rural areas and to ensure that first responders and emergency medical personnel are appropriately trained.

Radiogenic Diseases

The Committee provides $1,987,000 for the Radiation Exposure Compensation Act. The fiscal year 2003 comparable level was $1,987,000 and the administration request was $4,006,000. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during its mining and milling at nuclear test sites.

National Practitioner Data Bank

The Committee provides $17,000,000 for the national practitioner data bank. The fiscal year 2003 comparable level was $19,500,000 and the administration request was $17,000,000. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. Traditional bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

Health Care Integrity and Protection Data Bank

The Committee provides $4,000,000 for the health care integrity and protection data bank. The fiscal year 2003 comparable level was $5,600,000 and the administration request was $4,000,000. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. The data bank is intended to collect, maintain, and report on certain actions taken against health care providers, suppliers, and practitioners.

Healthcare Access for the Uninsured/Community Access Program

The Committee provides no funding for this activity. The fiscal year 2003 comparable level was $119,219,000 and the administration did not request funds for this program in fiscal year 2004. 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.

Program Management

The Committee provides $146,686,000 for program management activities for fiscal year 2004. The fiscal year 2003 comparable level was $156,974,000 and the administration request was $151,115,000.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

The Committee has not included funding for the Medical Facilities and Guarantee and Loan Fund. This fund was established in 1972 under the Medical Facilities Construction Program in order to make funds available for construction of medical facilities. The fund is established in the Treasury without fiscal year limitation to pay interest subsidies, make payments of principal and interest in the event of default on a guaranteed loan, and repurchase, if necessary loans sold and guaranteed. There are sufficient carryover funds from prior years' appropriations to pay defaults and interest subsidy payments; therefore, no appropriation is required to cover these payments.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee provides $4,000,000 to liquidate obligations from loans guaranteed before 1992. The fiscal year 2003 comparable level was $7,000,000 and the administration request was $4,000,000. For administration of the HEAL Program including the

Office of Default Reduction, the Committee provides $3,389,000. The fiscal year 2003 comparable level was $3,889,000 and the administration request was $3,389,000.

The HEAL Program insures loans to students in the health professions. The Budget Enforcement Act of 1990, changed the accounting of the HEAL Program. One account is used to pay obligations arising from loans guaranteed prior to 1992. A second account was created to pay obligations and collect premiums on loans guaranteed in 1992 and after. administration of the HEAL Program is separate from administration of other HRSA programs.

VACCINE INJURY COMPENSATION TRUST FUND

Appropriations, 2003	$88,890,000
Budget estimate, 2004	68,991,000
Committee recommendation	68,972,000

The Committee provides that $68,972,000 be released from the vaccine injury compensation trust fund in fiscal year 2004, of which $2,972,000 is for administrative costs. The total fiscal year 2003 comparable level was $88,890,000 and the total administration request was $68,991,000.

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, 2003	$4,495,039,000
Budget estimate, 2004	4,319,312,000
Committee recommendation	4,644,630,000

The Committee provides a program level of $4,644,630,000 for the Centers for Disease Control and Prevention. The Committee recommendation includes $4,432,496,000 in budget authority and an additional $212,134,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2003 comparable program level was $4,495,039,000 and the administration request program level was $4,319,312,000.

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.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITY AND HEALTH

The Committee recommends $110,639,000 for birth defects, developmental disabilities, disability and health. The fiscal year 2003

comparable level was $98,040,000 and the administration request was $87,462,000.

Within the total provided, the following funding levels are for the specific program activities: autism, $12,311,000; birth defects, $18,694,000; fetal alcohol syndrome, $12,908,000; folic acid, $2,484,000; infant health, $11,740,000; attention deficit resource centers, $1,748,000; spina bifida, $5,128,000; muscular dystrophy, $4,974,000; Healthy Athletes, $4,775,000; Paralysis Resource Center, $5,981,000; disability prevention, $14,238,000; newborn infant hearing, $7,211,000; limb loss, $3,580,000; facial reconstruction, $500,000; and child development studies, $4,367,000.

Attention Deficit Hyperactivity Disorder.—The Committee commends CDC for its Resource Center on AD/HD and has included increased funding in fiscal year 2004 to expand the activities at the Resource Center to respond to the overwhelming demand for information and support services; to better reach special populations in need, to develop on-line educational tools for professionals; and, to enable CDC to expand its population-based research and surveillance.

Autism.—Within the total provided, $4,110,000 above the President's request has been provided to expand the Center's autism epidemiology program. This is $1,500,000 over last year's level. The Committee is concerned that the data collection and analysis within this program is not progressing at the anticipated pace and urges the agency within the funds provided to allocate the resources necessary to release the data and conclusions in a timely manner. The Committee expects a status report on autism data before April 1, 2004.

Craniofacial Malformation.—The Committee recognizes the importance of helping the families of children with craniofacial malformation. These malformations include major conditions such as cleft lip and palate; hemifacial microsomia; atresia/microtia; hemangiomas and vascular malformations; Pfeiffer Syndrome, Crouzon Syndrome, and Pierre Robin Malformation Sequence as well as rarer, or orphan conditions. The Committee encourages CDC to conduct research on the incidence of birth defects including abnormalities of structure, function, or body metabolism, the cost of appropriate medical treatment, availability of insurance coverage, and insurance coverage policies. The Committee has included $500,000 for CDC to create a registry and database of children nationwide with craniofacial malformation and development of plan for an information clearinghouse for parents and physicians regarding appropriate medical treatment. The Center is encouraged to work with the National Foundation for Facial Reconstruction or other such private foundation representing children with such malformations and their parents.

Diamond Blackfan Anemia.—The Committee understands that the detailed evaluation of Diamond Blackfan Anemia [DBA] patients may serve as an important model for understanding the genetics of birth defects. The Committee has learned that more than 50 percent of patients with DBA have a variety of congenital malformations involving the face and head, upper arm and hand, genitourinary, and the heart, with 21 percent of patients having more than one birth defect. The Committee also understands that break-

throughs in this disorder may lead to important strides in other research especially relating to blood cell formation (recovery from cancer chemotherapy), cancer predisposition, gene discovery, and the effectiveness of steroids and blood transfusions as treatment options for bone marrow failure syndromes. The CDC is encouraged to establish a Diamond Blackfan Anemia Clinical Care Center, which would gather and analyze extensive data on this disease to be used for research initiatives involving the genetics of birth defects, cancer predisposition, gene discovery, red cell differentiation, and a comparison of treatment approaches and patient response to therapeutic treatments including blood transfusion, steroids and bone marrow transplants.

Disabilities Prevention.—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.

Down Syndrome.—The Committee is aware that anecdotal evidence suggests that the number of persons with Down syndrome who also have autism or other mental disorders may be on the rise. Reliable data on these occurrences would help researchers identify areas of further research and could indicate whether the prevalence of certain dual diagnoses indicate certain risk factors that require assessment. The Committee encourages the CDC to assess the feasibility and goals of a national epidemiological study for Down syndrome that would identify and the number of persons with the disorder, and whether these persons have also been diagnosed with either autism or other mental disorders. This knowledge may inform research decisions aimed at the identification of modifiable risk factors and the possible development of interventions and approaches for evaluating such interventions.

Duchenne and Becker Muscular Dystrophies.—Within funds provided, the Committee has included $2,998,000 above the administration's request for the Center's epidemiological program in Duchenne and Becker muscular dystrophy. This is $1,000,000 over the fiscal year 2003 level. The Committee expects these efforts to include comparison of treatment approaches and a plan for disseminating such information to patients and families.

Folic Acid Education Campaign to Prevent Birth Defects.—Within the total provided, sufficient funds have been provided to continue the national public and health professions education campaign designed to increase the number of women taking folic acid daily at the same level as in fiscal year 2003. Each year, an estimated 2,500 babies are born with neural tube defects [NTDs], birth defects of the brain and spinal cord, including anencephaly and spina bifida. The Committee is aware that CDC estimates that up to 70 percent of NTDs could be prevented if all women of childbearing age consume 400 micrograms of folic acid daily, beginning before pregnancy.

Fetal Alcohol Syndrome.—Within the total provided, $1,263,000 above the budget request is to expand activities related to Fetal Alcohol Syndrome [FAS]. The Committee supports CDC's efforts to reduce the rates of Fetal Alcohol Syndrome [FAS] through surveillance and prevention programs. FAS, the country's leading known

cause of mental retardation and birth defects, devastates the lives of as many as 12,000 newborn children and their families each year, and is completely preventable. This increase will allow CDC to expand surveillance activities to document the magnitude of the problem and to develop and implement prevention strategies.

Fragile X.—The Committee believes that the Center's focus on maximizing prevention potential, minimizing impact on families and promoting early intervention through developmental screening should be expanded to incorporate individuals affected by fragile X. The Center is encouraged to expand its collaboration with the National Fragile X Foundation to establish and strengthen a link between researchers and families and to provide for the distribution of educational materials to clinicians, educators and parents. The Committee acknowledges the fine work being carried out by the Center in the area of autism surveillance and research and the Center is encouraged to broaden the scope of this work to include fragile X, the most common known cause of autism. The Center's fine work to improve the lives of young adults with developmental disabilities is recognized and the Committee recommends that these efforts to eliminate barriers to optimal functioning and address preventable secondary or spillover conditions specifically include fragile X.

Newborn Screening.—Title XXVI of the Children's Health Act of 2000 provides that the Secretary shall award grants to improve or expand the ability of State and local public health agencies to provide screening to newborns and children having or at risk for heritable disorders. The Committee supports further research and demonstration projects to facilitate the translation of new scientific knowledge into applied public health screening programs. The Committee urges CDC to coordinate with HRSA in translating the results of these efforts, particularly in the areas of Autism, Duchenne and Becker Muscular Dystrophies, Down Syndrome, fragile X Syndrome, and Cystic Fibrosis, into guidance for public health programs, including State newborn screening programs.

The Committee commends CDC for its early hearing detection and intervention [EHDI] program for newborns, infants and young children with hearing loss. These grants ensure that infants referred from newborn hearing screening programs receive appropriate and timely diagnostic and early intervention services. The Committee is concerned that of babies who were screened, only 56 percent who needed diagnostic evaluations actually received them by 3 months of age. Moreover, only 53 percent of those diagnosed with hearing loss were enrolled in early intervention programs by 6 months of age. The Committee believes that increased funding is required to ensure that States develop appropriate surveillance and tracking systems to provide timely and appropriate diagnostic and intervention services to infants and toddlers.

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

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

Paralysis Resource Center.—More than 2 million Americans live with paralysis, including spinal cord injury, stroke, multiple sclerosis, cerebral palsy, spina bifida, and ALS or Lou Gehrig's disease. Those living with paralysis have a desperate need for information and support to improve their health and quality of life. Hospital and rehabilitation stays have sharply reduced over the last decade and those living with paralysis face astronomical medical costs, are often unemployed and have poor health outcomes, including skin breakdowns, obesity, pneumonia, bladder and bowel infections and depression. In 2000, Congress established the Christopher and Dana Reeve Paralysis Resource Center to provide information and support to individuals living with paralysis, their caregivers and their families. To date, more than 160,000 people have received services and information from the Resource Center's web portal, from information specialists and from library and print materials. More than 90 organizations have benefited from health promotion grants provided by the Center, such as wheelchair basketball programs, caregiver support services and the placing of canine companions in the home. To keep up with the exploding demand for information and support services, the Committee has included $3,017,000 above the administration's request to expand the Paralysis Resource Center capacity; provide distance learning and training; support additional health promotion grants; and enhance university-based research. This is $3,000,000 above the fiscal year 2003 level. Sufficient resources are included for CDC to fund several model state demonstration programs on paralysis and physical disability.

Regional Centers for Birth Defects Research and Prevention.—Within the total provided, $2,284,000 above the budget request is to expand research activities conducted by the regional Centers for Birth Defects Research and Prevention. This is $1,500,000 above the fiscal year 2003 level. These centers, which are located in Arkansas, California, Georgia, Iowa, Massachusetts, New Jersey, New York, North Carolina, Texas, and Utah, conduct epidemiological research on the prevention of birth defects. These centers identify cases and obtain data for inclusion in the National Birth Defect Prevention Study, the largest case-control study of birth defects ever conducted. This increase will allow these centers to expand and intensify the study of genetic and environmental causes of birth defects and thereby increase our understanding of key underlying factors that may cause birth defects.

Special Olympics Healthy Athletes Initiative.—To address the unmet health needs among its athletes, Special Olympics created the Healthy Athletes Program, which provides Special Olympics athletes access to an array of health assessment, education, preventive health services and supplies, and referral for follow-up care where needed. These services are provided to athletes without cost

in conjunction with competitions at local, State, national, and international levels. Two years ago, this Committee established a Special Olympics Healthy Athletes Initiative at CDC to support these efforts. The Committee has included $2,009,000 above the administration's request for this initiative, which is $1,000,000 above the fiscal year 2003 level.

Spina Bifida.—The Committee recognizes that Spina Bifida is the leading permanently disabling birth defect in the United States. While Spina Bifida and related neural tube defects are highly preventable through proper nutrition, including appropriate folic acid consumption, and its secondary effects can be mitigated through appropriate and proactive medical care and management, such efforts have not been adequately supported or coordinated to result in significant reductions in these costly conditions. In an effort to improve the quality-of-life for individuals affected by Spina Bifida and reduce and prevent the occurrence of—and suffering from—this birth defect, the Committee has included $3,035,000 over the administration's request to expand the National Spina Bifida Program in coordination with a leading national voluntary health agency which exists to promote the prevention of, and enhance the lives of all those affected by, spina bifida. This is $1,000,000 over the fiscal year 2003 level.

State Cooperative Agreements for Birth Defects Surveillance.—The Committee encourages CDC to increase support to States to develop, implement, and/or expand community-based birth defects tracking systems, programs to prevent birth defects, and activities to improve access to health services for children with birth defects. CDC is now assisting 28 States with cooperative agreements.

Tourette Syndrome.—The Committee encourages CDC to establish public health education and research programs in partnership with a national voluntary health association dedicated to assisting parents and families of children with Tourette Syndrome. The programs should be designed to reach parents, educators, pediatricians, physicians, and other health workers in a campaign consistent with the authority and direction of the Children's Health Act of 2000, and to increase scientific knowledge on the prevalence, risk factors and co-morbidities of Tourette Syndrome.

Chronic Disease Prevention and Health Promotion

The Committee recommends $801,884,000 for chronic disease prevention and health promotion for fiscal year 2004. The fiscal year 2003 comparable level was $789,972,000 and the administration requested $834,047,000 for fiscal year 2004.

Within the total provided, the following funding levels are for the specific program activities: heart disease and stroke, $45,963,000; diabetes, $69,000,000; cancer prevention and control, $316,625,000; arthritis, $14,612,000; epilepsy, $8,478,000; iron overload, $476,000; tobacco, $100,411,000; nutrition, physical activity, and obesity, $50,000,000; health promotion, $24,249,000; school health, $63,112,000; safe motherhood, $53,962,000; oral health, $12,710,000; prevention centers, $26,830,000; and Steps to a Healthier U.S., $15,416,000.

The unprecedented commitment to biomedical research in recent years represents a critical investment in the future health of our

Nation. The Committee recognizes, however, that the benefits of basic research alone cannot be fully realized unless results of this important work are effectively translated into public health interventions to address costly and prevalent conditions such as chronic diseases.

Chronic diseases have had a profound human and economic toll on our Nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, and various neurological conditions such as epilepsy. These and other chronic diseases now account for nearly 70 percent of all health care costs, as well as 70 percent of all deaths annually. A few modifiable risk factors bring suffering and early death to millions of Americans. Three such factors—tobacco use, poor nutrition, and lack of physical activity are major contributors to our Nation's leading causes of death.

Alpha-1 Antitypic Deficiency.—The Committee is aware that Alpha-1 Antitypic disease is often misdiagnosed as asthma or as Chronic Obstructive Pulmonary Disease. Individuals with Alpha-1 exhibit symptoms of advanced emphysema between 30 and 50 years of age, even in the absence of tobacco use. As with many rare chronic disorders, Alpha-1 patients commonly see five physicians over 7 years, from the onset of symptoms to an appropriate diagnosis. Early detection allows individuals to engage in preventative health measures and receive appropriate therapies, significantly improving their health status. The Committee encourages CDC to promote an Alpha-1 screening and detection program that utilizes public and professional education regarding lung disease, both genetic and tobacco related.

Behavioral Risk Factor Surveillance System.—The Committee has provided $8,400,000 for the Behavioral Risk Factor Surveillance System [BRFSS]. The Committee notes that gathering, analyzing, and distributing data on behavioral risk factors is key to addressing a host of health problems, especially chronic diseases. The BRFSS program collects behavior-related data so that scarce resources can be directed efficiently to address chronic diseases, such as heart disease, cancer, diabetes, obesity, and vascular diseases such as stroke. The Committee believes the increase in BRFSS funding should be used to increase infrastructure at the State and CDC levels; improve the rates of response of survey questions; increase the timeliness of data; improve CDC's web site to make data more accessible for analysis; and create State demonstration projects to examine and assess innovative methods in chronic disease health tracking.

Cancer Prevention and Control.—The previous 5 years have seen a major increase in the Nation's investment in medical research at the NIH, resulting in significant breakthroughs for cancer and other serious diseases. The need to reach the public, particularly medically underserved populations, with the message of prevention and early detection of cancer cannot be overstated.

The programs included in the CDC's cancer line item have proven to be highly effective, but are only a starting point if we are to reduce the mortality from cancer. The Committee is strongly supportive of the CDC cancer programs focused on awareness, edu-

cation and early detection and has included a significant increase for these programs.

The significant growth of cancer prevention and control programs within State health agencies has resulted in the recognition that improved coordination of cancer control activities is essential to maximizing resources and achieving desired cancer prevention and control outcomes. The Committee commends CDC for its work with health agencies to enhance the number and quality of cancer-related programs that are available to the U.S. population and to develop an integrated and coordinated approach to reduce the cancer burden through prevention, early detection, treatment, and rehabilitation.

Within the amounts provided, the following funding levels are for the specific program activities: breast and cervical cancer, $210,929,000; cancer registries, $50,000,000; colorectal cancer, $15,000,000; comprehensive cancer, $12,000,000; ovarian cancer, $4,950,000; prostate cancer, $15,555,000; skin cancer, $2,197,000; Geraldine Ferraro Cancer Education Program, $5,000,000; and lupus, $994,000.

Cancer Registries.—The Committee recognizes the importance of data collection for all brain tumors, including data on malignant and benign brain tumors, through the National Program of Cancer Registries. Comprehensive data collection enhances our understanding of brain tumors and their burden and supports a strong research effort. The Committee commends the CDC for moving forward with implementation of the Benign Brain Tumor Cancer Registries Act in fiscal year 2003 (Public Law 107–260) and strongly urges that adequate funds be provided for benign brain tumor data collection and training in fiscal year 2004.

Cancer Survivorship.—The Committee applauds the partnership between CDC and the Lance Armstrong Foundation [LAF] to address the needs of the over 9 million Americans living with, through and beyond cancer by expanding CDC's State-based comprehensive cancer program to address cancer survivorship, including clinical trials information and access, quality of life issues and late effects of the disease. The Committee supports efforts to develop a National Cancer Survivorship Action Plan.

In addition, the Committee is aware of the need for additional information and support for cancer survivors, from time of diagnosis through treatment, recovery, and long-term care issues. There are more than 9 million cancer survivors in the United States today, and more than half have either completed treatment or are long-term (over 5 years) survivors. Further, more than 1.3 million people will be diagnosed with cancer in 2003. Recognizing the significant need of this growing population, the Committee encourages CDC to develop a cancer survivorship resource center focused on post-treatment needs and long-term survivorship/quality of life issues, in partnership with the Lance Armstrong Foundation and other non-profit organizations solely dedicated to promoting the optimal physical, psychological, and social recovery and care of cancer survivors and their families.

Cardiovascular and Other Chronic Diseases in African-American Populations.—The Committee recognizes the high prevalence and incidence of cardiovascular and other chronic diseases in the Mis-

sissippi Delta's minority populations. The Committee also recognizes the work of the Jackson Heart Study and the Delta Health Alliance in research on cardiovascular and other chronic diseases in minority populations. A needed component of this research is the examination of epidemiological risk factors contributing to the extremely high prevalence and incidence of cardiovascular and other chronic diseases in the Mississippi Delta. The Committee encourages the CDC to establish a cardiovascular and chronic disease research prevention center in the Mississippi Delta region for the purpose of fostering epidemiological research among minorities with chronic diseases. The prevention center would allow collaboration with ongoing research activities to combat these chronic diseases through the epidemiological identification of risk factors and disease predictors.

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

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

Cooley's Anemia.—The Committee is pleased with the progress that CDC has made with regard to the establishment of a blood safety surveillance program for Cooley's anemia patients, who are the largest consumers of red blood cells. The program involves six treatment centers that handle the medical aspects, and the Cooley's Anemia Foundation that provides education and awareness, patient recruitment and other services, while CDC has established an archive of tested and analyzed blood samples. As the program moves forward and one time start-up costs are reduced, the Committee believes that a growing percentage of the money should be used by the centers and the Foundation to assure the highest quality services are available to the largest number of patients possible.

Delta Health Initiative.—The Mississippi Delta Region experiences some of the Nation's highest rates of chronic diseases, such as diabetes, hypertension, obesity, heart disease and stroke. The Committee recognizes the efforts of the Delta Health Initiative in health education, coordination of health services and health-related research in the Mississippi Delta. The Committee believes that such collaborative, community-based programs offer the best hope for breaking the cycle of poor health in underprivileged areas such as the Mississippi Delta. The Committee recommends that the CDC collaborate with the Delta Health Initiative in addressing the chronic health issues of the Mississippi Delta.

Diabetes.—The Committee is concerned about the over 17 million Americans currently living with diabetes, a number that is estimated to increase to 9 percent of the U.S. population by 2025. The Committee is aware of the Secretary's recently announced Diabetes Detection Program, and is concerned about meeting the treatment needs of all the newly diagnosed patients with diabetes. The Committee is aware of the valuable services that diabetes educators provide to newly diagnosed patients—teaching them the necessary skills they need to self-manage the disease throughout their life including nutrition, exercise, blood sugar monitoring, and medication management. The Committee urges CDC to partner with organizations with expertise in providing diabetes education and diabetes self-management training as a necessary step to ensuring not only the success of diagnosing people with diabetes, but also to ensuring the best possible treatment and care of the newly diagnosed.

The high incidence of diabetes among Native American, Native Alaskan, and Native Hawaiian populations persists, and the Committee is pleased CDC's efforts to target this population, in particular, to assist the leadership of Native Hawaiian and Pacific Basin Islander communities. It is important to incorporate traditional healing concepts and to develop partnerships with community centers, and the Committee encourages CDC to build on all its historical efforts in this regard.

Epilepsy.—The Committee recognizes epilepsy, a chronic neurological condition, as a significant public health concern affecting over 2.5 million persons in the United States including 300,000 American seniors over the age of 65. For a long time epilepsy has been seen as a condition that affects young people, often starting in early childhood; sometimes lasting throughout life. The U.S. population is aging and stroke, cardiovascular disease, brain tumors and Alzheimer's disease are all causes of epilepsy in the elderly. Further, the Committee acknowledges that the CDC has worked diligently over the last couple of years to promote better public education and treatment of people with epilepsy. Therefore, the Committee has provided $1,965,000 above the administration's request for the CDC to enhance its epilepsy efforts in partnership with a leading non-profit that works on behalf of children and adults affected by seizures through research, education, advocacy and service. These efforts should include activities addressing the relationship between older adults and epilepsy; and maximizing public and provider health education programs.

Geraldine Ferraro Cancer Education Program.—In May 2002, Congress approved and the President signed into law the Hematological Cancer Research Investment and Education Act. This Act authorizes the Geraldine Ferraro Cancer Education Program, administered by the Department of Health and Human Services. The Committee provides $5,000,000 to the CDC to implement the Geraldine Ferraro program of education and support services to individuals with blood-related cancers and their families and caregivers. The Committee is aware that a number of private organizations currently serve the blood cancer community with educational and support services, and the Committee encourages CDC to enter into partnerships with these organizations to expand and

strengthen their programs, ensuring that all individuals with blood cancers receive the support and educational resources they need.

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

The Committee is encouraged by the CDC's exploration of strategies to implement a national initiative to combat the effects of eye-related disorders, especially glaucoma. The Committee has included $2,085,000 for CDC to expand vision screening and education programs in partnership with national voluntary health agencies and for CDC to develop a national surveillance system to monitor trends over time and assess the economic costs of vision loss especially related to glaucoma. In addition, the Committee has included $200,000 above the administration's request for a total of $2,984,000 to expand a model project that is testing and evaluating the efficacy of glaucoma screening using mobile units.

Heart Disease and Stroke.—The Committee understands that cardiovascular diseases remain the Nation's No. 1 killer in every State, and believes that each State should receive funding for basic implementation of a State Heart Disease and Stroke Prevention Program. Currently only 8 States receive implementation-level funding from the CDC. An additional 22 States, including the District of Columbia, receive funding to undertake planning processes, which prepare them to implement this critical and first-ever public health program to prevent and control our Nation's leading cause of death. Nearly 62 million Americans live with the often-disabling effects of cardiovascular diseases at an estimated cost of $352,000,000,000 in medical expenses and lost productivity this year—more costly than any other disease. The Committee recommendation includes $5,824,000 above the administration's request for CDC's cardiovascular programs, for a total of $45,963,000.

Stroke remains America's No. 3 killer, a major cause of permanent disability and a key contributor to late-life dementia. This year, about 700,000 Americans will suffer a stroke and nearly 170,000 will die. About 50 percent of stroke deaths occur out of the hospital. An estimated 4.7 million Americans live with the consequences of stroke. About 1 of 4 stroke survivors is permanently disabled. Stroke will cost this Nation an estimated $51,000,000,000 in medical expenses and lost productivity this year. The drug TPA is the only FDA-approved emergency treatment for clot-based stroke. Yet, less than 5 percent of those eligible for TPA receive it. Established by Congress during the fiscal year 2001 appropriations process, the Paul Coverdell National Acute Stroke Registry is designed to track and improve the delivery of care to patients with acute stroke. The CDC supports activities to develop and test prototypes for this registry in eight sites. The Committee encourages CDC to continue this initiative by implementing a statewide model stroke registry and data-based intervention plans among three State health departments to enable them to monitor and improve

stroke emergency transport response times, delivery of acute care and use of treatments to prevent recurrent strokes in their communities. The Committee strongly encourages the CDC to continue to work with the National Institute of Neurological Disorders and Stroke, and the National Heart, Lung, and Blood Institute at the National Institutes of Health, the Brain Attack Coalition, and other pertinent professional organizations, including hospitals, universities, State and local health departments, and other appropriate partners experienced in the treatment of stroke to further implement this registry.

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 other cardiovascular disease risk factors. The CDC also provides lifestyle counseling and education to these women to improve their health and to prevent cardiovascular diseases, the leading cause of death of American women. Heart disease, alone, is the No. 1 killer of American women and stroke is the No. 3 killer. Since its inception in 1995, about 12,000 low-income and uninsured women ages 40–64 have been screened for high blood pressure and elevated cholesterol and have received lifestyle counseling and education. From 50 percent to 75 percent of these women were found to have either high blood pressure or elevated cholesterol. With more than two-thirds of the women returning for follow-up services, the program has been effective in retaining participants and providing needed services.

Hemophilia.—The Committee encourages CDC to continue working closely with the National Hemophilia Foundation to strengthen its disease management, prevention, outreach, and blood safety surveillance programs for meeting the needs of persons with hemophilia, other bleeding and clotting disorders, and, particularly, women with bleeding disorders. The Committee has received the report on genotyping the hemophilia community, and urges CDC to provide the additional resources necessary to implement this important initiative.

Inflammatory Bowel Disease.—It is estimated that up to 1 million people in the United States suffer from Crohn's disease or ulcerative colitis, collectively known as inflammatory bowel disease [IBD]. For the past 4 years, the Committee has encouraged CDC to work in partnership with the IBD community to establish a national IBD epidemiology program to further our understanding of these diseases. The Committee understands that CDC has entered into a partnership with the Crohn's and Colitis Foundation of America to initiate this important program. Now that this project has been established through an investment by the patient community, the Committee looks forward to reviewing a report from the CDC Director (as requested in the fiscal year 2003 Senate Labor-HHS committee report) regarding the support that CDC has provided for this important initiative.

Kidney Disease.—The Committee recognizes that while kidney disease is the ninth leading cause of death in the United States and 350,000 Americans have End Stage Renal Disease, requiring dialysis or a transplant to survive, at a cost to the Medicare program of $12,000,000,000 annually, there is mounting evidence that kidney disease will be an even greater public health problem in the

future. Recent epidemiologic research indicates that more than 20 million Americans have signs of kidney disease and that an additional 20 million individuals in this country are at increased risk of kidney disease. Moreover, most of these individuals are unaware of this danger to their health. The Committee believes there is a need for public health programs to identify and educate those who are threatened by kidney disease and thereby reduce morbidity and improve outcomes. Therefore, the Committee urges the Centers for Disease Control and Prevention to develop a national kidney disease action plan and a public health strategy to combat kidney disease in this country.

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

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

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

The Committee commends the substantial, comprehensive efforts that CDC is directing to stem the obesity epidemic across all life stages. CDC is coordinating national, State and school-based programs to research and implement interventions to increase physical activity levels and good nutrition at all ages, to provide important health information, and to monitor health and healthy behaviors in the population. CDC currently funds some States to promote physical activity and good nutrition to prevent and control obesity. As part of its physical activity, nutrition and obesity prevention initiative, the Committee has included a significant increase for Nutrition, Physical Activity, and Obesity at CDC.

Oral Health.—The Committee recognizes that to effectively reduce disparities in oral disease will require improvements at the State and local levels. The Committee has provided additional

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

Prevention Centers.—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 also 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.

Prostatitis.—The Committee urges the CDC to continue and expand its investigation of the etiology of prostatitis. New methods to explore the infectious etiology of chronic diseases should be applied to chronic prostatitis. The CDC should undertake educational efforts to overcome the stigma assumed by prostatitis patients and the conspiracy of silence it produces that limits the public discussion and research.

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 looks forward to reviewing a report (as requested in the fiscal year 2003 omnibus appropriations bill) from the CDC outlining the progress that has been made in establishing a pulmonary hypertension awareness campaign focused on the general public and health care providers. Moreover, the Committee encourages CDC to support a cooperative agreement with the pulmonary hypertension community designed to foster greater awareness of the disease.

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

Steps to a Healthier U.S.—The Committee applauds the Department's commitment to tackling the problems of obesity, diabetes, and asthma. The Committee agrees that these are three of the most critical chronic conditions afflicting Americans. The Committee is concerned that existing programs that address these problems have not yet been implemented in all of the States. The Committee has continued funding for this new initiative and significantly increased existing programs with CDC that are aimed at

obesity, diabetes, and asthma. The Committee strongly urges CDC to coordinate the efforts of these programs such that the best possible outcome is achieved using these funds.

The Committee recognizes the important role that private nonprofit organizations such as YMCAs and Jewish Community Centers play in providing millions of American youth comprehensive health and wellness programs designed to address risk behaviors such as physical inactivity, unhealthy diets, and tobacco use. With only 25 percent of public schools offering daily physical education programs, it is these community-based organizations that are being called upon to implement health promotion and health education strategies and interventions to increase physical activity levels and foster good nutrition. In addition, these community organizations are a critical link in providing physical activity programs for youth from charter schools, alternative schools or who are home schooled. The Committee encourages CDC to include private nonprofit organizations as eligible applicants under STEPS. Funding should be used for the development and implementation of comprehensive health and wellness programs aimed at preventing obesity, diabetes and asthma among American youth. To ensure fiscal responsibility and local support, the Committee encourages these nonprofit programs to be funded at a minimum of 50 percent from private sources. Successful applicants should have a history of directly providing youth-development programs in both school-based and community-based setting, a long-standing dedication to promoting lifelong health, and a commitment to serving all ages, incomes and abilities.

Sudden Infant Death Syndrome.—The Committee notes the work of CDC, the National Institute of Child Health and Human Development and the Health Resources and Services Administration in developing model guidelines for death scene protocol for Sudden Infant Death Syndrome. The Committee 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 and has included $300,000 for this activity in the infant mortality program. The Committee expects CDC to be prepared to report on progress on this initiative during the fiscal year 2005 hearings.

The recently completed Aberdeen Area Infant Mortality Study, funded by the Department of Health and Human Services, identified protective and risk factors associated with SIDS. Conclusions included observations that programs to reduce alcohol consumption among women of childbearing age could potentially reduce the high rate of SIDS. Maternal and environmental tobacco exposures remain critical health issues not only in reducing the risk for SIDS, but also for the health of the baby and family overall. Further, women, who give birth to their first child while under the age of 20 years, are at a higher risk for pre-term birth and low birth weight babies, and that both factors increase the risk for SIDS. In 2000, for infants of African American mothers, the SIDS death rate is 2.4 times that for non-Hispanic white mothers. Nationwide, SIDS rates for infants of American Indian mothers were 2.6 times those of non-Hispanic white mothers.

Tobacco Use.—Tobacco use is the single most preventable cause of death and disease in our society. It causes more than 400,000 deaths in the United States each year, and costs the Nation $50,000,000,000 in medical expenses alone. Children are especially hard hit by tobacco. Ninety percent of adult smokers begin their habit as children. The Committee believes that a significantly increased effort to curtail youth tobacco use is needed. Therefore, the Committee has included sufficient funds to maintain no less than last year's level of funding for tobacco control. These funds are intended to expand the capacity of all State and local health departments, education agencies, and national organizations to build comprehensive tobacco control programs and to develop and begin implementation of a national public education campaign to reduce access to and the appeal of tobacco products among young people.

Urinary Incontinence.—The Committee is concerned that 25 million Americans suffer from Urinary Incontinence [UI]. According to the Agency for Healthcare Research and Quality [AHRQ], 8 out of 10 patients can be treated or cured and yet fewer than half ever discuss the condition with their health care professional. Moreover, 1 in 4 women ages 30 to 59 have experienced an episode of UI and $16,400,000,000 is spent every year on incontinence related care. The Committee also views UI as a barrier to health because many patients experience social isolation, depression and reduced physical activity. These consequences dramatically decrease a healthy lifestyle. The Committee urges the CDC to formulate and implement an action plan for health care professional education in order to ensure those who suffer from UI will seek and receive treatment leading to healthier lives.

Environmental Health

The Committee recommends $184,329,000 for environmental health activities. The fiscal year 2003 comparable level was $182,829,000, and the administration requested $150,227,000 for fiscal year 2004.

Within the total provided, the following funding levels are for specific funding activities: $37,518,000 is for the environmental health laboratory; $66,928,000 is for environmental health activities; $37,886,000 is for the asthma program; and $41,997,000 is for the childhood lead poisoning prevention program.

Many of the public health successes that were achieved in the 20th century can be traced to innovations in environmental health practices. However, emerging pathogens and environmental toxins continue to pose risks to our health and significant challenges to public health. The task of protecting people's health from hazards in their environment requires a broad set of tools. First among these tools are surveillance and data collection to determine which substances in the environment are getting into people and to what degree. It also must be determined whether or not these substances are harmful to humans, and at what level of exposure. Many 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.—The Committee is pleased that the CDC has taken steps to address the increasing prevalence of childhood cases of asthma, and has included $3,498,000 above the administration's request to expand the CDC's asthma-related activities, including tracking childhood asthma cases, conducting investigations, and building partnerships for asthma control within schools and community organizations.

The problem of asthma in Hawaii remains a serious health threat and challenge, especially among the medically underserved. In particular, the problem of volcanic emissions in Hawaii contributes to this and other respiratory problems. Community Health Centers continue to be important venues to address this serious problem, and the CDC is encouraged to contract with these facilities throughout Hawaii.

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.

Fallon Cancer Cluster.—The Committee strongly urges the CDC to continue to investigate the cancer cluster in Fallon, Nevada. In addition, the Committee expects the CDC to facilitate, through the provision of scientific data collected in Fallon and other assistance as may be required, the independent scientific study of the Fallon cancer cluster.

Health Tracking Network.—The Committee has included $28,000,000 to support the continued development of a Health Tracking Network, which seeks to develop a surveillance system that can integrate environmental hazards data with human exposure and health effects data that have possible links to the environment. Such a surveillance system may help scientists to develop hypotheses for further research regarding potential relationships between environmental hazards, exposures and health effects. The initial efforts to establish such a Network are now being carried out through a series of State grants to develop pilot initiatives and projects. The Committee believes that the CDC's Centers of Excel-

lence may be able to provide valuable assistance to the States in designing their health tracking initiatives, and strongly urges the CDC to continue to ensure that the States work with the Centers to design programs and approaches that are grounded in a rigorous scientific approach. In furtherance of this objective, the CDC should ensure that the Centers provide guidance to the States on the reporting of data and results in a manner consistent with the objectives of the Information Quality Act. The Committee also reaffirms the importance of ensuring that the health tracking effort is made compatible and integrated with other CDC and government tracking systems that focus on other environmental factors that may be related to health effects, such as infectious agents, behavioral risks, ultraviolet radiation, tobacco smoke, food-borne illness, naturally occurring substances, natural disasters and temperature extremes. The Committee eagerly awaits the outcome of the strategic planning process now underway. This activity was previously funded within the Public Health Improvement account.

Primary Immunodeficiencies Diseases.—In each of the last 2 years, Congress has directed CDC to support the national physician education and public awareness campaign developed by the Jeffrey Modell Foundation. To date, the campaign has been a major success featuring physician symposia throughout the country, an advertising campaign under the auspices of the Ad Council, development of new materials and mailings to physicians and other providers, and more. The Committee believes that this effort has been a model of public-private cooperation, and should include an international component. The Committee has included $2,200,000 to continue this campaign, which has great importance to public health.

Epidemic Services and Response

The Committee recommends $127,494,000 for epidemic services and response. The fiscal year 2003 comparable level was $77,494,000 and the administration request was $76,158,000 for fiscal year 2004.

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 provides 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.

Global Disease Detection System.—The Committee commends CDC for its role in strengthening the capacity of the public health community, both at home and abroad, to respond to global threats, such as SARS, monkeypox, West Nile virus, pandemic flu and bioterrorism. CDC's Global Disease Detection System is integral to these efforts. This system is designed to provide worldwide technical support to ensure rapid and accurate diagnoses of emerging infectious disease events, and to provide a secure link between clinicians and laboratories and CDC and the World Health Organization to ensure real-time reporting of emerging threats. The Global Disease Detection System also will support sentinel sites in key regions around the globe to ensure prompt disease detection and referral to a regional laboratory service. These capacities are critical to mitigate the consequences of a catastrophic public health event, whether the cause is an intentional act of terrorism or the natural emergence of a deadly infectious virus, like SARS. The Committee has provided $50,000,000 for CDC to develop the Global Disease Detection System to full capacity to assure a rapid and appropriate response to global infectious disease threats.

Landmine Survivors.—The Committee commends CDC for its partnership with the Landmine Survivor Network that has developed peer support networks for landmine survivors in six mine-affected countries around the world. In 2002, outreach workers made over 14,000 peer visits to survivors, launch more than 280 small businesses for survivors and worked with more than 1,800 landmine survivors and their families to improve access to psycho-social, physical and rehabilitative care. Health and educational materials for survivors have been and translated into nine languages. But much remains to be done. Less than 10 percent of survivors have access to medical care and rehabilitation services, and 85 percent of mine victims are civilian, often women and children. The Committee has included funding for CDC to enhance these peer support networks to expand the number of survivors that are reached in network and non-network countries; strengthen the capacity of medical and rehabilitative care facilities to address the needs of amputees; enhance economic opportunities for survivors; and further CDC programs and research for victims of landmines, civil strife and warfare.

Health Statistics

The Committee recommends a program level of $127,634,000 for the National Center on Health Statistics. All of these funds are made available in transfers available under section 241 of the Pub-

lic Health Service Act. The fiscal year 2003 comparable level was $125,899,000 and the administration requested $124,621,000.

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 NCHS is the Nation's preeminent source of health statistics and therefore provides the foundation for assessing National health trends and developing sound programs and policies to protect and enhance the Nation's health. The Committee is concerned with the adequacy and overall coordination of the various Federal programs that collect, analyze, and report the health statistics necessary for policy development and public health interventions. During this period of rapid advance in health and welfare policy, medical practice, and biomedical knowledge, the Committee is committed to ensuring that timely and relevant health statistics are available to guide policy decisions. The Committee has provided additional funds for the NCHS to strengthen its data collection infrastructure.

HIV, STD, and TB Prevention

The Committee recommends $1,239,388,000 for HIV, STD, and TB Prevention. The fiscal year 2003 comparable level was $1,186,388,000 and the administration requested $1,281,176,000 for fiscal year 2004. Of the amount provided, $932,189,000 is for HIV/AIDS programs, of which $232,569,000 is for global HIV/AIDS programs; $169,572,000 is for the STD program; and $137,627,000 is for the Tuberculosis program.

Recognizing the intersection among these diseases, and the need for a focal point for leadership and accountability, CDC combines HIV, STD, and TB activities to provide leadership in preventing and controlling human immunodeficiency virus infection, other sexually transmitted diseases [STDs], and tuberculosis. CDC works in collaboration with partners at community, State, national, and international levels, applying 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.

Global HIV/AIDS.—CDC works with governments in 25 countries in Africa, Asia and Latin America and the Caribbean focusing on primary prevention of HIV/AIDS; care and treatment of tuber-

culosis and other opportunistic infections, palliative care and appropriate use of antiretroviral medications; and infrastructure and capacity development.

The Committee has included bill language providing $90,000,000 for the International Mother and Child HIV Prevention Initiative. The Committee recognizes the importance of this critical program, and has provided $50,000,000 above the fiscal year 2003 level. The Committee encourages CDC to ensure that funds provided to this program, the CDC GAP initiative, and the Global Fund are used in a coordinated and complementary fashion.

The Committee is strongly supportive of the administration's efforts to address the global HIV/AIDS epidemic. The Committee is aware that one of the stated goals of the HIV/AIDS efforts is to bring 2 million people into antiretroviral [ARV] treatment within 5 years. The Committee understands that only 13 percent of the fiscal year 2003 Global AIDS Program budget was directed toward care and treatment, including operations research on ART. The Committee believes that substantially more resources will be necessary to accomplish the treatment goals. The International Mother to Child Transmission Initiative is a good start, but does not necessarily ensure that the parents of the children saved will be healthy enough to care for them. The Committee urges the CDC to evaluate the current allocation of resources in light of the ARV treatment goals, and to carefully consider new ways to purchase and provide ARV treatment in resource poor countries. This could include partnering with organizations that are already providing ARV treatment.

The Committee notes that Russia and other countries of the Former Soviet Union are experiencing the highest growth of HIV infections in the world today. The Committee also notes that these countries hold tremendous scientific capacity. The Committee encourages the CDC to seek opportunities to increase collaborative research between the United States and countries of the former Soviet Union in the area of HIV/AIDS research, utilizing organizations that facilitate and support scientific collaboration as appropriate, to maximize the impact of scientific discovery.

The Committee recognizes that one of the ways to prevent the transmission of HIV/AIDS in Africa is to ensure a blood supply free of HIV. The Committee encourages CDC to find ways to increase the safety of blood and blood products in Africa by partnering with organizations and foundations that have a proven track record in successfully helping African nations monitor their blood supply.

Sexually Transmitted Diseases.—The Committee is concerned that sexually transmitted diseases continue to rage at epidemic levels in the United States, costing our Nation billions of dollars each year. The United States has the highest rates of sexually transmitted diseases in the industrialized world.

The Committee is aware that chlamydia is the most frequently reported disease in the United States. Untreated chlamydia is the number one cause of infertility in the Nation. For every dollar spent to prevent chlamydia $12 is saved. The Committee is aware that where it has been established, the CDC's Infertility Prevention Program has reduced chlamydia rates by 66 percent and decreased treatment costs by over 80 percent. However, it is concerned that

this prevention program still offers very limited coverage to women residing in more than half of the States, and provides only minimal screening services for men. The Committee is also aware that progress in control of syphilis has been substantial as a result of State efforts under the National Plan to Eliminate Syphilis. The Committee recognizes the urgency of controlling syphilis because of the impact of this STD on the spread of HIV infection and on infant health. The Committee is concerned that syphilis is one of the most glaring examples of racial disparities in health. The Committee, therefore, urges CDC to address these inequities by expanding the infertility screening program and providing support for State efforts to control syphilis. In addition, the Committee encourages CDC to expand the infertility prevention project to provide screening and testing technologies for STDs and HIV, as well as other related women's health services that are provided by recipients of these funds.

Tuberculosis.—The Committee commends CDC for its continued efforts to control tuberculosis [TB] in the United States, as demonstrated by nearly a decade of declining TB trends reported. However, the Committee remains concerned that the overall decline conceals large gaps in two specific populations. African Americans and individuals born in a foreign country account for two-thirds of TB cases in the United States. With respect to the foreign born cases of TB, until global control efforts are more effective and new treatments and vaccines are developed, the global crisis on TB will continue to directly impact the United States; therefore, the Committee urges CDC to continue working with domestic partners to maintain strong prevention and control programs and to work with international partners assuring the success of international control programs, and to encourage and support, when possible, the development of new TB treatments and the development of an effective TB vaccine. With respect to TB in African Americans, the Committee notes CDC's activity to address TB in the Southeastern U.S. and encourages CDC to implement additional innovative programs to address this disparity in TB.

In addition, the Committee encourages CDC to continue implementation of recommendations from the recent Institute of Medicine Report entitled, "Ending Neglect: The Elimination of Tuberculosis in the United States" to advance efforts to maintain control of TB in the United States by identifying and curing active TB; to speed the decline of TB through target testing and treatment of latent infection; and to advance global research and control efforts. As the report recommends, the Committee encourages CDC to partner with private foundations in order to further research in the areas of development of vaccines, therapeutics, diagnostic tests, and new drugs and to test the applicability of new tools, to achieve the recommendations.

Immunization

The Committee recommends $655,686,000 for the program authorized under section 317 of the Public Health Service Act. The fiscal year comparable level was $650,586,000 and the administration requested $620,506,000 for fiscal year 2004. The Committee

recommendation includes $14,000,000 in transfers available under section 241 of the Public Health Service Act.

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

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

The Committee 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 exclusively 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 failure to immunize children in remote areas of Alaska results in deaths each year from exposure to open sewage lagoons and contaminated water.

The Committee understands that investing in immunization is essential to protecting our public health. Vaccines save lives, medical, employer and personal costs. The Committee recognizes that every person born or living in this country needs to receive the vaccines recommended for his or her age group and condition. With 4 million children born in the United States each year who require 20 immunizations by age 2, with more age groups requiring influenza vaccine, with recent outbreaks of whooping cough, with the threat of pandemic flu, and with new vaccines entering the market, the cost will likely continue to rise.

The Committee expects CDC to better anticipate the public's demand for vaccines, as in the case of pneumoccocal conjugate vaccine [PVC–7], and make its request to OMB better conform to that demand. The Committee wants to avoid repeating last year's situa-

tion when 19 States were unable to purchase PCV for their public clinics.

The Committee recognizes that immunization registries, like all database systems, continue to require funding. The Committee's goal is to have registries up and running in all States. CDC must remain vigilant in offering the best technical assistance to States. Immunization providers lose interest if they have learned a new system that fails, and registries are only as good as the number of accurate records they hold. The Committee understands that immunization registries are able to perform many of the functions required of State immunization programs, including immunization surveillance, vaccine inventory, VFC compliance, school surveys for compliance with immunization requirements, reminder notices to patients, immunization records for parents, etc.

Global Immunization Activities.—The Committee includes $152,921,000 for global immunization activities which include $106,400,000 for polio vaccine, surveillance, and program operations for the highly successful, yet unfinished polio eradication efforts; and $46,521,000 for the purchase of measles vaccine for measles mortality reduction and regional measles elimination initiatives and to expand epidemiologic, laboratory, and programmatic/operational support to WHO and its member countries. This total is $20,645,000 above the administration's request and $5,100,000 above the fiscal year 2003 level.

The Committee appreciates CDC's contribution to global immunization efforts to eradicate polio and eliminate measles worldwide. Federal dollars help leverage private dollars in both the Polio Eradication Campaign and the Measles Initiative, partnerships among international agencies, NGOs and CDC. Polio eradication is close to completion, however, the number of people afflicted with polio increased in 2002 and polio is still endemic in seven countries. Any ground lost in maintaining "immunization days," surveillance and labs is disastrous. Immunization is respected in these developing countries to the point that they cause temporary ceasefires in countries at war.

Infectious Disease Control

The Committee recommends $372,760,000 for infectious disease control. The fiscal year 2003 comparable level was $359,225,000 and the administration requested $331,640,000 for fiscal year 2004.

Within the total provided, the following funding levels are for the specific program activities: hepatitis C, $22,781,000; lyme disease, $7,313,000; West Nile virus, $36,760,000; anti-microbial resistance, $24,768,000; hanta virus/special pathogens, $6,957,000; HIV/AIDS, $43,437,000; malaria, $14,379,000; patient safety, $3,963,000; pandemic flu, $3,666,000; prion diseases, $4,477,000; and all other emerging infectious diseases, $162,263,000.

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.

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.

Emerging infectious diseases, like West Nile virus and Severe Acute Respiratory Syndrome [SARS], continue to pose a serious threat to the public's health. Outbreaks of these diseases cause great suffering and death and impose an enormous financial burden on societies around the world. The Committee recognizes the necessity of a strong domestic public health infrastructure and robust partnerships between CDC, the World Health Organization, and other global stakeholders to counter the threat posed by emerging infections. Recent experiences with SARS and the West Nile virus illustrate the vital necessity of strengthening CDC's capacity to identify and combat emerging infectious diseases. The Committee has provided an additional $25,000,000 for CDC to continue to improve its ability to detect and control emerging infectious disease threats in the United States and around the world.

Chronic Fatigue Syndrome.—The Committee is pleased that CDC has branched into new and important areas of CFS research and medical education in the 4-year period in which $12,900,000 is being restored to the CFS program at CDC. The Committee expects CDC to extend the payback period by 2 years, through fiscal year 2005. The Committee further encourages CDC to provide sufficient funding, including funds allocated through the payback program, to accelerate its CFS research plan to identify the causes, risk factors, diagnostic markers, natural history and economic impact of CFS; to create a CFS patient registry; and to educate health care providers about the detection, diagnosis and management of CFS.

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 has provided additional funding for CDC's malaria-related activities, including sufficient funding to continue the CDC's Global Malaria Initiative at the same level as in fiscal year 2003. 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 to continue its efforts to lead to new compound discovery.

Hepatitis C.—The Committee encourages funding for the National Hepatitis C Prevention Strategy. This includes several cooperative agreements with the coalition of partners, who developed and produced health education, communication, and training materials about the prevention, diagnosis and medical management of hepatitis A, B, and C. While most States have designated a State Hepatitis C Coordinator, the Committee is concerned that coordina-

tors have not been requested by six States. CDC is urged to work with these States to ensure the availability of hepatitis C coordinators. The Committee also notes that less than 50 percent of state health departments provide hepatitis C counseling and only 23 percent provide HCV testing. Additionally, the Committee is concerned that States lack the resources to provide more aggressive HCV outreach and medical referrals, and urges CDC to require all grantee States to identify sources for appropriate medical referral of HCV positive persons.

The Committee is aware that the 3 year funding cycle for several hepatitis C prevention demonstration projects expires at the end of fiscal year 2003, and urges that priority be given to an analysis of these demonstrations and implementation of comprehensive programs in several States that utilize best practices learned from the recently completed hepatitis C prevention and control demonstrations.

Additionally, the Committee is concerned that the Advisory Committee on Blood Safety and Availability has yet to complete recommendations for implementing HCV "lookback" initiatives regarding screening and counseling for people who may have been infected with Hepatitis C through blood transfusions before 1992. The Committee calls on CDC to assist States in notification of persons who have tested positive for HCV and remain unaware of their HCV status, including those identified through the HCV lookback and those cases reported to the States where the patient was not informed of the results.

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

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.

Injury Prevention and Control

The Committee recommends $152,409,000 for injury prevention and control. The fiscal year 2003 comparable level was $148,414,000 and the administration requested $144,796,000.

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 non-occupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized for both intramural and extra-

mural 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.

Sufficient funds have been included to continue support for all existing Injury Control Research Centers.

National Violent Death Reporting System.—In fiscal year 2003, Congress appropriated funds to continue implementation of a system of more timely, complete, objective and accurate information about violent deaths and injuries to inform and evaluate policy and program efforts. Working with private and public partners, the CDC has entered cooperative agreements with public health agencies in six States, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia, and is extending the system to as many as eight additional States. The Committee is pleased with the progress that has been made and has included $4,500,000 to continue to extend implementation of this model plan for the establishment of a national violent death reporting system [NVDRS]. NVDRS will enable each State to understand and more effectively address local and State violence problems.

The Committee is aware of the contributions made by the Harvard School of Public Health, the Medical College of Wisconsin, the University of Pennsylvania, and the University of Maryland, among others, in developing and implementing model population-based violent injury reporting systems, and the Committee applauds their work in developing systems that link information from law enforcement agencies, medical examiners and coroners, health providers, crime laboratories and other agencies. The Committee urges the CDC to continue to work with private health and education agencies as well as State agencies in the development and implementation of an injury reporting system.

Traumatic Brain Injury.—The Committee has provided an increase of $1,500,000 above the fiscal year 2003 level in the TBI Prevention Program to continue and expand TBI surveillance and registry, a One-Call Information Center, and awareness programs with an emphasis on minority populations. This increase will assist in filling significant gaps in information available at State and Federal levels regarding the incidence and prevalence of TBI, the resources available to victims of TBI, and the nature of specific factors involving TBI in young children and in institutionalized individuals.

Occupational Safety and Health

The Committee recommends $282,385,000 for occupational safety and health programs. The fiscal year 2003 comparable level was $273,385,000 and the administration requested $246,329,000 for fiscal year 2004. The Committee recommendation includes $41,900,000 in transfers available under section 241 of the Public Health Service Act.

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, in-

jury, 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 construction sites to coal mines.

The Committee recommendation is sufficient to allow funding for CDC's National Occupational Research Agenda [NORA] at the same level as in fiscal year 2003. The Committee believes that NORA is a critical scientific research program that protects employees and employers from the high personal and financial costs of work site health and safety losses. Industries such as agriculture, construction, health care, and mining benefit from the scientific research supported by NORA. The program's research agenda focuses on prevention of disease and injury resulting from infectious diseases, cancer, asthma, hearing loss, musculoskeletal disorders, traumatic injuries, and allergic reactions, among others. The Committee continues to strongly support NORA and encourages expansion of its research program to cover additional causes of work place health and safety problems.

Construction Safety and Health.—Injury rates in the construction sector have continued to decline over the last 5 years, and the Committee is encouraged by the overall progress of NIOSH's construction safety and health research initiative, particularly the Institute's success in partnering with labor and industry. 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. The Committee supports the continuation of the construction initiative and the NIOSH/Labor/industry partnership. The Committee has included funding to continue the construction program to focus on improvement in injury and illness rates, and to also develop new programs targeting the still unacceptable high level of fatalities in the construction sector.

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 included $19,700,000 for this activity, which is $1,000,000 above last year and $2,300,000 above the administration's request.

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.

National Personal Protective Technologies Laboratory.—The Committee recommendation includes $16,000,000 for the NIOSH National Personal Protective Technologies Laboratory. The additional funds should be used, in part, to expedite research and develop-

ment in, and certification of, protective equipment for use against the hazards of terrorist agents. This includes identification of surrogate terrorist agents to facilitate protective equipment research in this area. Research, development, and certification of protective equipment for use against Chemical, Biological, Radiological, Nuclear [CBRN] and toxic chemical hazards ensures that domestic manufacturers' products will be available when needed.

Preventive Health and Health Services Block Grant

The Committee recommends $134,966,000 for the preventive health and health services block grant. The fiscal year 2003 comparable level was $134,089,000 and the administration requested $134,966,000 for fiscal year 2004.

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 $145,389,000 for public health improvement. The fiscal year 2003 comparable level was $153,034,000 and the administration requested $113,677,000 for fiscal year 2004. The Committee recommendation includes $28,600,000 in transfers available under section 241 of the Public Health Service Act.

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

Prevention Research.—The Committee recommends $16,000,000 for the extramural prevention research program. This reverses the virtual elimination of the program proposed in the President's request. The prevention research program is in the second year of funding 25 research projects, in which teams of investigators from universities, private research firms, State and local health departments, and community based organizations work together to conduct research to prevent disease and save lives. The Committee supports this program strongly.

Public Health Research.—Our Nation's substantial economic investment in biomedical research has identified causes of and meth-

ods to prevent illness, allowing medical practitioners to diagnose and treat an astonishing array of medical conditions. To have a public health impact commensurate with this level of investment, however, the information generated in biomedical laboratories must be translated into effective public health programs. Public health research conducted by CDC is solution-oriented, designed to bridge the gap between medical research discoveries and behaviors people adopt. Specifically, public health research helps to define the best strategies for detecting new diseases, assessing the health status of populations, motivating healthy lifestyles, communicating effective health promotion messages, and acquiring and disseminating information in times of crisis. This kind of practical, applied research seeks to overcome barriers that prevent people from adopting healthy behaviors proven effective by biomedical research. As public health research is essential to improving health status of the Nation, the Committee has provided $30,000,000 for CDC to expand its efforts in this area. The Committee expects some of these funds to be used to support research on ways to prevent disease and disability in rural areas and to better utilize nurses and allied health professionals in prevention and health promotion efforts.

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

Buildings and Facilities

The Committee recommendation includes $250,000,000 for the planning, design, and construction of new facilities, repair and renovation of existing CDC facilities, and data security and storage. The fiscal year 2003 comparable level was $266,258,000 and the administration requested $114,000,000 for fiscal year 2004.

The Committee recommendation includes sufficient funds for the continuation of CDC's building program for its Atlanta and Fort Collins facilities. The Committee has long supported the rapid implementation of CDC's Buildings and Facilities Master Plan and is pleased with the progress made to date for the agency's Atlanta, Georgia facilities. The Committee notes that continuing to implement the Master Plan as quickly as possible is essential for the public health security of our Nation.

The Committee encourages CDC to evaluate the need for a physical laboratory building at the NIOSH National Personal Protective Technologies Laboratory.

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

Office of the Director

The Committee recommends $59,707,000 for the Office of the Director. The fiscal year 2003 comparable level was $49,426,000 and the administration requested $59,707,000 for fiscal year 2004.

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 aware of the importance of the Prevention Research program at the Public Health Program Office. This program awards peer-reviewed grants to academic health centers in partnership with community-based organizations to demonstrate and to measure the performance of promising prevention demonstrations. This program is an example of CDC's commitment to extramural research in support of evidence-based prevention programs. The Committee believes that disease prevention and health promotion is central to better health and longer lives for every American and that investments today in prevention research, including research on behavioral change, can significantly contain health care costs tomorrow. Accordingly, the Committee urges the Director to place prevention research at a higher priority and, in addition, encourages the CDC to collaborate with the NIH Office of the Director to coordinate each agency's prevention research programs.

Air Transport.—When a public health threat emerges, CDC is called upon to respond in an appropriate and timely manner to investigate and contain the threat. To engage in the highest level of outbreak response, CDC requires an aircraft capable of being anywhere in the world in one stop or 6,500 miles in 12 hours, refitted to provide appropriate infection control capabilities and maintained on standby near CDC headquarters. A dedicated aircraft with a capability to retrieve specimens rapidly, deploy key CDC personnel, or evacuate CDC personnel in the field to appropriate health care facilities is a tool which will optimize CDC's ability to provide timely outbreak response. The aircraft would enable CDC to obtain specimens early in the outbreak of a disease, which is critical. International clearances, paperwork required to ship specimens, and availability of a commercial carrier all contribute to delays and sometimes failed receipt of specimens. The Committee is very concerned by the difficulty CDC experienced in transporting SARS specimens via commercial aircraft from Asia to CDC's Atlanta-based headquarters for testing. Deploying key CDC personnel early in the discovery of an outbreak is another essential factor in identifying and containing the spread of a disease. CDC currently lacks an effective means of safely and efficiently transporting personnel with highly communicable infections to locations that can provide appropriate care. Experience has demonstrated that CDC cannot rely on commercial companies or other Federal agencies to transport infectious specimens or to move highly contagious patients. The Committee believes CDC requires its own aircraft to move

specimens and emergency personnel worldwide on a moment's notice.

NATIONAL INSTITUTES OF HEALTH

This Nation's investment in biomedical research has propelled a remarkable transformation in our understanding of the life sciences, out of which has flowed a bounty of new ways to prevent, cure and treat disease. Since the structure of DNA was first discovered in 1953, for example, scientists have identified thousands of genes linked to rare disorders as well as common diseases that were never thought to be genetic conditions. In all, more than 4,000 diseases are now thought to have genetic causes. This new knowledge is helping to broaden our understanding of how biological processes work at the molecular level, elucidating the cause of disease not just the symptoms, and opening the path to prevention strategies, earlier intervention in the disease process, and new, more effective treatments. But challenges remain. Chronic diseases like cancer, heart disease, stroke and diabetes continue to waste precious human resources and drain billions of dollars from the Nation's economy. Infectious agents like SARS, Monkey Pox, hepatitis C, and West Nile virus kindle new threats to health; diseases like tuberculosis and malaria are re-emerging in more virulent, drug-resistant forms; and threats of bioterrorism impose added demands on science for rapid detection and treatment. But even larger challenges loom on the horizon as the population of Americans over age 65 more than doubles—to 75 million—over the next 3 decades, resulting in exponential increases in the number of individuals suffering from Alzheimer's, arthritis, Parkinson's, and osteoporosis.

This Committee has long recognized the worth of the National Institutes of Health, not only as the world's most important biomedical research establishment, but as the taproot that nourishes growth and progress in medical science. Along with that recognition comes the understanding that the engine of progress must be maintained. Although the private sector has an important role to play, the Federal Government is the only source able to provide sustained, long-term support. NIH-supported research helps supply the cadre of highly skilled investigators, stimulates investments in new technology development, and is an important precursor to innovation. When this Committee embarked on an historic, bipartisan effort to double the Federal investment in NIH, it did so not as a means to an end but as part of a continuing endeavor to strengthen and revitalize the research enterprise in this Nation. The funds provided in this bill represent an important step in that continuum.

The Committee recommends $27,990,804,000 for the NIH. This amount is $1,000,000,000 above the fiscal year 2003 appropriation and $326,813,000 over the budget request.

NATIONAL CANCER INSTITUTE

Appropriations, 2003	$4,592,348,000
Budget estimate, 2004	4,770,519,000
Committee recommendation	4,770,519,000

The Committee recommends an appropriation of $4,770,519,000 for the National Cancer Institute [NCI]. This is equal to the budget request. The fiscal year 2003 appropriation was $4,592,348,000. 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.

Behavioral Research.—The Committee recognizes the enormous progress NCI has made in the quality and breadth of cancer-related behavioral science, ranging from basic bio-behavioral research to health communication research and tobacco control research. Closing the gap between research and program delivery is both a challenge and a necessity if all populations are to benefit from new scientific discoveries. Behavioral science can contribute to survival, reduced morbidity and increased quality of life, and the behavioral and cognitive sciences can be highly applicable in answering critical questions regarding patient care.

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

Bone Metastasis.—The Committee encourages NCI to continue its emphasis on studying the bone microenvironment and bone metastasis related to prostate cancer, breast cancer and multiple myeloma and to support research to delineate the mechanisms of reciprocal interactions between tumor cells and bone. To provide an infrastructure for this research, NCI is encouraged to establish a repository of human bone metastases for the scientific community and support research to generate three-dimensional in vitro and/or in vivo models that yield bone metastases.

Brain Tumor.—In November 2000, the NCI and NINDS convened a panel of experts to review the field of brain tumor research and make recommendations to enhance it. The Committee is pleased that the Institutes followed that meeting by establishing the Neuro-Oncology Branch, an inter-institutional initiative aimed at bringing a multidisciplinary approach to brain tumor research. The Committee now urges the NCI and NINDS to establish a coordinated and multi-institutional tissue bank that would gather not only tissue but also blood and cerebrospinal fluid from patients with all varieties of brain tumors. The system should also be linked to a comprehensive database of relevant clinical, demographic, pathologic, biologic, and therapeutic information on all patients whose tissue is banked. The Committee further strongly urges the NCI to increase funding and the number of Specialized Programs 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.

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

Cancer Genomics.—The Committee commends NCI for its commitment to understanding the role of genomics and genetics in the progression of cancer. Considerable effort must now be directed toward applying those findings to tumor classification and therapeutic choice, with a focus on breast, colorectal and lung cancer, as well as leukemia and lymphoma. An important component of this effort will be to build a public database of whole genome expression profiles from various tumor types, which includes clinical outcome information. The Committee encourages NCI to ensure that this data is available to health professionals to assist physicians and patients in choosing the best treatment options.

Cancer Survivorship.—With the advances that have resulted from the ongoing commitment and investment in biomedical research, and the resultant advances in cancer treatment, cancer for many has become a chronic illness. Currently, there are over 9 million cancer survivors in the Nation, and this number is expected to grow dramatically. More must be done to improve the understanding of the growing cancer survivorship population, including determinations of physiological and psychological late effects, prevalence of secondary cancers, as well as further development of effective survivorship interventions. The Committee supports an aggressive expansion of the NCI Office of Cancer Survivorship activities and urges the NCI to continue its work to expand the Office of cancer Survivorship within NCI, as well as advance and increases opportunities in cancer survivorship. The Committee was pleased to see NCI include cancer survivorship in the cancer bypass budget and urges NCI to provide increased funding for cancer survivorship research.

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

Chronic Myeloproliferative Disorders.—Polycythemia vera, idiopathic myelofibrosis and essential thrombocytosis are malignant diseases of the bone marrow that are underserved with respect to research funding, considering the number of people they strike. These disorders are chronic and can transform into acute leukemia. They offer great research promise with respect to insights into the behavior of blood cells, since the cells that they affect appear normal but behave abnormally. The major obstacle to research into the causes and the treatment of these disorders has been the lack of Federal funds designated for this purpose. The Committee strongly believes that the NCI should expand research into these disorders, and be prepared to report to the Committee during the fiscal 2005

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

Complementary and Alternative Cancer Therapies.—The Committee expects the NCI to expand its work and its collaborative efforts with NCCAM to support research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies.

DES.—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. The Committee expects the NCI to continue its support of research in this area, and to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

Diet and Nutrition.—The evidence is mounting that diet and nutrition play a key role in causing cancer and preventing it. For example, studies show that a diet with little fiber may be a contributing factor in colon cancer, while lycopene found in tomatoes may be useful in preventing prostate cancer. Likewise, diet can play a major role in treating a variety of cancers. The Committee encourages the National Cancer Institute to dedicate more funding to research and education programs focused on diet and nutrition.

Gynecologic Cancers.—The Committee is encouraged by the success of the Gynecological Cancer SPORE program but believes an increased investment is needed as the survival rate for ovarian cancer remains disappointingly low—14,300 women are expected to die this year while 25,400 will be diagnosed during that same time. The Committee believes the CanCOR program should be expanded to help identify barriers to receiving optimal care among women with newly diagnosed gynecological cancer. The NCI should also develop prophylactic and therapeutic HPV vaccines to prevent cervical cancer and strengthen research in the biology of endometrial cancer in order to improve prevention and treatment, thus sparing women the need to undergo hysterectomy and other cancer therapy. The Committee also believes that the NCI should be partnering with the NICHD Reproductive Sciences Program to investigate gynecological cancer.

Health Communications.—The Committee is pleased at the growth of this program of research, since health communications is such a vital contributor to the public health and health care generally. Understanding and improving communication between health providers and patients, improving communication with low literacy populations, and understanding what aids and hinders public health messages is critically important for building a healthier Nation. The Committee particularly encourages NCI to provide additional information about the HINTS survey that will commence this year. This will be the first national health communications survey, involving some 8,000 adults.

Imaging Systems Technologies.—The Committee is encouraged by progress made by the NCI following its August 1999 conference on biomedical imaging, and it urges the NCI to continue to take a leadership role with the Centers for Medicare and Medicaid Services [CMS] and the Food and Drug Administration to avoid duplicative reviews of new imaging technologies which may prevent their

benefits from reaching patients on a timely basis. The Committee is aware of the great potential for improved patient care and disease management represented by molecular imaging technologies, especially positron emission tomography [PET] through its ability to image the biology of many kinds of cancer and other diseases. The Committee continues to support the NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as PET and MicroPET. The Committee continues to encourage the large-scale testing of women for breast cancer and men for prostate cancer to demonstrate and quantify the increased diagnostic and staging capabilities of PET relative to conventional diagnostic and staging technologies, including mammography.

Kidney Cancer.—The Committee is concerned about the growing incidence of kidney cancer. According to the American Cancer Society, 30,800 Americans were expected to be diagnosed with kidney cancer and 12,100 were expected to die of this disease in 2001. Unfortunately, kidney cancer is often not diagnosed until it has spread to other parts of the body, decreasing chances of long-term survival from the disease. The Committee is concerned that treatment options are very limited, particularly for late-stage kidney cancer patients. Therefore, the Committee strongly urges the NCI to place a greater emphasis on and dedicate expanded resources to research on kidney cancer. The Committee requests the NCI to convene an expert conference by December 2003 to develop a short- and long-term research agenda and action plan for improving the diagnosis and treatment of kidney cancer. The Committee recommends that the conference include patient advocates.

Liver Cancer.—The Committee is concerned that primary liver cancer continues to be one of the few forms of cancer for which incidence is growing. This has serious implications for public policy, cancer being a significant factor in transplantation. While progress is being made, much more needs to be done. NCI is planning a joint meeting with NIDDK for April 2004. It is critical that this meeting result in a strong plan for future research in primary liver cancer that will reverse the current increases.

Lymphoma Research.—The Committee recommends that NCI increase its efforts to examine the issue of environmental and viral links to lymphoma. Although many studies have suggested an increased risk of lymphoma associated with environmental factors such as chemicals, pesticides and herbicides, other investigations have reported inconsistent results. However, many of these studies are weakened by limited sample sizes, flaws in study design, and imprecision in the measurement of environmental carcinogen exposures. The Committee recommends that NCI work to develop a well-constructed prospective study, using a multidisciplinary, approach to examine environmental links to lymphoma.

In a recent report (October 2002) the Institute of Medicine concluded that there is moderate to strong biological evidence supporting a role of Simian Virus 40 in human cancer. Recent reports suggest that more than 40 percent of lymphomas tested were positive for this virus. Additional research studies have also found an association between other viruses, such as human herpes virus 8 and hepatitis C, and lymphoma. As a result of these studies, it is possible that more than half of all lymphomas may be attributed

to viruses. The Committee therefore recommends that NCI also increase its efforts to examine the viral etiology of lymphoma.

More than 61,000 Americans will be diagnosed with Hodgkin's lymphoma and non-Hodgkin's lymphoma [NHL] in 2003. The Committee notes that there have been significant advances in the treatment of Hodgkin's lymphoma over the last 30 years and some improvements in the treatment of NHL. However, NHL treatments are not adequate, and treatment improvements are absolutely critical for this group of cancer patients. Although industry has recently developed several new NHL therapies, the involvement of the National Cancer Institute in lymphoma research is still critical. The Committee urges that NCI increase its investment in clinical research on lymphoma and strengthen its collaboration with industry to improve the efficiency and timeliness of the lymphoma drug development process.

The Committee also recommends that, in addition to initiatives to improve the lymphoma drug development process, NCI increase its investment in several other areas of research, including research on nonablative transplants, immunomodulatory regimens, central nervous system lymphoma, the late and long-term effects of current lymphoma treatments, and lymphoma etiology and prevention. The Committee also urges NCI to cooperate with private organizations in the development of a comprehensive lymphoma tissue bank.

Multiple Myeloma.—The Committee acknowledges that the National Cancer Institute [NCI] has developed the Academic Public Private Partnership Program to facilitate public-private partnerships in research on orphan cancers, including but not limited to blood-related cancers. The Committee is pleased by this action, but in light of the serious burden associated with the blood cancers and the limited treatment possibilities for many blood cancers, it strongly urges additional efforts to accelerate the development of blood cancer therapies. The Committee encourages NCI to develop funding mechanisms for translational blood-related cancer research that will facilitate multi-disciplinary and multi-institutional research collaborations instead of research focused at only one institution. Multi-institutional cooperation is critical if new therapies are to be efficiently developed. The Committee also urges the NCI to increase its overall investment in blood cancer research, including but not limited to its investment in these multi-institutional research grants. To ensure that progress on blood cancer research initiatives continue, the Committee requests that NCI submit a report on the status of its blood cancer research program by April 2004.

Myelodysplasia and Myeloproliferative Disorders.—The Committee is pleased with NCI's efforts to address the lack of basic knowledge about myelodysplasia and myeloproliferative disorders, two very different types of chronic diseases of bone marrow cells that can develop into acute leukemia. The Committee urges NCI to carry out the recommendations of its recent conference of experts on these diseases and advance new research initiatives into developing effective treatments.

Nanosystems Biology.—The Committee encourages NCI to support a collaborative effort to bring nanotechnology, systems biology

and molecular imaging together to examine the molecular basis of cancer. Initial efforts have shown that cancers such as breast cancer are not a single disease, but may encompass many different diseases, when examined at the molecular level. Many clinical trials of new drugs are now considered to fail if only 10 percent of patients benefit, yet the 10 percent may represent a specific type of the disease, where the drug may be 100 percent effective. Bringing these three disciplines together may allow researchers to identify specific sub-types of cancer and to better target new interventions. Successful results of such an effort could lead to a molecular classification of many types of cancer and to targeted molecular treatments for molecular-specific diseases.

Neurofibromatosis.—Neurofibromatosis [NF] research has significant potential for cancer patients since NF genes have been implicated in the signaling processes that determine cell growth and cell differentiation. It will contribute to the development of new technologies and enhance understanding of the fundamental processes of both cancer and NF. The Committee encourages NCI to intensify and expand its NF research portfolio in such areas as molecular biology, development of animal models, natural history studies, malignant transformation in tumors, therapeutic intervention, and clinical trials. It recommends that NCI use all available mechanisms, including requests for applications, program announcements, and the national cooperative drug discovery group program to achieve this end. The Committee expects NCI to coordinate its efforts with other Institutes where appropriate and to be prepared to report on its progress at the fiscal year 2005 appropriations hearings. The Committee thanks NCI for conducting phase II clinical trials of NF1 patients with plexiform neurofibromas. Finally the Committee encourages NCI to increase its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation, and clinical trials.

Organ Cancers.—The Committee acknowledges that the National Cancer Institute [NCI] has developed the Academic Public Private Partnership Program to facilitate public-private partnerships in research on orphan cancers, including but not limited to blood-related cancers. The Committee is pleased by this action, but in light of the serious burden associated with the blood cancers and the limited treatment possibilities for many blood cancers, it strongly urges additional efforts to accelerate the development of blood cancer therapies.

The Committee encourages NCI to develop funding mechanisms for translational blood-related cancer research that will facilitate multi-disciplinary and multi-institutional research collaborations instead of research focused at only one institution. Multi-institutional cooperation is critical if new therapies are to be efficiently developed. The Committee also urges the NCI to increase its overall investment in blood cancer research, including but not limited to its investment in these multi-institutional research grants. To ensure that progress on blood cancer research initiatives continue, the Committee requests that NCI submit a report on the status of its blood cancer research program by April of 2004.

Pancreatic Cancer.—Pancreatic cancer is the country's fifth leading cause of cancer death, and 99 percent of people diagnosed with this disease die within 6 months. The Committee is concerned that research funding for pancreatic cancer has not increased commensurate with the severity of this disease or the overall increase afforded the NCI within the past 5 years. The Committee strongly urges the NCI to complete the immediate and short-term strategies identified in the "Strategic Plan for Addressing the Recommendations of the Pancreatic Cancer Progress Review Group," which was issued by the NCI in September 2002. In addition, the Committee asks the NCI to complete a professional judgment budget to carry out those strategies, and to provide it to the Committee by April 1, 2004.

Prostate Cancer.—The Committee is aware of the considerable investment that has been made in prostate cancer, the leading cause of cancer death among men, and encourages NCI to continue to support research to improve the accuracy of screening and early detection of prostate cancer. Emphasis should also be placed on the development of new, more effective therapies for cancer that was not detected early enough and is no longer confined to the prostate capsule.

The Institute has worked with the urologic scientific community to identify research needs in other urologic oncology, including bladder, kidney and testis cancers. The Committee expects the Institute to increase the research resources directed to these other urologic cancers, which affect thousands of men and women annually.

The success in treating prostate, and other cancers, means that there are many individuals in society who are cancer survivors. There are a series of distinct physical and emotional issues facing these individuals, and the Committee encourages NCI to develop programs that address these problems.

The report titled "Prostate Cancer Research Plan Fiscal Year 2003—Fiscal Year 2008" that NCI provided to Congress in August 2002 did not include a professional budget judgment. The Committee requests the NCI to provide such a budget for fiscal year 2004 through fiscal year 2008 by April 2004.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2003	$2,793,733,000
Budget estimate, 2004	2,867,995,000
Committee recommendation	2,897,595,000

The Committee recommendation includes $2,897,595,000 for the National Heart, Lung, and Blood Institute [NHLBI]. The fiscal year 2003 appropriation was $2,793,733,000 and the budget requested $2,867,995,000. 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 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 Ru-

bidium-82 are considered the "gold standard" for determining the extent of muscle damage to the heart following a heart attack. The Committee encourages the NHLBI to expand its research efforts into the role of biological imaging and PET in delivering more accurate information to determine appropriate treatment for heart disease patients.

Allied Health Personnel.—Given the existing and growing shortages of qualified allied health professions who serve as laboratory personnel, the NHLBI is encouraged to enhance program activity at research institutions training these individuals. This shortage is of particular concern since laboratory personnel are critical to identifying biological agents and, therefore, to any State or national plan for combating bioterrorism.

Alpha-1 Antitrypsin Deficiency.—The Committee is aware that Alpha-1 Antitrypsin Deficiency is a genetic disorder that can result in fatal lung and/or liver disease. The disease is often misdiagnosed as asthma or Chronic Obstructive Pulmonary Disease [COPD]. Alpha-1 is a major cause of lung transplantation in adults and a leading cause of liver transplantation in children. The Committee encourages NIH to enhance in research portfolio through all available mechanisms, including conducting a State of the Science Conference aimed at evaluating current science and identifying future research priorities for a 5-year research agenda in Alpha-1. NIH is encouraged to consult closely with the research community, clinicians, and patient advocates regarding Alpha-1 research and the achievement of this goal. NIH is also encouraged to expand efforts to raise public awareness and to provide information about Alpha-1 to the public and health professionals.

Basic Behavioral Research.—The NHLBI is commended for its support of basic research with animal models to better understand the effects of various diets, exercise, and stress on the heart and circulatory system, as well as work on gene-environment interactions. The NHLBI is encouraged to continue to work cooperatively with other institutes and the Office of Behavioral and Social Sciences Research on efforts to add to fundamental knowledge in these areas.

Blood-Related Cancer Research.—In 2003, approximately 110,000 Americans will be diagnosed with multiple myeloma, lymphoma, or leukemia, which are considered blood-related cancers. There are good treatment choices for some who are diagnosed with blood cancers, but for others the treatment options are limited. Treatment advances will only be accomplished through the more efficient translation of basic research findings into new therapies. In May 2002, Congress approved and the President signed into law the Hematological Cancer Research Investment and Education Act, which directs the National Institutes of Health [NIH] to expand, intensify, and coordinate the research program for blood-related cancers as part of the Joe Moakley Research Excellence Program.

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. Cardiovascular diseases remain the leading cause of death in the United States and a major cause of permanent disability. The Committee continues to strongly believe that

an intensive research program on heart disease, stroke and other cardiovascular diseases should be a top priority of the NHLBI. The Committee urges the Institute to expand its resources dedicated to cardiovascular disease research through all available mechanisms, as appropriate.

Cooley's Anemia.—The Committee remains strongly supportive of the Institute's creation of and support for the Thalassemia Clinical Research Network, which is composed of North America's leading experts on thalassemia, the medical term for Cooley's anemia. The Committee believes that research into this disease has implications far beyond this patient population and that all reasonable steps should be taken to assure that the Network reaches its maximum potential. In addition, the Committee encourages NHLBI to join with CDC and FDA to enhance blood safety.

Diagnostic Screening Test for Salt Sensitivity.—High blood pressure is the most critical stroke risk factor and a leading cause of heart attack and heart failure. The cause of 90 to 95 percent of the cases of high blood pressure is not known, but high blood pressure is easily detected and usually controllable. Excess dietary salt is an important risk factor for high blood pressure. While public health authorities caution all Americans to limit salt intake, the ability to identify people who are most likely to benefit from salt restriction would provide strong incentives for susceptible individuals to heed the message. The Committee urges the NHLBI to increase funding for the development of a noninvasive or minimally invasive, rapid, practical diagnostic test for salt sensitivity, i.e., the propensity for an individual to experience an increase in blood pressure in response to a salt-rich diet.

Diamond-Blackfan Anemia.—The Committee is pleased that NHLBI is working to develop a comprehensive research initiative to investigate the rare bone marrow deficiency disorder, Diamond Blackfan Anemia [DBA]. The Committee understands that breakthroughs in this disorder may lead to important strides in research especially relating to blood cell formation (recovery from cancer chemotherapy), cancer predisposition, gene discovery, and the effectiveness of steroids and blood transfusions as treatment options for all bone marrow failure syndromes and that the detailed evaluation of DBA patients will also serve as an important model for understanding the genetics of birth defects. The Committee thanks NHLBI for their attention to this important disorder.

Hematology Networks.—The Committee is very supportive of NHLBI's Clinical Research Networks, especially with the progress of the Transfusion Medicine/Hemostasis Network. To address the shortage of hematology specialists, the Committee looks forward to learning about NHLBI's plans to formalize a training component for clinicians and researchers within the networks.

Hemophilia.—The Committee commends NHLBI for its leadership in advancing research on bleeding disorders and the complications of these disorders, including inhibitor development and improved treatments such as gene therapy. The Committee encourages NHLBI to continue to partner with the National Hemophilia Foundation in further expanding opportunities for hematologic research through clinical research networks and, where appropriate, with other NIH Institutes. The Committee also requests a report

by April 2004 on the status of research on type 1 and 2 von Willebrand disease and how NHLBI plans to expand research in this important area.

Juvenile Diabetes.—Vascular complications, including cardiovascular, peripheral vascular, and cerebrovascular, are a major cause of mortality and morbidity in persons with diabetes, particularly in those with juvenile diabetes. The NHLBI is urged to focus on initiatives specifically relating to individuals with juvenile diabetes who experience accelerated and severe complications as a result of hyperglycemia, such as atherosclerosis, vascular inflammation, and microvascular disease.

Marfan Syndrome.—The Committee commends the NHLBI for its past and ongoing support of research on aortic aneurysms, which are pathologically related to Marfan syndrome. Marfan syndrome is a life-threatening progressive disorder affecting the heart, lungs, skeleton and eyes. The Committee urges the NHLBI to enhance both basic and clinical research efforts specifically in the area of Marfan syndrome through all available mechanisms such as recommended from a 2002 NHLBI working group meeting.

Minority Health.—The Committee notes lung diseases disproportionately affect many minority groups. The Committee urges NHLBI to work with other Institutes and Centers to develop an epidemiologic approach to determine the disproportionate impact of airway disease on minority populations.

Myelodysplasia and Myeloproliferative Disorders.—The Committee encourages NHLBI to fund research in myelodysplasia and myeloproliferative disorders, specifically into the vascular, thrombotic, and hemorrhagic abnormalities associated with myeloproliferative disorders as well as the specific abnormalities in cell gene expression that are responsible for these diseases.

National Asthma Education and Prevention Program [NAEPP].—The Committee commends NAEPP for its leadership in helping to educate physicians, asthma patients, their families, and the general public regarding asthma and its management. The Committee urges NAEPP to enhance the role that its Advisory Committee plays in helping to coordinate asthma education throughout the United States.

The Children's Health Act of 2000 legislation included provisions for NAEPP to develop, in conjunction with other Federal agencies and voluntary and professional health organizations, a Federal plan to respond to asthma. This plan will include the roles and responsibilities of several Federal agencies in combating asthma. The Committee would like to be kept apprised on the progress of NAEPP's planning efforts, and urges NHLBI to move forward as early as possible.

Neurofibromatosis.—Neurofibromatosis is a neurological disorder that causes a variety of problems including learning disabilities, skeletal abnormalities, disfigurement, deafness, blindness, loss of limbs, and brain, spinal, heart, and vascular abnormalities, and tumors on nerves anywhere on or in the body. Research on the effects of NF on formation, growth, and functioning of the heart and vascular system are of relevance to the NHLBI. In addition, it has been brought to the Committee's attention that NF research has documented the involvement of neurofibromatosis in heart valve

formation which may lead to new opportunities and understanding of the genetic and environmental causes of heart and vascular disease. The Committee therefore strongly encourages NHLBI to work with other Institutes and NF advocacy groups such as The National Neurofibromatosis Foundation, Inc. to identify areas where research goals may be complementary, expand its NF research portfolio and to build appropriate partnerships.

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

Pediatric Heart Research.—Pediatric heart disease, which includes heart defects existing at birth, disorders of heart function and heart rhythm and other heart conditions acquired in childhood, remain an important public health problem. Heart defects are the most common birth defect and cause more infant deaths than any other birth defect. The Committee urges the NHLBI to support a program on Specialized Centers of Clinically Oriented Research in Pediatric Heart Development and Disease, designed to stimulate and foster multidisciplinary clinical and basic research to enhance prevention, diagnosis and treatment of acquired pediatric heart disease and heart defects that exist at birth.

The Committee is also aware of the need for Pediatric Mechanical Circulatory Support Research and Development. Circulatory assist devices, such as left ventricular assist devices, increase survival rates and quality of life for adult patients. But, such devices are not available for infants and children. The Committee urges the NHLBI to support planned research that would develop and evaluate pediatric circulatory assist devices that could provide short, intermediate or long-term lifesaving support for infants and children waiting for heart transplants or development of new surgical or other therapies.

Peripheral Arterial Disease [PAD].—The Committee encourages the NHLBI to develop research initiatives in the area of PAD, including studies to improve prevention, diagnosis and treatment. The Committee urges the NHLBI to create informational and educational programs directed to health professionals, patients and the public to raise awareness and understanding of PAD as a risk factor for heart disease and stroke and the importance of preventing, diagnosing and treating PAD.

Pulmonary Hypertension [PH].—The Committee commends NHLBI's efforts to promote PH related research. The Committee urges the Institute to increase funding for basic research, gene therapy and clinical trials of promising pharmaceuticals, and to take appropriate measures to ensure the submission of high quality proposals in this area.

Recovery of Heart Function with Circulatory Assist.—The Committee is aware that the only treatment for sufferers of end-stage heart failure is a heart transplant. Since there is a severe shortage of hearts available for transplant, mechanical circulatory assist devices are typically used to stabilize these patients until a suitable

donor heart becomes available. Anecdotal evidence shows that the "rest" provided by circulatory assist devices, in some cases, enables the adult heart to recover sufficiently to resume pumping on its own. The Committee urges the NHLBI to initiate research to determine whether sustained heart recovery is achievable through circulatory assist devices, characterization of patients who would likely benefit and study of other therapies that may improve outcomes.

Scleroderma.—The Committee encourages the Institute to undertake research initiatives to be undertaken by the NHLBI for the study of cause and treatment options for scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and life-threatening, affecting multiple systems including the heart and lungs. More research is critically needed in order to develop safe, effective treatments and to identify the cause or causes of the devastating complications of scleroderma that include pulmonary fibrosis, pulmonary hypertension, myocardial fibrosis, cardiac arrhythmias, pericarditis, and Raynaud's Phenomenon.

Sleep Apnea (obstructive) in Adults.—Symptomatic sleep apnea is common in middle-age adults, and far more frequent in the elderly. Untreated sleep apnea results in mortality, cardiovascular disease, and quality of life deficits. The Committee recommends that the National Heart, Lung, and Blood Institute, in collaboration with the National Institute on Aging, support research to define useful treatments—including surgical treatments—for the large segment of the general population that suffers from insufficiently treated obstructive sleep apnea.

Sleep Medicine.—The Committee commends NHLBI and the National Center for Sleep Disorders Research on the completion of the 2003 National Sleep Disorders Research Plan, which provides an enormous breadth of research topics ranging from better understanding sleep mechanisms and functions, to improved treatments for sleep disorders, to the effect of sleep on health outcomes. The Committee therefore expects NHLBI to move forward on these research initiatives and looks forward to a progress report on the implementation of the research plan at next year's budget hearings.

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

Vascular Disease and Alzheimer's.—There is a growing body of evidence that cerebrovascular disease may be a key mechanism in triggering the manifestation of Alzheimer's disease. The Committee therefore is pleased to note that NHLBI, in collaboration with NIA, is supporting cardiovascular health studies that are examining the natural history of the development of Alzheimer's, and identifying individuals at high risk of developing the disease. Ancillary studies also are underway to determine the contribution of vascular factors to Alzheimer's. The Committee encourages NHLBI to continue to pursue this line of research and to work collaboratively with NIA.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2003	$371,636,000
Budget estimate, 2004	382,396,000
Committee recommendation	386,396,000

The Committee recommendation includes $386,396,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. The fiscal year 2003 appropriation was $371,636,000 and the budget requested $382,396,000. 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.

Saliva as a Diagnostic Tool.—The Committee learned in public witness testimony about the advances occurring in the field of salivary diagnostics. In recent years dental scientists have learned that the oral fluids in the mouth contain a cornucopia of information about the condition of the various systems of our body. Of particular interest is the potential to develop a diagnostic test for early detection of breast cancer. The Committee recognizes that considerable clinical research must be done before a test can be approved for use by health care professionals so that the women of this country will have a simple non-invasive, inexpensive procedure to alert them to the risk of breast cancer. The Committee urges the Institute to advance the field of salivary diagnostics.

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

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2003	$1,722,730,000
Budget estimate, 2004	1,820,007,000
Committee recommendation	1,833,007,000

The Committee recommends an appropriation of $1,833,007,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. The fiscal year 2003 appropriation was $1,722,730,000 and the administration's request is $1,820,007,000.

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

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

Behavioral Research.—Diabetics who have co-occurring depressive symptoms have less success managing their illnesses. The Committee also notes that NIDDK's recent clinical trial, the Diabetes Prevention Program, demonstrated that diet and exercise could be more successful than medication alone in preventing the development of diabetes in groups who faced a high risk of diabetes. The NIDDK is strongly encouraged to build upon its investment in behavioral research, particularly in areas that would add to the science base on the maintenance of positive behavior change.

Bladder Disease.—Bladder diseases and disorders are diverse, prevalent, economically costly and increasing with the aging of the American population. Collectively, bladder cancer, urinary incontinence, interstitial cystitis, and urinary tract infections affect over 40 million people, with severe negative impact on work and life quality. These serious needs must be met by a strong commitment to fund research concerning bladder disease. The Committee was pleased by the publication of the Bladder Research Review Group Document titled "Overcoming Bladder Disorders: A Strategic Plan for Research," and it strongly urges the NIDDK to carry out the report's recommendations.

Cooley's Anemia.—The Committee continues to support the outstanding research being supported by NIDDK on such issues as iron chelation, non-invasive iron measurement, fetal hemoglobin, and other topics of importance to Cooley's anemia patients. The development of a less burdensome method of iron chelation, which currently involves a daily infusion of up to 12 hours, is desperately needed. In addition, NIDDK is urged to continue its collaboration with NIBIB on imaging issues related to iron measurement.

Cystic Fibrosis [CF].—Advances in the treatment of CF have resulted in significant improvements in life expectancy for individuals with CF. This progress can be attributed to strong public and private sector investment in CF research, including clinical trials evaluating a wide range of possible new treatments. The panel strongly urges the NIDDK to continue its support for CF researchers engaged in basic and clinical research.

Diabetes in Native Hawaiians.—As the NIDDK develops expanded plans for diabetes research, the Committee recommends investigating the incidence in Native American, Hawaiian, and Alaskan populations, as well as the Mississippi Band of the Choctaw Indians and the Eastern Band of the Cherokee Indians.

Digestive Diseases.—Diseases of the digestive system continue to affect more than one-half of all Americans at some time in their

lives. Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, hemochromatosis, celiac disease, and hepatitis take a tremendous toll in terms of human suffering, mortality, and economic burden. The Committee commends NIDDK on the success of its Digestive Disease Centers program in addressing a wide range of disorders 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 irritable bowel syndrome.

End-Stage Renal Disease.—Diabetes is the leading cause of kidney failure and end-stage renal disease. The Committee urges the NIDDK to expand research into early prevention and therapeutic intervention of kidney disease to prevent end-stage renal failure. It has been brought to the Committee's attention that rural Native Hawaiians with end stage renal disease have a particularly high rate of repeated infections. The Committee strongly urges the NIDDK to increase research targeted to end stage renal disease in the rural Native Hawaiian population.

Glomerular Injury Research.—The Committee is pleased with NIDDK's glomerular injury research initiatives, including a clinical trial for patients with focal segmental glomerulosclerosis. The Committee understands that in addition to the clinical trial, NIDDK is collaborating on a joint research program with the NephCure Foundation to include basic and genetic studies. Further, the Committee continues to encourage NIDDK to consider initiating a scientific conference on glomerular injury research, and to explore support for gathering prevalence data on glomerular injury.

Hepatitis C in Children.—Recent studies indicate that 1 in every 200 children over the age of 12 is infected with the hepatitis C virus. The Committee urges the NIDDK, with appropriate support from the NICHD, to study the natural history of hepatitis C in infected children to help determine the optimal timing and medical regimen for treatment.

Hepatitis C Consensus Development Conference.—The Committee is aware of the Hepatitis C Consensus Development Conference that occurred in June 2002 and made 17 specific and high-priority research recommendations that need to be pursued to develop better treatments and a cure for hepatitis. The Committee also notes that the Consensus Conference recommended the creation of a Hepatitis Clinical Research Network and urges its organization at the earliest possible time. The Committee requests a report by April 2004, with regards to the plans and progress to address these specific research recommendations.

Hematology.—The Committee encourages NIDDK to sponsor a conference of experts to develop a blueprint for further study into the microvascular and thrombotic complications of metabolic disease, such as limb ischemia, vision loss, and renal failure.

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], and looks forward to reviewing the forthcoming report from the Institute on IBD research as requested in the fiscal year 2003 Senate Labor-HHS committee report. The Committee commends NIDDK for its strong leadership in this area and encourages the

Institute to increase funding for research focused on; (1) the cellular, molecular and genetic structure of IBD, (2) identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups, and (3) translation of basic research findings into patient clinical trails as outlined in the research agenda developed by the scientific community entitled, "Challenges in Inflammatory Bowel Disease."

The Committee also encourages NIDDK to continue to strengthen its partnership with the IBD community and increase funding for its successful Digestive Disease Centers program with an emphasis on IBD.

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. These common dysfunctions strike people from all walks of life and result in significant human suffering and disability. The Committee encourages NIDDK to provide adequate funding for irritable bowel syndrome/functional bowel disorders research and to give priority consideration to funding grants that will continue to increase the IBS portfolio. The Committee is also pleased that NIDDK is considering the development of a strategic plan for IBS research.

Interstitial Cystitis [IC].—The Committee commends the NIDDK for its recent investment in IC-specific basic science research and continuation of the IC Clinical Trials Group. However, the Committee is concerned about the current direction of the epidemiology studies on pelvic pain of bladder origin and IC currently being funded by the NIDDK. In fiscal year 2000, the Committee urged the NIDDK to undertake a comprehensive epidemiology study of IC that would include scientifically valid statistics of the incidence of the disease, the demographics, occurrence in minority populations, and the health care costs. The Committee is concerned that the current studies will not adequately address these goals. Therefore, the Committee urges the NIDDK to rectify any shortcomings in the epidemiology effort, including funding additional studies if necessary.

The Committee urges the NIDDK to pursue additional studies on bladder epithelium, bladder afferent nerve cells, and urinary markers of IC patients. In addition, the Committee urges the NIDDK to work with the Interstitial Cystitis Association to undertake a national IC awareness campaign aimed at reducing the delay in diagnosing IC, which currently takes an average of 5 to 7 years.

Juvenile Diabetes.—The Committee commends the NIDDK for its development of the platform technologies of genomics and proteomics to expand clinical research capability. The Committee urges the Institute to continue the effort to remove the most common barriers between laboratory discoveries and clinical trials; this effort should include making available on a competitive basis the resources for pre-clinical development of drugs and therapies. The Committee applauds the NIDDK for the launch of TrialNet, which establishes an infrastructure to coordinate and support clinical trials dealing with the preservation of pancreatic beta cell function to prevent juvenile diabetes in high-risk individuals.

Metabolic Bone Disease.—The Committee urges NIDDK to expand genetic research focusing on bone mass and functional genomics to further disease prevention and treatment of metabolic bone diseases. The Committee encourages NIDDK to support further research into drugs and mechanisms that can build better bone and comparison drug trials to determine best treatments.

Mucopolysaccharidosis [MPS].—The Committee recognizes the efforts made by the NIDDK to achieve a greater understanding and pursue development of effective therapies for MPS disorders. The Committee encourages continued investment in MPS related research and is further encouraged to enhance collaborative efforts with the NINDS, NICHD, and appropriate institutes and centers involved in this crucial research, including bone and joint involvement in MPS disorders and pathophysiology of brain damage as they related to MPS disorders.

Pediatric Kidney Disease.—Although significant strides have been made in understanding kidney disease in adults, much less is known about its complications in children, including obstacles to full growth potential and neurocognitive development. For this reason, the Committee is encouraged that the NIDDK has solicited proposals for a prospective cohort study of chronic kidney insufficiency in children and looks forward to the implementation of this study. Given the long-term implications when children reach adulthood, the Committee continues to urge the NIDDK to undertake research into the history and treatment of cardiovascular problems in children suffering from chronic kidney disease, giving careful consideration to (1) the role of hypertension, lipid abnormalities, obesity, cardiovascular calcification, and cardiac arrhythmia; and (2) neurocognitive and developmental deficits including learning disabilities, with related issues of chronic neurological, intellectual and emotional impairment; poor linear growth; and abnormal bone formation. Funding for ancillary studies to determine the pathophysiology of these problems in children, including the ongoing clinical trial for focal segmental glomerulosclerosis, should be supported in order to develop new approaches to their treatment and prevention.

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

Pediatric Liver Disease—National Database and Registry.—The Committee is aware of a privately funded initiative which that follows the natural history of infants and children who receive liver transplants until they are 18 years of age. With increased financial support, this national database and registry could permit more adequate hypothesis testing and outcomes research to determine both the health and financial impact of liver transplants on the child and the child's family. The Committee encourages NIDDK to favorably consider a pediatric liver disease national database and registry.

PKD (Polycystic Kidney Disease).—The Committee anticipates important scientific advances in this exciting field of research resulting from the NIDDK sponsored International PKD Strategic Planning Meeting in late fiscal year 2002. Furthermore, the Committee is pleased the "Halt PKD Interventional Trials Network" is beginning and will identify therapeutic strategies to retard the progression of PKD, the result of which will forestall kidney failure for PKD patients, free up more than 3,000 spots on the kidney transplant waiting list, save $2,000,000,000 annually in PKD-caused Medicare costs for End-Stage Renal Disease, and alleviate pain, suffering, and premature death for 600,000 American PKD patients. Likewise, the Committee is gratified such novel discoveries as the recent "abnormal fluid-flow sensation" phenomenon, involving cilia located PKD proteins, bodes well for developing drug therapies to decrease abnormal cell growth in the PKD disease process. Therefore, because of such extraordinary scientific momentum, the Committee urges NIDDK to expeditiously implement the new PKD Strategic Plan and thus intensify its efforts to find a treatment and cure for PKD by establishing two additional PKD Centers and by issuing RFA's to develop Surrogate Markers of Disease Progression and for Testing Innovative Treatment Strategies using knowledge based studies of pathophysiology and cellular pathobiology.

Prostatitis.—The Committee recognizes the efforts of the CPCRN (Chronic Prostatitis Collaborative Research Network) funded by the NIDDK. The Committee encourages inclusion of more diverse medical specialties to supplement and build upon the background of basic information developed. The genetic and molecular epidemiology, the management of pelvic pain, the infectious origins and the symptoms identical to prostate cancer need intense scrutiny.

The Committee encourages additional funding for educational efforts aimed at reaching primary care physicians, the patients and general public in an effort to prevent all prostatitis from becoming chronic and removing the stigma many patients feel after being diagnosed with a disease of unknown origin.

Scleroderma.—The Committee encourages the NIDDK to support scleroderma relevant research. Scleroderma is a chronic and progressive disease that predominantly strikes women. Many patients have Gastrointestinal involvement include gastroesophageal reflux disease, dysphagia, Barrette's esophagus, gastroparesis, malabsorption, and fibrosis of the small and large intestines.

Urinary Incontinence.—The Committee is pleased that the NIDDK has developed the Urinary Incontinence Treatment Network and urges increased funding for this important clinical network. Recent studies have yielded gains in understanding these conditions but the Committee is equally concerned that more needs to be done with basic and translational research in order to create better foundations for clinical care. The Committee encourages the Institute to provide more resources to investigator-initiated applications to ensure a self-sustaining core of ongoing research and encourages a dedicated study section in this area.

Urology Research.—NIDDK houses the urologic basic science program. Despite significant increases in funding for the Institute, the Committee remains concerned that the research portfolio in urology

is not keeping pace with the impact of these diseases on women, men, and children.

The report of the Bladder Research Progress Review Group outlines a strategic plan for research in this neglected area. Bladder diseases, such at interstitial cystitis, urinary tract infections, and urinary incontinence, disproportionately affect women, and the Committee urges NIDDK to develop a comprehensive program to address these and other urological needs of women.

This report identifies the considerable urologic complications of diabetes. Until the epidemic of diabetes is conquered, the incidence of these complications will only increase. Significant resources have been directed to diabetes research, but this area is underfunded. The Committee urges that a cooperative program of research be developed by the Division of Diabetes and the Urology program to address this unmet need.

Related to this problem is the issue of obesity and incontinence. This particularly affects minority women and should be given priority in the Institute's plans for the coming fiscal year. Incontinence is also a major cause of nursing home admissions, yet little work is being done to address the underlying causes. The Committee recommends that the Institute initiate an effective program to examine the causes and remedies for incontinence.

AIDS continues to be a significant health problem in this country and worldwide. It is well established that the disease is readily transmitted through sexual contact, yet no work has been done to examine the specific role of semen in this transmission. The Committee believes that a better understanding of these fundamental issues could contribute significantly to research for a vaccine and more effective treatments.

Benign diseases of the prostate affect men of all ages. While progress has been made, the Committee encourages the Institute to develop a comprehensive initiative on basic prostate biology that can lead to improved diagnosis and treatment of diseases such as prostatitis and BPH.

Urologic problems in children are often the result of congenital anomalies at birth. The Committee urges the Institute to organize a pediatric urology review group to identify the priority research needs in this area and to formulate a research plan that addresses them.

Stone disease afflicts millions of Americans each year, particularly in certain regions of the country. While effective treatments are available, there is little understanding of ways to prevent the formation of kidney stones. The Committee urges NIDDK to work with the scientific community to formulate a research plan to address prevention needs in this area.

The Committee has heard testimony on the decrease in the number of physician investigators. This is a particular problem in urology, and the Institute Director is encouraged to develop training programs especially suited to the needs of urologic residents and fellows who might be interested in research careers if given the right kind of support.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2003	$1,456,476,000
Budget estimate, 2004	1,468,926,000
Committee recommendation	1,510,926,000

The Committee recommends an appropriation of $1,510,926,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. The fiscal year 2003 appropriation was $1,456,476,000 and the budget request is $1,468,926,000. The comparable amounts for the budget estimates 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.—Research supported by NINDS continues to play an integral role in widening the scientific base of knowledge about Alzheimer's disease. NINDS is working closely with NIA in the area of immunotherapy for Alzheimer's disease, which can involve the production of antibodies that reduce the cellular and behavioral effects of the disease. The Committee encourages NINDS to continue to assign a high priority to its Alzheimer's research portfolio, and to continue to work closely with NIA and other institutes. The Committee urges the NINDS, in collaboration with the NIA and NIMH, to expand its research into early diagnosis of Alzheimer's using PET imaging of the brain, and to share its results with the Centers for Medicare and Medicaid Services.

Amyotrophic Lateral Sclerosis [ALS].—ALS, or "Lou Gehrig's disease," is one of a family of neurodegenerative diseases that plague millions of Americans. The Committee is pleased by the Institute's recent efforts to intensify its research into ALS, and it commends NINDS on its multiple initiatives involving high-throughput screening and assay development to identify compounds with activity in neurodegenerative orders, including ALS. The Committee understands that The ALS Association has been involved as a cosponsor in some of these activities, and urges the Institute to continue such productive partnerships in its efforts to understand and develop treatments for ALS, which can lead to possible prevention and treatment interventions for other degenerative disorders.

The Committee is also pleased by the January 2003 scientific workshop on ALS that the NINDS held with the Department of Veterans Affairs [VA]. The Committee encourages the Institute's further collaboration with the VA in developing an initiative to address the scientific questions and gaps in the knowledge of ALS and motor neuron biology discussed at the workshop. The Committee also encourages the NINDS to coordinate and collaborate on ALS research with other appropriate NIH Institutes, particularly

the NIEHS, and to continue its partnership with other organizations, as appropriate, to advance ALS research.

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

Basic Behavioral and Treatment Research.—The Committee applauds the NINDS for its broad support of both basic and clinical behavioral research and training in such areas as the neural bases of cognition and behavior, including sensation/perception, attention, learning and memory, language, and other higher cognitive processes. The Committee notes the importance of integrating the research across multiple levels, including molecular, genetic and behavioral. The Committee encourages the NINDS to continue its support of imaging technologies to study the neural bases of cognitive processes in real time, including studies of language, face recognition, and decision-making ability. The Committee appreciates that understanding the deleterious effects of neurological disorders on cognition and behavior will allow for the design of more effective treatment and rehabilitation strategies including behavioral interventions. The Committee encourages the NINDS to continue supporting research on the cognitive and behavioral deficits associated with epilepsy, autism, stroke, Parkinson's disease, traumatic brain injury, migraine, and neurofibromatosis.

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

Brain Tumors.—The Committee continues to be concerned that not enough attention is being given by NINDS to identifying causes of and treatments for brain tumors and encourages NINDS to continue working with NCI to carry out the recommendations of the Report of the Brain Tumor Progress Review Group.

Cognitive Neuroscience.—By encouraging research on higher brain functions that underlie complex behaviors such as learning, memory, attention, and cognition, the NINDS will continue to unlock secrets not only on basic brain structure and function, but also on neural activity associated with specific cognitive processes. The Committee is interested in seeing progress in this research.

Down Syndrome.—Down syndrome is caused by extra genetic material on the 21st chromosome. It is the leading genetic cause of mental retardation in humans. The Committee urges the NINDS to increase funding for research of Down syndrome, particularly as it relates to cognitive enhancement. The Committee urges NINDS to coordinate these efforts with other Institutes working on related activities, including NICHD, NIA, NHGRI, and NIMH.

Dushenne Muscular Dystrophy.—The Committee commends NINDS for initiating the muscular dystrophy cooperative research centers. The Committee expects NINDS to work cooperatively with NIAMS and NICHD to expand the scope and level of research undertaken by the centers program.

Dystonia.—The Committee continues to support the expansion of research and treatment developments regarding the neurological movement disorder dystonia, given that dystonia is the third most common movement disorder after tremor and Parkinson's disease. The Committee encourages NINDS to support additional research on both focal and generalized dystonia, and commends NINDS for its study of the DYT1 gene and encourages expansion in this research area. In addition, the Committee requests NINDS be prepared to report on it at the fiscal year 2005 budget hearings.

The Committee commends NINDS for the recent release of the joint dystonia research program announcement with other institutes. The Committee encourages the institute to continue its collaboration with the dystonia research community in supporting epidemiological studies on dystonia and in increasing public and professional awareness of this disorder.

Epilepsy.—The Committee encourages NINDS to expand its research efforts into the prevention, treatment, and eventual cure of epilepsy. In particular, the Committee urges the Institute to focus on the critical research issues relating to the 30 percent of patients with intractable epilepsy, the life-long impact of seizures on young children, and the growing incidence of epilepsy in the elderly. The Committee encourages the Institute to continue its anti-epileptic drug development program, including research on therapies for the large number of people not responding to current treatments.

Juvenile Diabetes.—The Committee commends the NINDS for its efforts to prevent and treat hypoglycemia and neuropathy, both of which are serious complications of diabetes and demonstrate accelerated development in individuals with juvenile diabetes. The Committee encourages the NINDS to expand its research in neuropathy and to consider establishing centers specifically for the detection and prevention of this dangerous complication of diabetes.

Learning Disabilities.—The Committee commends NINDS for the work conducted to explore the neurological aspects of learning disabilities. We look forward to learning the results of this work and encourage the Institute to continue to coordinate with other Institutes working on related activities.

Mucoploysaccharidosis [MPS].—The Committee is encouraged by NINDS sponsorship of a scientific conference focusing on central nervous system issues and the barriers to and development of effective therapies for MPS disorders. The Committee urges the NINDS to solicit investigator proposals resulting from the findings of the conference. The Committee further encourages the NINDS, in collaboration with the NIDDK and the NICHD, to support current MPS research, study the blood brain barrier as an impediment to treatment and use all available mechanisms to further stimulate and enhance efforts to better understand and treat MPS disorders.

Neurofibromatosis.—Advances in NF research have linked NF to cancer, brain tumors, learning disabilities and heart disease. Because NF regulates both the RAS and cAMP pathways relating to

cell growth and cognition, NF plays a pivotal role both in disorders of the brain and in cancer. The enormous promise of NF research is now reaching fruition in the testing of potential therapies. Therefore, the Committee encourages NINDS to expand its NF clinical and basic research portfolios through clinical trials, RFAs, and other funding mechanisms to accelerate and exploit the tremendous progress in NF research. The Committee commends NINDS for its leadership role in NF research and in coordinating efforts with other Institutes engaged in NF research and encourages the NINDS to work in partnership with the NF research community, including patient advocacy groups, in identifying and pursuing scientific opportunities that will ultimately allow for the development of effective treatments for NF.

Pick's Disease.—The Committee urges the NINDS in conjunction with NIA to increase research efforts on Pick's Disease and other frontotemporal dementias. The Committee further urges the Institutes to consult with researchers, clinicians, and patient advocates and report to the Committee on progress being made in this field of research.

Spinal Muscular Atrophy.—Spinal Muscular Atrophy [SMA] is the most common genetic killer of infants and toddlers and is the most prevalent genetic motor neuron disease. While there is currently no cure for the disease, the research outlook is promising. Researchers have already identified the genes involved in SMA as well as compounds that may lead to potential treatments. The Committee understands that the severity of the disease, its relatively high incidence, and the possibility of imminent treatments have led NINDS to select SMA as a model for a new approach to funding translational research. The Committee strongly endorses that plan. The Committee urges NIH/NINDS to equip the program and the personnel charged with executing the plan with appropriate authoritative and financial resources to maximize the chances of success.

In addition, the Committee strongly urges the Institute to increase funding for basic and translation SMA research by aggressively soliciting grant applications. The Committee encourages the Institute to employ existing mechanisms such as websites, publications, workshops, and conferences to promote awareness of funding opportunities. In addition, the Committee encourages the Institute to further develop opportunities for upcoming clinical trials and to help make available all ongoing patient care options. Lastly, the Institute is encouraged to work with other Institutes and Federal agencies to develop formal programs that increase public and professional awareness of the disease.

The Committee requests that NIH report back to the Committee, no later than April 2004 with a progress report on all aspects of SMA translational research.

Stroke.—The Committee commends the NINDS for convening a Stroke Progress Review Group. The Group's report identifies critical gaps in stroke knowledge and outlines 5 research priorities and 7 resource priorities. The Committee urges the Institute to implement the priorities of the Progress Review Group.

Tremor.—The Committee has been made aware of the very common condition of essential tremor affecting millions of Americans

and causing significant physical and social disability. Its case and underlying pathological basis is unknown. Very little basic or clinical research on this disorder is currently being undertaken. It appears that new research such as technical imaging and chemical analysis may offer promise in shedding light on this mysterious and common disorder. The Committee was pleased to learn that NINDS supports a tissue bank for essential tremor and the Committee looks forward to learning of the Institute's assessment of research opportunity and of progress through expansion of other relevant research efforts.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2003	$3,706,139,000
Budget estimate, 2004	4,335,255,000
Committee recommendation	4,335,255,000

The Committee recommends an appropriation of $4,335,255,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is same as the budget request. The fiscal year 2003 appropriation was $3,706,139,000. Included in these funds is $150,000,000 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 is the lead NIH Institute charged with developing vaccines and supporting research on allergies, acquired immunodeficiency syndrome [AIDS], sexually transmitted diseases, turberculosis, tropical diseases, and other infectious diseases—including those likely to be used as agents of bioterrorism. To accomplish this mission, the NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, whether they are naturally occurring or the result of a bioterrorist attack, and in diseases caused by, or associated with, disorders of the immune system.

Adverse Reactions to Smallpox Vaccine.—The Committee is pleased that the NIAID has focused considerable attention on research efforts aimed at reducing adverse reactions to the smallpox vaccine. The Committee understands that the risk of adverse reactions is particularly high in individuals who have or have experienced atopic dermatitis. Given the high incidence of atopic dermatitis among the growing number of Americans with asthma and allergies, the potential for adverse reactions to the smallpox vaccine is a major concern. The Committee is pleased that the NIAID has undertaken a major initiative in this area, the Atopic Dermatitis and Vaccinia Immunization Network. The Committee believes that NIAID should take additional steps to encourage investigator-initiated research to complement this effort.

AIDS in the Soviet Union.—The Committee notes that Russia and other countries of the former Soviet Union are experiencing the highest growth of HIV infections in the world today. The Committee also notes that these countries hold tremendous scientific capacity. The Committee encourages the Institute to seek opportunities to increase collaborative research between the United States and countries of the former Soviet Union the area of HIV/AIDS research, utilizing organizations that facilitate and support scientific

collaboration as appropriate, to maximize the impact of scientific discovery.

Asthma Research and SARS.—The Committee encourages the NIAID to continue its outstanding efforts in the area of asthma research. Clearly, research in this area is closely related to that undertaken by the NIAID with respect to Severe Acute Respiratory Syndrome [SARS]. The therapies currently used to treat SARS are commonly used to treat complications of asthma. The Committee urges the NIAID to engage the asthma research community in efforts related to SARS so that knowledge gained from studies of immune reaction to viruses in the lung among asthma patients can be applied.

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

Autoimmune Disease Prevention and Treatment.—The Committee commends the NIAID for implementing a new model for clinical research. The Autoimmunity Centers of Excellence support an integrated basic and clinical research program focused on approaches for the treatment or prevention of immune-mediated diseases like Type 1 diabetes, rheumatoid arthritis, and multiple sclerosis. The involvement of clinical specialists in planning, performance, and evaluation of trials and studies should lead to a more coordinated approach to the development of new immune-based therapies for all autoimmune diseases as well as accelerate the translation of basic advances to the clinic.

Hemophilia.—The Committee is supportive of NIAID's efforts with the National Hemophilia Foundation to ensure access for persons with hemophilia to clinical trials for improving treatment of HIV and complications of hemophilia, including hepatitis C [HCV]. The Committee urges the Institute to continue its efforts related to research on liver disease progression and response to HCV treatment among HIV/HCV co-infected persons with hemophilia.

Hepatitis.—The Committee urges NIAID to work with public health organizations to promote liver wellness, education, and prevention of hepatitis.

Hepatitis C Vaccine.—The Committee notes the slow progress towards the development of a vaccine to prevent infection from the Hepatitis C virus and urges the Institute to redouble its efforts in this regard. The Committee requests a report by April, 2004 reporting on progress made to date to develop a hepatitis C vaccine and a discussion of future plans, including and the most promising ave-

nues of research that are needed to meet the goal of developing a hepatitis C vaccine.

Kidney and Islet Transplantation.—The Committee commends the NIAID for its leadership role in the evaluation of strategies to achieve tolerance in the context of kidney and islet transplantation. These two areas of investigation hold significant promise for moving research into the clinical setting.

Primary Immunodeficiencies Diseases.—The Committee notes that more than 70 primary immune deficiency diseases have been identified to date. These diseases, which impair the body's immune system, strike most severely at children, many of whom do not survive beyond their teens or early twenties. The Committee commends NIAID for the establishment of its Primary Immunodeficiency Disease Research Consortium. As part of this new initiative, the Committee encourages the Institute to provide adequate support for primary immune deficiency research, clinical registries, and a repository for biomedical specimens. Finally, the Committee encourages NIAID to work closely with the primary immune deficiency patient community on this promising new program.

The Committee remains concerned that research into biodefense concerning smallpox vaccination focus on the identification of immunodeficient patients. Undiagnosed patients are at risk of suffering serious adverse reactions to such live vaccinations. One means for NIAID to address this issue of under-diagnosis is through active participation in the Jeffrey Modell Foundation's national physician education and public awareness campaign for primary immunodeficiencies.

Radiological Exposure.—The Committee urges the Institute to increase research to identify and develop effective countermeasures to acute nuclear and radiological exposure. This is in keeping with the Institute's lead role in identifying and developing countermeasures to chemical, biological and nuclear and radiological threats. The Committee is aware of research being carried out at the Armed Forces Radiobiology Research Institute [AFRRI], including its leading radioprotectant candidate, 5-androstenediol, and encourages the Institute to work with AFRRI in this critical effort.

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

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2003	$1,847,000,000
Budget estimate, 2004	1,923,133,000
Committee recommendation	1,917,033,000

The Committee recommendation includes $1,917,033,000 for the National Institute of General Medical Sciences [NIGMS]. The fiscal year 2003 appropriation was $1,847,000,000 and the administration's request is $1,923,133,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Behavioral Research.—The Committee believes that NIGMS has a scientific mandate to support basic behavioral research because of the clear relevance of fundamental behavioral factors to a variety of diseases and health conditions. The Committee encourages the NIGMS to incorporate basic behavioral research as part of its portfolio, especially in the areas of cognition, behavioral neuroscience, behavioral genetics, psychophysiology, methodology and evaluation, and experimental psychology.

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

Pharmacogenetics Research Network.—The Committee commends NIGMS for its vision in creating the Pharmacogenetics Research Network to address the genetic bases for differences in patients' reactions to medications. Development of a deeper understanding of how genetics influences whether treatments work, don't work, or cause moderate or severe side effects is critical. This is an emerging field that will lead to a personalized approach to medicine. The Committee urges NIGMS to continue to develop and expand this field further with a strong emphasis on studying drug metabolism variation and treatment response in those disease states that affect large numbers of Americans, such as diabetes, mental illness and others.

Pre-Disease Pathways.—The Committee encourages the NIGMS to collaborate with other Institutes, including NCI and NIMH, and the Office of Behavioral and Social Sciences Research to fund research to integrate physiological knowledge of pre-disease pathways with behavioral studies.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2003	$1,205,927,000
Budget estimate, 2004	1,245,371,000
Committee recommendation	1,251,185,000

The Committee recommends an appropriation of $1,251,185,000 for the National Institute of Child Health and Human Development [NICHD]. The fiscal year 2003 appropriation was $1,205,927,000 and the administration's request is $1,245,371,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Behavioral Science.—The Committee supports the NICHD's efforts to determine the biological, behavioral, and social factors that affect child development, particularly the important role of family structure and fathers in child development. The Committee is particularly concerned about rising rates of childhood obesity and supports continued initiatives to promote healthy behaviors in children and adolescents and prevent health risk behaviors.

Bleeding Disorders.—The Committee expects the Institute to work collaboratively with the National Hemophilia Foundation to address issues related to neonatal intracranial hemorrhage and pediatric complications of bleeding disorders, including medical, psychosocial, and quality-of-life issues.

Cognition and Learning.—The Committee applauds NICHD's new program in Mathematics and Science Cognition and Learning, aimed at supporting scientifically based approaches to improving the understanding of normal development and obstacles to learning in these domains. Discovering the causes of difficulties and disorders of learning in these areas will be of considerable importance for developing strategies to improve diagnosis and treatment of specific learning disabilities and for designing more effective instructional interventions in mathematics and science.

Down Syndrome.—Down syndrome is the most common genetic cause of mental retardation. The Committee strongly encourages NICHD to place a high priority on researching the causes and treatment of Down syndrome and to increase funding for research in the areas of cognitive enhancement and the early onset of dementia. The Committee further urges NICHD to increase funding for the production of the Ts65Dn mouse, which is used extensively in the research of Down syndrome and Alzheimer's disease. Current funding for the production of this mouse strain is inadequate to produce the quantity of mice needed for current research.

Demographic Research.—The Committee commends NICHD for its outstanding support of demographic research. This research has consistently provided critical scientific knowledge supporting efforts to strengthen and empower American families through sound public policy. Recent findings related to the effects of maternal employment and paternal involvement on the development of children are particularly noteworthy. The Committee encourages NICHD to con-

tinue to invest necessary resources in maintaining the databases that make these studies possible, while strengthening research on the causes of trends in family stability. Continued and adequate support for training and infrastructure funding is necessary to sustain demographic research on these topics and on other critical issues, including the causes of immigration and population movement, the impact of immigration on the American people, adolescent health, and disparities in health among different groups within our population.

Drug Safety for Children.—The Committee recognizes the importance of ensuring that drugs are safe and effective for use by children. The Committee urges the Institute to implement the provisions of the Best Pharmaceuticals for Children Act of 2003 (Public Law 107–109) which supports the pediatric testing of off-patent drugs, as well as on-patent drugs not being studied through existing mechanisms. In implementing this provision, the National Institute of Child Health and Human Development should act as coordinator for all other Institutes within NIH for which pediatric pharmacological drug research may have therapeutic relevance and will consult with the Food and Drug Administration. The Committee requests NIH to provide an update during its annual appropriations testimony. This update shall include information on the number of studies supported through the Research Fund; the estimated cost of each study undertaken; the nature and type of studies undertaken; the number of label changes resulting from completed studies; the patent status of the drugs studied; and the number of drugs remaining on the priority list established through section 409I.

Duchenne Muscular Dystrophy.—The Committee commends the Institute for initiating the muscular dystrophy cooperative research centers. The Committee expects NICHD to work cooperative with NIAMS and NINDS to expand the scope and level of research undertaken by the centers program.

Fragile X Research Coordination Conferences.—To facilitate effective coordination of research on Fragile X and related disorders, the Committee strongly urges NICHD to regularly convene and conduct a state-of-the-science conference on Fragile X research and further urges the NICHD to continue to hold Fragile X Research Coordination Conferences at least once every 3 years or more frequently if warranted by scientific advancement. Investigators conducting research on Fragile X and related fields who are funded by the NIH, as well as other researchers as appropriate, should be invited to attend and participate in these conferences. The Committee expects the first Fragile X Coordination Conference shall be held in 2004.

Fragile X Research Coordination Reports.—Within 6 months after each Fragile X Research Coordination Conference is held, the Director of the NICHD shall issue a report on the state-of-the-science of research on Fragile X and include summaries of Fragile X and related research being supported by NIH Institutes and Centers, as well as plans for future Fragile X research.

Hepatitis C in Children.—The Committee is aware that recent studies have indicated that 1 in every 300–400 children over the age of 12 is infected with the hepatitis C virus. The Committee

urges NIDDK, with appropriate support from NICHD, to study the natural history of hepatitis C in infected children to help determine the optimal timing and medical regimen for treatment.

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

Juvenile Diabetes.—NICHD is encouraged to work closely with NIDDK on the continued development of Trial Net, which was recommended by the 1999 Congressionally-mandated Diabetes Research Working Group to coordinate and support clinical trials in diabetes with the ultimate goal of preventing juvenile diabetes in high risk individuals.

Learning Disabilities.—The Committee is pleased that NICHD continues to place high priority on learning disabilities research. The efforts to address the special needs of children affected by a learning disability and improve literacy are showing promising results. The Committee encourages NICHD to continue to focus on reading disability and mathematics development research. Additionally, the Committee urges NICHD to lead an effort to collaborate on research efforts with other Institutes working on related activities. The Committee encourages cooperation in areas where work can be shared across Institutes on behalf of individuals with learning disabilities.

Living Donor Liver Transplants.—The Committee is aware that more than 1,774 people died over the past year waiting for a liver transplant due to a lack of a donor liver. As of March 6, 2003 there were almost 16,934 on the list waiting for a liver transplant. In view of the continuing shortage of livers available for transplantation, the Committee is pleased with the award in the past year of funding for a study of adult-to-adult living donor liver transplants which will compare outcomes of living donor transplants to cadaver transplants. The Committee urges additional research that would facilitate the success of a living donor liver transplant and the number of livers available for transplantation.

Maternal-Fetal Medicine Network [MFMU].—The Committee recognizes the outstanding contributions of the Maternal-Fetal Medicine Network [MFMU] in addressing clinical questions related to the care and treatment of high risk and complicated pregnancies. By studying large numbers of patients, the Network has demonstrated that it offers the most effective and cost-efficient way to study high-risk conditions. However, the Committee is concerned that additional funds are needed in order for the Network to continue to make progress in these issues of concern to the health of women and their babies. Therefore, the Committee urges the NICHD to expand its support of the Network and to provide increased funds to continue to address these important research questions, with an emphasis on issues pertaining to pre-term births and low birth weight deliveries.

National Children's Study.—The Committee strongly supports full and timely implementation of the National Children's Study. This study aims to quantify the impacts of environmental influ-

ences, including physical, chemical, biological and social influences, on child health and development. The Committee urges the Director of the NICHD to continue to closely coordinate with the CDC, EPA, other Institutes and agencies and non-Federal partners conducting research on children's environmental health and development, such that this study is ready for the field by no later than 2005. To that end, in fiscal year 2004, the Committee expects the Director of NICHD to increase support for study planning, administration, and initial pilots that will provide the information necessary to develop and implement the full national study.

National Center for Medical Rehabilitation Research.—The National Center for Medical Rehabilitation Research supports research grants, training, centers and clinical trials in medical rehabilitation to improve the function of persons with physical disability and is the focal point within NIH for this field of science. Recent initiatives have involved efforts to expand the use of assistive technology by persons with disabilities and clinical research to determine improved outcomes of care for persons with Traumatic Brain Injury, stroke, hip fracture and limb loss. The Committee encourages the Institute and NCMRR to continue its focus on assistive technology, clinical trials and other research on improved outcomes. The Committee would also encourage the Institute and NCMRR to review needs and plan to expand medical rehabilitation research to improve outcomes for trauma victims.

Neurofibromatosis.—Learning disabilities occur with high frequency (30–65 percent) in children with NF and in approximately 5 percent of the entire world's population. Enormous advances have been made in NF research in just the past year unlocking the mysteries of how the NF gene is related to learning disabilities which significantly advances the prospects of finding a treatment for learning disabilities not only in children with NF but in the general population as well. The Committee urges the Institute to consider the progress being made in NF research, expand the NF research portfolio and to identify possible areas for collaboration.

Osteogenesis Imperfecta.—The Committee understands that research is urgently needed into quantification of bone mass and its biomechanical properties in children, and the relationship of diet and exercise and comorbid conditions to bone health. A greater understanding of the genetic and other determinants of peak bone mass will help children with Osteogenesis Imperfecta [OI], osteopetrosis, etc. The Committee encourages NICHD to expand OI research in genetic therapies, animal models, drug treatment and rehabilitation.

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

Pediatric Liver Disease.—The Committee notes the Institute's limited involvement in issues relating to pediatric liver disease and

urges the Institute to initiate research in this area and collaborate with NIDDK on these efforts. For example, the Committee notes the lack of involvement of NICHD to support the collaborative network of centers established to gather data and study specific hypothesis of the cause and treatment of Biliary Atresia. The Committee would also encourage NICHD to cooperate with NIDDK on research questions relating to optimal timing and medical treatment regimens for children infected with the hepatitis C and the need to support a database and registry to track the outcome of children who receive liver transplants.

Pre-term Labor and Delivery.—Pre-term labor and delivery is the number one problem in obstetrics today and a serious problem in pediatrics. It is the leading cause of neonatal mortality, and many babies born prematurely have serious physical and mental disabilities, such as cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss, that last a lifetime. Prematurity is also a growing problem. The Committee strongly urges NICHD to allocate more funds to reveal the underlying causes of pre-term delivery and most importantly to identify prevention strategies.

Primary Immunodeficiencies Diseases.—The Committee continues to be impressed with the commitment the NICHD has shown to addressing PI, through its close partnership with the Jeffrey Modell Foundation's efforts to raise the awareness of PI and to identify undiagnosed patients. With the availability of cutting-edge microarray technologies, the Committee strongly encourages the NICHD to identify specific molecular biomarkers, improve diagnostic methodologies, and develop newborn screening procedures for PI. Rapid, cost-effective, and accurate molecular screening procedures and strategies for PI that are incorporated into a universal newborn screening program will significantly enhance the early identification, treatment, and management of PI patients. This will help reduce the morbidity and mortality of affected children, improving their health and well-being. The Committee strongly encourages NICHD to bring together the stakeholders in newborn screening to assess comprehensively the scientific, legal, social and ethical issues associated with such screening.

Scleroderma.—The Committee encourages the NIDDK to support scleroderma relevant research. Scleroderma is a chronic and progressive disease that predominantly strikes women. It is estimated that 90 percent of patients with systemic sclerosis have Gastrointestinal [GI] involvement and of that number 50 percent have clinically significant manifestations. GI involvement can manifest as gastroesophageal reflux disease, dysphagia, Barrette's esophagus, gastroparesis, "watermelon stomach", malabsorption, and fibrosis of the small and large intestines. Renal Crisis affects 20 percent of those with systemic sclerosis often within the first 5 years after diagnosis. More research is critically needed in order to develop safe and effective treatments and to identify the cause or causes of the devastating complications of scleroderma.

Spina Bifida.—The Committee is pleased that the Institute cosponsored the Spina Bifida Research Conference in May 2003. However the Committee has concerns that, without adequate follow-up, the conference findings and recommendations will not come to fruition. NICHD is encouraged to enhance research to address

issues related to the outcome of the conference and urged to significantly expand its research efforts in the prevention and treatment of Spina Bifida and associated secondary conditions.

Sudden Infant Death Syndrome.—The Committee is pleased with NICHD's continued efforts to extend the reach of its extremely successful "Back to Sleep" campaign to underserved populations and daycare providers. The Committee also commends NICHD's attempts to further its progress in SIDS research by initiating a third SIDS 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 United States. The Committee requests that this 5-year plan be re-examined to determine the appropriateness and scientific validity of including research on stillbirth and miscarriage as components of the plan.

Traumatic Brain Injury [TBI].—The Committee commends the NICHD and the National Center for Medical Rehabilitation Research for their efforts in establishing a TBI clinical trials network to investigate the efficacy of rehabilitation services for TBI victims. The Committee continues to support research by the Center to investigate methods of improving decision-making functions and related cognitive skills of TBI victims.

Urogynecology Program.—Urinary incontinence and other pelvic floor disorders serve as barriers to healthy living. The Committee commends the NICHD for developing the Pelvic Floor Disorder Network [PFDNO] and expects additional resources will enable the network to excel in the quality and integrity of clinical and basic scientific research in the field of urogynecology. The Committee is pleased that the NICHD continues to collaborate with the NIDDK in developing research of urinary incontinence. Recent studies have yielded gains in understanding these conditions but the Committee is equally concerned that more needs to be done with basic and translational research in order to create better foundations for clinical care. The Committee encourages the Institute to provide more research to investigator-initiated applications to ensure a self-sustaining core of ongoing research and encourages a dedicated study section in this area.

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, inadequate 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, more must be done. Therefore, the Committee expects the Institute to provide a significant increase in funding for vulvodynia.

NATIONAL EYE INSTITUTE

Appropriations, 2003	$633,148,000
Budget estimate, 2004	648,299,000
Committee recommendation	657,199,000

The Committee recommends an appropriation of $657,199,000 for the National Eye Institute [NEI]. The budget request was

$648,299,000 and the fiscal year 2003 appropriation was $633,148,000. 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.

Diabetic Retinopathy.—Diabetic retinopathy is a potentially blinding complication of diabetes characterized by the uncontrolled growth of fragile new blood vessels in the retina that may leak fluid and blood threatening vision. It is the leading cause of new cases of blindness in working age adults in this country. Macular edema secondary to diabetic retinopathy is also a major cause of visual loss in patients with diabetes. The Committee is pleased with NEI's initiative to develop a clinical research network that will accelerate the evaluation of promising new approaches to treated eye and vision-related complications of diabetes.

Degenerative Eye Diseases.—Scientists have linked a gene on the X chromosome that is normally associated with a form of retinitis pigmentosa that causes a blinding loss of photoreceptor cells with a unique type of cone photoreceptor cell degeneration of the macula. The macula is the part of the retina responsible for sharp central vision. This type of study in affected families may help understand the mechanism of damage in other forms of macular degeneration and may help prevent or more effectively treat these diseases. The Committee urges NEI to continue this important line of research extramurally and through the revitalization of its intramural research on neurodegenerative and genetic forms of vision loss.

Glaucoma.—The Committee is pleased to learn of the significant advances made in clinical research on glaucoma. The Ocular Hypertension Treatment Study demonstrated that eye drops used to treat elevated pressure inside the eye can be effective in delaying the onset of glaucoma in patients at higher risk for development of the disease. The Early Manifest Glaucoma Trial showed that immediate therapy to lower elevated intraocular pressure in patients with newly detected open angle glaucoma delayed and reduced the frequency of progression. Both studies underscore the need for early treatment of high intraocular pressure to slow or prevent glaucoma damage and subsequent vision loss until the means to prevent the disease itself can be discovered. In this regard, the Committee commends NEI for hosting a workshop on the pathophysiology of ganglion cell and optic nerve degeneration as a means of stimulating new approaches to the study of glaucoma and other neurodegenerative diseases of the eye.

Health Disparities.—Scientists conducting a population-based study in Mexican Americans in Arizona reported that the prevalence of open-angle glaucoma was intermediate between the high rates reported for African Americans and the lower rates reported

for whites. However, only 38 percent were aware they had the disease. The Committee encourages NEI to expand its glaucoma awareness activities to increase awareness of the importance of glaucoma diagnosis and treatment in the Mexican American population so that timely treatment can be provided and vision can be preserved.

Intramural Research Program.—The Committee commends NEI's efforts to revitalize its intramural research program to pursue new research opportunities related to neurodegenerative and genetic forms of vision loss and other complex human eye diseases. The Committee urges that the NIH allocate required space and positions as soon as possible, so that these new opportunities for research can be translated for the benefit of those afflicted with blinding eye diseases.

Neurofibromatosis.—Neurofibromatosis [NF] is a neurological disorder that is linked to a variety of other serious medical conditions. It has no known cure or prevention. NF can manifest itself in one of two forms known as NF1 and NF2. Among its possible effects are tumors of the optic nerves which may cause bulging of the eye or visual difficulties. The Committee encourages the Institute to expand its research portfolio in collaboration with the NF community to address issues that may be of mutual interest and benefit.

Ocular Albinism.—Ocular albinism is a set of diseases and conditions characterized by deficient cellular production of the pigment melanin that results in a cosmetic loss of ocular and skin pigmentation. Importantly, ocular albinism limits the development of vision in infants and children by altering the connections between the brain and the eye. The Committee recognizes NEI's efforts to encourage research in this important area through the issuance of requests for applications and funding of several grants during fiscal year 2002 and additional new grants in fiscal year 2003. The Committee encourages the Institute to continue its efforts to ensure continued progress toward understanding the causes of this disease.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2003	$614,239,000
Budget estimate, 2004	630,774,000
Committee recommendation	637,074,000

The Committee recommends an appropriation of $637,074,000 for the National Institute of Environmental Health Sciences [NIEHS]. The budget request was $630,774,000 and the fiscal year 2003 appropriation was $614,239,000. 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.

Alternative Methods.—In order for the Interagency Coordinating Committee for the Validation of Alternative Methods [ICCVAM] to

carry out its responsibilities under the ICCVAM Authorization Act, the Committee urges the NIEHS to increase the resources for ICCVAM's activities in order to ensure that new and alternative test methods used or recommended to Federal regulatory agencies, and those used within the National Toxicology Program's [NTP's] toxicity testing program, are validated prior to their use.

Breast Cancer.—The Committee commends the NIEHS for its recent efforts to bolster research on the relationship between the environment and breast cancer. The Committee urges the Institute to establish a group of breast cancer and environmental research advisers to make recommendations to the Director with regard to research in this area, and to include in the group representatives from the breast cancer community who have had breast cancer. The Committee also encourages the NIEHS to consider establishing centers to conduct multi-disciplinary and multi-institution research on environmental factors that may be related to breast cancer and to develop a national strategy to address this issue.

Children's Health.—The Committee is pleased that the NIEHS, in collaboration with the EPA, is supporting eight children's health centers focused on the role that environmental factors play in asthma and other respiratory disorders. The Committee urges the NIEHS, in continued collaboration with EPA, to support additional Centers of Excellence with a focus on disease endpoints in children.

Environmental Health Sciences Centers.—The Committee continues to strongly support the Environmental Health Sciences Centers program, and it believes that a fully funded Centers program is critical to carrying out the expanding mission of the NIEHS. The Committee expects these Centers to be funded at peer-reviewed levels.

Volcanic Emissions.—The Committee continues to be very concerned about the public health aspects of volcanic emissions in Hawaii. Such emissions present significant acute and long-term health problems, and the Committee urges the development of a multidisciplinary approach to this problem.

NATIONAL INSTITUTE ON AGING

Appropriations, 2003	$993,598,000
Budget estimate, 2004	994,411,000
Committee recommendation	1,031,411,000

The Committee recommendation includes $1,031,411,000 for the National Institute on Aging [NIA]. The budget request was $994,411,000 and the fiscal year 2003 appropriation was $993,598,000. 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.

Alzheimer's Disease.—An estimated 4.5 million Americans—almost all of whom are Medicare beneficiaries—suffer from Alzheimer's disease. Their complex health and long-term care needs are driving Medicare and Medicaid costs to unsustainable levels—

even though 70 percent of care is provided by families. Within 10 years, annual Medicare costs for beneficiaries with Alzheimer's will increase by 55 percent—to nearly $55,000,000,000; Medicaid costs will go up 80 percent to nearly $33,000,000,000. That will happen just as baby boomers begin to enter the age of risk. By the middle of the century, as many as 16 million Americans will have Alzheimer's—neither Federal, State, nor family budgets can sustain the costs. The Committee several years ago first drew attention to the challenges presented by Alzheimer's. As a result, science is now at the point where effective treatment and prevention of Alzheimer's are within reach. But there is a very narrow window of time. Scientists are now focusing on catching the disease process early, in the 10 to 20 years before clinical symptoms become apparent. Scientists believe that an investment of $1,000,000,000 as soon as possible will produce the answers necessary to conquer Alzheimer's. The Committee expects the NIA to expand its investment in Alzheimer's disease research, including clinical trials for the rapid translation of laboratory findings to effective treatments and prevention, as well as new initiatives in imaging and genetics aimed at finding risk factors and surrogate markers.

Bone Diseases.—The Committee recognizes that little is known about the pathophysiology of osteoporosis and Paget's disease and the role of environmental and lifestyle factors associated with these diseases, particularly in men and women of diverse races and ethnicities. Tools to assess risk have inadequate sensitivity and specificity and have not been widely tested, resulting in limited clinical effectiveness. The Committee urges NIA to expand research in all these areas. The Committee also encourages NIA to coordinate research with NIAMS into treatment for aging-related osteogenesis imperfecta complications.

Claude D. Pepper Older American Independence Centers.—The Committee continues to strongly support these successful centers, which focus on developing innovative and cost-effective ways to enhance the independence of older Americans. The centers also play the critical role of developing top-level experts in geriatrics. The Committee again urges NIA to make all possible efforts to expand these centers to include a school of nursing.

Cognitive Behavioral Research.—The Committee commends the NIA for its research program to explore the research recommendations in the National Academy of Sciences report "The Aging Mind." The Committee encourages the NIA to continue its own work, as well as cooperative efforts with other Institutes, to add to fundamental and applied knowledge of how the memory works and may be enhanced, and how age or behavior may affect memory.

Demographic and Economic Research.—The Committee once again commends the NIA for its demography and economic research, with special recognition of the research undertaken at NIA's 11 demographic research centers. The Committee also strongly recommends that NIA provide increased funding for these Centers to sustain their productivity and efficiency. The Committee is impressed by the findings from NIA's Health and Retirement Study [HRS] which provide important policy information necessary to evaluate the costs of alternative options. The Committee supports funding for a diverse body of analytic research on HRS find-

ings so that as a Nation, we might better understand the timing of retirement, the transition from full-time work, and the social, as well as the economic consequences of retirement. Tracking research on the decline in disability continues to be a high priority for the Committee.

Down Syndrome.—Research has shown that people with Down syndrome have an increased risk of developing Alzheimer's disease. Approximately 50 percent of individuals with Down syndrome over the age of 35 will develop the clinical signs and symptoms of Alzheimer's type dementia. All persons with Down syndrome will develop the neuropathology of Alzheimer's disease, even if they do not demonstrate dementia. Research into the process by which Alzheimer's disease evolves in persons with Down syndrome affords the opportunity to understand an important link between development and aging in all individuals. The Committee urges NIA to expand its research into the connection between Down syndrome and Alzheimer's disease.

Health and Behavior.—The Committee commends the NIA for its continuing focus on behaviors that may enhance healthy aging, especially research on physical activity among sedentary or frail elderly. The Committee encourages the NIA to continue efforts, through the Roybal Centers for Applied Gerontology and other means, to move innovative behavioral interventions into health care and other settings where they may be applied.

Hematology.—The Committee encourages NIA to develop new initiatives to study the basic biology of blood disorders that affect the elderly population, such as myelodysplastic syndromes and anemias, and the adverse quality-of-life consequences for the elderly who suffer from these disorders.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2003	$486,143,000
Budget estimate, 2004	502,778,000
Committee recommendation	505,000,000

The Committee recommends an appropriation of $505,000,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. The budget requested $502,778,000 and the fiscal year 2003 appropriation was $486,143,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of NIAMS addresses many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care and lost productivity. The research activities of this Institute serve the

concerns of many different special populations, including women, minorities, children, and the elderly.

Bone and Cartilage Diseases.—The Committee urges NIAMS to explore new avenues for cell- and gene-based therapies for the treatment of bone and cartilage diseases, such as osteoporosis, Paget's disease, and osteogenesis imperfecta. Identifying new targets for enhancing bone formation and blocking bone destruction should be a major focus, with studies that integrate basic and clinical approaches regarding bone forming cell development.

Duchenne/Becker Muscular Dystrophy.—The Committee notes that Duchenne Muscular Dystrophy [DMD] and its milder form Becker Muscular Dystrophy [BMD] are the most common, lethal genetic childhood disorders known to humankind. The Committee acknowledges that through NIH-sponsored research in 1987 the dystrophin gene which causes DMD/BMD was discovered and each day an average of two boys in the United States die from this disorder. Moreover, the Committee notes that 14 years later, there is still no effective treatment for this disease. The Committee further acknowledges that the Muscular Dystrophy Childhood Assistance, Research and Education Act [MD CARE ACT] of 2001 established Muscular Dystrophy as a research priority for the Department and NIH. The Committee requests that the Department provide a report to Congress by April 2004, on the implementation of the MD CARE ACT, outlining efforts to establish an interagency committee within NIH in order to expand opportunities for collaborative efforts, identify Centers of Excellence through NIH, and coordination with the Center for Disease Control [CDC]. The Committee is interested to learn of the implementation of the proposed "Scientific Research Resource Cores" within the Centers of Excellence, their potential to coordinate and facilitate muscular dystrophy research nation-wide, and how clinical trials are being facilitated through these new initiatives. The report to Congress should address all efforts by coordinating institutes, any initiatives or programs announced in muscle research, and efforts by the Center for Scientific Review [CSR] to create a temporary Skeletal Muscle Biology [SMB] Special Emphasis Panel. Additionally, the Committee is aware of the lack of information regarding the overall economic burden for the Nation of muscle diseases and injuries, as well as the lack of reliable data on how many individuals in the United States are affected by these diseases. The Committee, therefore, expects the NIAMS, in conjunction with other PHS components, including NINDS, NCHA, CDC, AHRQ, and HRSA, to sponsor a workshop to identify existing information sources on the costs and scope of muscle diseases and injuries, including Duchenne and other muscular dystrophies, and to recommend strategies for developing new information sources. The Institute is encouraged to work with muscle diseases researchers and voluntary health organizations to plan the workshop. The Committee urges the Director to provide additional resources to expand the research and establish at least four centers of excellence in this area and to work collaboratively with private research foundations to coordinate research findings. The Committee also expects NIAMS to work with NINDS to expand the scope and level of research undertaken by the Centers program.

The Committee further expects NIAMS to fund translational research to further treatment for this devastating disease.

Lupus.—Lupus is a widespread, debilitating autoimmune disease that affects up to 2 million Americans, most of whom are women in their late teens to early 40s. Lupus is the prototypical autoimmune disease that causes the immune system to become hyperactive and attack the body's own tissue. The disease can damage vital organs resulting in disability or death. Lupus and autoimmune diseases are the fourth leading cause of disability in women. Gaining an understanding of the factors associated with the high prevalence of lupus in women and minorities and the development of new and innovative treatments should be a high priority. There are five areas in which targeted research will yield important new insights: susceptibility, pathogenesis, inflammation and damage, clinical assessment and therapy. The Committee urges the Institute to provide the highest possible funding level for lupus research and explore all possible scientific opportunities for prevention, treatment and cure of this devastating disease.

Neurofibromatosis.—Neurofibromatosis [NF] is a common genetic disorder of the nervous system. Its symptoms vary in kind and degree and may be severely disabling, mildly disfiguring, or can even go undetected. Some individuals with NF have many skin neurofibromas (tumors on the nerves) on the face and body and light brown (café-au-lait) spots on the skin. A variety of skeletal abnormalities may also be present such as bowing of the legs, curvature of the spine (scoliosis), or thinning of the shin bone. The Committee requests that NIAMS work in partnership with the NF community to identify and explore areas of mutual concern and to be prepared to discuss its progress at the fiscal year 2005 appropriations hearing.

Pemphigus Registry.—The Committee urges NIAMS to establish a National Pemphigus Registry to identify the epidemiology, improve the understanding of the potential causes, and assess the value of old and new therapies for the chronic, life-threatening autoimmune disease know as pemphigus.

Scleroderma.—The Committee is encouraged by NIAMS's growing interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening and effective treatments are lacking. More research is critically needed in order to identify the genetic risk factors for scleroderma and to develop safe and effective treatments. The Committee urges NIAMS to collaborate with other Institutes, including NHLBI, NIDDK, and NIDCR, to generate additional research opportunities for scleroderma.

Skin Disease.—The Committee was pleased to learn that the NIAMS conducted a workshop on the "Burden of Skin Diseases." The Committee encourages NIAMS to examine the findings from the workshop and encourages the development of new tools to better measure the burden of skin diseases, and the training of researchers in this important area. The Committee further encourages NIAMS to move forward expeditiously to generate the required data in collaboration with Centers for Disease Control and Prevention [CDC], Agency for Health Care Policy and Research [AHCPR], Health Resources and Services Administration [HRSA],

as well as all other agencies and organizations which participated in the conference.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2003	$370,382,000
Budget estimate, 2004	380,377,000
Committee recommendation	384,577,000

The Committee recommends an appropriation of $384,577,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. The budget requested $380,377,000 and the fiscal year 2003 appropriation was $370,382,000. 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.

Animal Models of Hearing Loss.—It is now clear that peripheral hearing loss leads to profound changes in the central nervous system, including cell death and loss of synapse function. The Committee encourages research to focus on animal models of conductive and senorineural hearing loss, particularly the induced changes in brain physiology that result from deafness during development. Understanding the brain structure and function of deaf individuals is essential to proper implementation of ameliorative strategies such as hearing aid and cochlear implants.

Aphasia.—It has come to the Committee's attention that the state of the science for aphasia, a common and devastating acquired speech and language disorder, has gone virtually unchanged for decades. Based upon previous direction, the NIH recently hosted a symposium to discuss some of the current issues surrounding aphasia. The Committee applauds these initial efforts. However, the Committee also recognizes that decades of insufficient research have resulted in numerous shortcomings in the areas of aphasia research, standards of care, rehabilitation and treatments. The Committee, therefore, urges a coordinated cross-functional effort involving the NIH, specifically NINCD, NIDCD, and NINDS, as well as other appropriate Federal healthcare agencies, specifically AHRQ, HRSA, and CMS, to address these concerns regarding aphasia.

Clinical Evaluation of Hearing Loss.—The Committee realizes that the rapid advances in brain imaging should be used to dramatically improve our understanding of the central nervous system changes that attend hearing loss. These approaches will necessarily extend to atypical language development and the communication disorders experienced by geriatric populations.

Dysphonia.—The Committee continues to be pleased with NIDCD's expanding intramural research program with respect to

dysphonia. The Committee commends NIDCD on the release of a joint program announcement with NINDS, which will lead to a more active extramural research effort on dysphonia, and collaboration with other NIH Institutes on this important disorder.

Early Detection and Intervention.—It is now clear that early treatment of hearing loss is essential for normal language acquisition. The Committee notes that there are many children who develop progressive hearing impairment in the first few years of life, which emphasizes the need for screening every baby born in the United States for hearing impairment before discharge from the hospital. Therefore, the Committee supports expanded research on the early detection, diagnosis, and intervention of infants with deafness and other communication disorders. This should include exploring the role of intrauterine exposure to cytomegalovirus [CMV] in progressive hearing impairment. It is also critical to recognize that otitis media, or middle ear infection, is among the most frequent reasons for a sick child to visit the doctor within the first few years of life. The use of antibiotics to treat this disorder is resulting in more strains of bacteria that cause otitis media to be resistant to first and second line antibiotics. We encourage NIDCD to explore alternative ways to either treat or prevent otitis media, which exacts an estimated public health burden of about $5,000,000,000 a year in the United States.

Environmentally-induced Hearing Loss.—The Committee continues to be concerned by the number of Americans who suffer from chemical- and noise-induced hearing loss. The NIDCD's Wise Ears! Campaign is making significant inroads towards educating Americans of all ages, and the Committee strongly supports its expansion amongst school-age children. The Committee also supports expanded research on prosthetic and pharmacological therapies for hearing loss from noise stress, ototoxic drugs and other environmental traumas.

Hair Cell Regeneration.—The Committee urges NIDCD to continue to give a high priority to new and important directions for inner ear hair cell regeneration in mammals, specifically in the use of gene therapy to restore hair cells in the cochlea with adenovirus vectors and in the development of stem cells to re-grow hair cells of the inner ear.

Hearing Devices.—The Committee encourages the NIDCD to expand research that would improve the benefits of cochlear prostheses and improve remediation of less-than-profound hearing loss through hearing aids and/or new prostheses and drug-delivery systems. We also encourage investigation into the incidence of meningitis in children with specific cochlea implant protocols.

Hereditary Hearing Loss.—The Committee applauds the remarkable progress towards understanding the molecular basis for hereditary hearing impairment. We encourage a sustained effort to screen for the single and multigenetic basis of hearing loss through contemporary techniques, including the development of diagnostic genechips for auditory dysfunction. We also encourage the development of animal models to better assess at the level of structure and function how gene mutation results in impaired central auditory function.

Language Acquisition.—The Committee encourages the NIDCD to explore the biological bases of infant speech perception and language acquisition. This should include studies on the impact of partial or profound hearing loss.

Learning Disabilities.—The Committee is pleased that NIDCD continues to support research activities focused on speech processing and on the development of expressive and receptive language. The Committee encourages continued activity and looks forward to learning the results of this work as they hold significant promise for individuals with learning disabilities. The Committee encourages the Institute to continue to coordinate with other Institutes working on related activities.

Neurofibromatosis.—Neurofibromatosis [NF] is the most common neurological disorder caused by a single gene. It may result in hearing loss, ringing in the ears, dizziness, balance problems, headaches, or seizures. Early removal of small auditory nerve tumors sometimes helps to preserve hearing. Diagnostic magnetic resonance imaging [MRI] techniques have improved early diagnosis of tumors. The Committee urges the Institute to expand its research portfolio in collaboration with the NF community to address issues that are relevant to deafness and other communication problems associated with NF2.

Research is now being conducted to cure deafness in NF2 mice through gene therapy, with enormous implications for gene therapy in general and for patients suffering from meningiomas and other tumors in particular. The Committee therefore encourages NIDCD to expand its NF2 research portfolio through all suitable mechanisms including RFAs and clinical trials.

Presbycusis.—Presbycusis, the gradual loss of hearing from aging, will become more common as the Nation's population grows older. The Committee encourages research on the central and peripheral mechanisms leading to presbycustic hearing loss and on strategies that would prevent hearing loss in our senior population. Studies should be undertaken to study the mechanism underlying the premature cell death that results in many forms of presbycusis so as to develop prevention and cure strategies.

Tinnitus.—The Committee encourages the Institute to expand its research into mechanisms underlying peripheral and central tinnitus.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2003	$130,584,000
Budget estimate, 2004	134,579,000
Committee recommendation	135,579,000

The Committee recommends an appropriation of $135,579,000 for the National Institute of Nursing Research [NINR]. The budget request was $134,579,000 and the fiscal year 2003 appropriation was $130,584,000. 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 individ-

uals 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.

Alzheimer's Disease.—The Committee is pleased that NINR has stepped up its research both on Alzheimer's patients and those who care for them. For example, a nursing research study is now underway comparing four interventions designed for families coping with the effects of Alzheimer's disease and related disorders. Two home-based and two community-based interventions are being assessed according to the physical and psychological well-being of the caregiver and the cognitive/behavioral functioning and well-being of the person receiving the care. Future findings promise valuable information for nursing, social work and other health disciplines about each intervention's usefulness for particular situations.

Adolescent Risk Behavior.—The Committee commends the NINR's research in adolescent risk behavior. Recognizing that many such behaviors are intertwined, the focus of NINR's initiative is on developing interventions that target several risk behaviors simultaneously. Increased understanding of factors that facilitate healthy lifestyle behaviors as well as the modification of risky behaviors will reduce the consequences associated with these risks.

Collaboration With NIMH.—The Committee commends the mentorship program established by the NINR in collaboration with the NIMH to prepare mental health nurse scientists. The Committee urges the NINR to continue to partner with NIMH and psychiatric nursing to build the capacity to address research questions in treating psychiatric populations that correlate to enhanced patient care; and to include improving nursing care for individuals with co-existing medical and mental illnesses in priority areas for funding research. Such interventions are crucial given the high prevalence of mental illness, the burden of mental disorders on patients and their families, and the critical role assumed by nurses in providing psychiatric services in diverse settings and systems of care.

End-of-Life Research.—The Committee continues to strongly support NINR's leadership in coordinating end-of-life research at NIH. Expansion of the NINR research portfolio to include children at the end of life is a groundbreaking research initiative in an area that has not received the attention that it deserves.

Genetics and Nursing Research.—NINR's efforts in genetics emphasize the integration of genetics into nursing research, practice, and education. The NINR Summer Genetics Institute, which provides an 8-week intensive genetics research training program each year, is a key component of the effort to increase genetic expertise within the nursing knowledge base and healthcare practice.

Health of Minority Men.—NINR is urged to continue its successful research in promoting the health of minority men who have a reduced life expectancy compared to women. Research on effective health promotion strategies such as smoking cessation, nutrition, physical activity, and increase management of stress are critical to improving and extending the life cycle of minority men.

Minority Health Disparities.—The Committee commends NINR for its support of research to reduce disparities in the health of minority populations and is pleased that this will receive continued emphasis. It is important to reduce the rate of low birth weight for babies of minority women, which can be 50 percent higher than for white women. NINR's focus on early identification of risk factors and chronic diseases during pregnancy and on health promotion for pregnant minority women will be important to lower the unacceptably high number of low birth weight babies in this country.

Nursing Interventions for Psychiatric Populations.—The Committee commends the mentorship program established by NINR in collaboration with the National Institute of Mental Health [NIMH] to prepare mental health nurse scientists. The Committee urges NINR to continue to partner with NIMH and with psychiatric nursing to: (1) build the capacity to address research questions in treating psychiatric populations, and (2) stimulate research that develops and tests interventions for individuals with co-existing medical and mental illnesses. Such interventions are crucial given the high prevalence of mental illness, the burden of mental disorders on patients and their families, and the critical role assumed by nurses in providing psychiatric services in diverse settings and systems of care.

Nursing Shortage.—NINR is to be commended for its forward-thinking investment in research training as a way to address the nursing shortage. Training support for fast-track baccalaureate-to-doctoral program participants is one important initiative. The 17 recently funded Nursing Partnership Centers to Reduce Health Disparities are another initiative that helps produce an adequate number of nurse researchers and future faculty. Not only will these partnerships between research-intensive schools of nursing and minority serving university schools of nursing train more minority nurses, but they also expand health disparities research.

Self-Management of Chronic Illness.—Self-management is becoming a significant approach to living with illness because it enhances the ability to retain the highest quality of life possible. The Committee is pleased that NINR is taking new approaches in its research on self-management of chronic illnesses that tailors interventions to diverse and vulnerable populations. Results from studies of technological advances that aid self-management, such as technologies that allow monitoring indices of illness at home, are an important adjunct to self-management strategies.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2003	$416,051,000
Budget estimate, 2004	430,121,000
Committee recommendation	431,521,000

The Committee recommends an appropriation of $431,521,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. The budget request was $430,121,000 and the fiscal year 2003 ppropriation was $416,051,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or

eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, neuroscience, and moderate drinking.

Alaska Alcohol and 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 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.

Alcoholic Liver Disease.—Alcoholic liver disease remains a major cause of morbidity and mortality in the United States. The Committee notes that recent research suggests that free radicals are a principal vehicle through which alcohol damages the liver, and that antioxidants look increasingly promising as a potential treatment. The Committee encourages the Institute to expand its research on alcoholic liver disease, particularly regarding the interaction between hepatitis C and alcohol in liver disease.

Behavioral Genetics of Alcoholism.—Genes and the proteins they produce are key players in the biochemical and molecular processes that contribute to development of alcoholism. Identifying variations in them that predispose people to alcohol-use disorders will contribute essential information to design of prevention and treatment strategies. Because only half of the risk of alcoholism appears to be genetic, it is also critical to examine gene-environment interactions. The Committee recognizes the value of large longitudinal, multidisciplinary studies used to identify these risk factors and determine how they interact with each other to result in alcohol-use disorders. The Committee recommends that NIAAA continue its important twin and family genetic studies, broad epidemiological studies, and observational studies that might help elucidate the relationship between genetic and environmental factors particularly in cultural and ethnic minorities.

Behavioral Treatments.—Behavioral, nonpharmacological therapies currently are the most widely used method of treating alcohol dependence and alcohol abuse. The Committee applauds NIAAA's efforts to advance the effectiveness of such therapies by examining approaches to improving clinicians' abilities to engage and retain adults and adolescents in treatment. The Committee recommends that NIAAA expand research to understand the mechanisms of action of successful behavioral therapies as well as behavioral therapies for patients with co-occurring substance abuse and psychiatric disorders. Further, the Committee recognizes the value of NIAAA's

substantial medications development program and research to evaluate the use of new medications in combination with behavioral therapies to sustain recovery.

Health Disparities.—Evidence suggests that alcohol affects genders and subpopulations differently, and that some groups suffer more adverse effects than others. The Committee encourages the Institute to work collaboratively with the NCMHD to study the role of gender, ethnicity, socioeconomic status, and other variables in determining the effects of alcohol use and abuse.

Medications Development for Alcoholism Treatment.—The Committee urges the Institute to encourage studies on the influence of psychological and social factors on the success of treatment, and develop new medications for the treatment of alcoholism and alcohol-related disorders.

Multidisciplinary Research on Fetal Alcohol Syndrome.—The Committee recognizes that fetal alcohol syndrome is among the most common preventable cause of mental impairment. The Committee supports the Institute's efforts to understand the biological mechanisms through which alcohol causes damage to the developing fetus. The Committee continues to urge the Institute to aggressively pursue research that will lead to effective strategies for the prevention and treatment of fetal alcohol syndrome.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2003	$961,721,000
Budget estimate, 2004	995,614,000
Committee recommendation	997,614,000

The Committee recommends an appropriation of $997,614,000 for the National Institute on Drug Abuse [NIDA], the same as budget request. The fiscal year 2003 appropriation was $961,721,000. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and that addiction is a treatable disease. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce dependence, and contributes to understanding how the brain works. In addition, NIDA research identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA's mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings and to assure dissemination of information with respect to prevention of drug abuse and treatment of drug abusers.

Adolescent Decision Making and Drug Abuse.—The Committee recognizes that the scientific understanding gained by the support of behavioral and cognitive research will lead to improved treatment and prevention of drug abuse and addiction. The Committee encourages NIDA to support more research on adolescent decision

making, including the cognitive, behavioral and social processes involved in initiating and continuing drug use.

Asian Americans and Pacific Islanders.—The Committee notes that there is a lack of relevant research and culturally competent service programs to address the increased incidence of substance use and abuse among Asian American and Pacific Islander youth and adults. The Committee urges the Director of NIH and the Administrator of SAMHSA to increase their collaborative efforts to address the critical need for substance abuse research regarding these populations.

Drug Abuse and HIV Interventions.—Women, youth, and minorities account for a growing proportion of new AIDS cases in the United States, and increasing numbers of cases are emerging in rural and smaller urban areas. Therefore, the Committee encourages NIDA to support research to develop and test developmentally and contextually appropriate drug abuse-related HIV prevention interventions or intervention components to reach the broad youth population.

Homeless Populations and Drug Abuse.—The Committee recognizes that homeless adults and youth have disproportionate rates of drug use disorders. The Committee encourages NIDA to accelerate more research on homeless populations, especially those that suffer from alcohol, drug abuse and/or mental disorders, and their ability to access services and treatment.

Information Dissemination.—The Committee urges NIDA to use both the existing National Drug Abuse Treatment Clinical Trials Network infrastructure and the new prevention infrastructures that are currently being established as part of NIDA's new Prevention Research Initiative, to ensure that findings are put into practice in communities across the country. The Committee is pleased that NIDA and SAMHSA/CSAP are already having discussions to make this a reality.

Methamphetamine Abuse.—The Committee continues to be concerned with the rate of methamphetamine abuse across the Nation. The problem is especially acute in Iowa and other Midwestern States. The Committee again urges NIDA to expand its research on improved methods of prevention and treatment of methamphetamine abuse.

New Targets for Medications Development.—The Committee is pleased that NIDA research continues to lead to new discoveries about the brain. Recent advances have revealed new targets for medications development. The Committee urges NIDA to continue to support this important research to unravel the complexity of the brain and identify new systems, molecules, proteins, and genes that can be useful in developing new and better medications to treat drug abuse and addiction.

Prevention Research.—The Committee is pleased that NIDA has launched a multi-component National Prevention Research Initiative that will involve partners at the State and local levels. The committee urges NIDA to expand this initiative to test the effectiveness of new and existing science-based prevention approaches in different communities, while also identifying the core components of effective drug abuse prevention, so that they can be easily adapted to meet local needs.

Relapse.—The Committee encourages NIDA to continue its support of behavioral research that can further our understanding about the underlying cognitive, emotional, and behavioral factors that lead to drug abuse relapses.

Stress.—The Committee encourages NIDA to continue to explore the effects of stress and its relationship on the initiation of drug use and the role that stress plays in triggering relapse to drug use. Such research may lead to development of more effective prevention and treatment, particularly for those who suffer from mental disorders as well as substance abuse.

Tobacco Addiction.—The Committee recognizes the central role that NIDA research has played in paving the way for developing effective treatments for addiction to nicotine. The Committee is pleased with NIDA's participation with other NIH Institutes in activities to more rapidly translate tobacco addiction research into new treatments. The Committee urges NIDA to accelerate its efforts in these areas, particularly research that focuses on prevention of adolescents from starting to smoke.

Translational Research.—The Committee applauds NIDA's efforts to support behavioral science research that provides insight into drug abuse and addiction, especially in the field of tobacco and nicotine addiction. Behavioral and cognitive studies are needed to examine the forerunners and consequences of nicotine use and the nature of the nicotine addiction process, including both genetic and environmental risk factors for nicotine abuse. The Committee encourages NIDA to continue its innovative approaches to move basic behavioral science into clinical application.

Treatments for Adolescent Drug Abusers.—The Committee continues to see adolescent drug abuse as a major public health concern and recognizes the need for developing more treatments that are tailored to the unique needs of adolescent drug abusers.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2003	$1,341,014,000
Budget estimate, 2004	1,382,114,000
Committee recommendation	1,391,114,000

The Committee recommends an appropriation of $1,391,114,000 for the National Institute of Mental Health [NIMH]. The budget request was $1,382,114,000 and the fiscal year 2003 appropriation was $1,341,014,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The mission of the NIMH is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. At the same time, NIMH maintains a clear focus on its ultimate goal: to pursue an understanding that will enable it to prevent mental illness, or to develop rational treatments that will actually cure them once they occur.

NIMH is leading the Federal effort to identify the causes of, and most effective treatments for, mental illnesses. The Committee understands that this search is vital if we hope to be able to find the means to alleviate the pain and suffering of millions of Americans by reducing the impact of mental disorders on them and their families, on our healthcare system, and on our economy. Thanks, in

part, to research funded and conducted over the last 50 years by NIMH there are effective treatments for many of these devastating illnesses.

Through research, NIMH and the scientists it supports seek to gain an understanding of the fundamental mechanisms underlying thought, emotion, and behavior—and an understanding of what goes wrong in the brain in mental illness. The Institute strives, at the same time, to hasten the translation of this basic knowledge into clinical research that will lead to better treatments and ultimately be effective in our complex world with its diverse populations and evolving health care systems.

Adherence and Behavior Change.—The NIMH supports studies of factors that influence decisions about adopting and adhering to treatment and prevention interventions, including individual personality or disease-related factors and type of treatment, as well as factors that may enhance or interfere with adherence to prevention, treatment, or rehabilitative regimens.

Aging Research.—The Committee is pleased that NIMH has created a consortium specifically to oversee aging research at the NIMH, as well as to coordinate with other NIH components that also support research on diseases in the elderly. The Committee is aware that demographics will demand more attention to this area as the number of elderly in the population increases, and supports the increase in aging research at NIMH, and encourages the institute to continue these positive efforts.

Alzheimer's Disease.—NIMH continues to play an important part in efforts to develop effective treatment strategies for Alzheimer's disease. The Institute is currently recruiting Alzheimer's patients to participate in a clinical trial designed to identify the best medication regimen for treating the behavioral problems that co-occur in Alzheimer's disease. The Committee is also pleased to note that through the efforts of its Aging Research Consortium and its collaboration with other NIH Institutes including NIA, NIMH is continuing to expand efforts to develop effective treatments for reducing the burdens of Alzheimer's disease. The Committee is also pleased that the NIMH has taken the lead in Alzheimer's disease biomarkers via its intramural research program.

Autism.—The Committee notes that, that under the leadership of the NIMH, the NIH has quickly carried out the provisions of the Children's Health Act with respect to establishing autism centers of excellence and the Interagency Autism Coordinating Committee. The Committee is also encouraged by grants from the NIMH to investigate treatment options, including pharmaceutical research targeting the unique needs of the autism community in both children and adults. The Committee urges the NIMH to continue to fund behavioral and clinical research as well as other promising areas of research related to autism spectrum disorders.

Behavioral Science.—The Committee encourages NIMH to continue to expand and strengthen its basic behavioral science portfolio to determine the basic psychological functions that become disturbed in mental disorders and realize the potential contribution of research in such areas as the bio-behavioral, cognitive, personality, emotional, and social processes that underlie behavioral functioning.

Clinical and Translational Science.—The Committee is pleased that NIMH is working to expand the number of clinical scientists conducting research in mental disorders. The Committee understands that NIMH is currently working with the Academy of Psychological Clinical Science to explore new training models for clinical researchers. The Committee commends this groundbreaking effort.

Depression and Bipolar Disorder.—The Committee is aware of the recently published findings regarding depression: its prevalence, its economic consequences, and its systemic nature. Depression is now recognized as a multisystem disorder affecting not only the brain, but the entire body. It has been associated with alterations in endocrine, cardiovascular, and immune systems as well as changes in bone metabolism. Researchers funded by NIMH found that the prevalence for major depression for lifetime was 16.2 percent; in any given year, more than 20 million children and adults in the Nation are affected by major depression or bipolar disorder. Depression has been shown to be a leading cause of disability worldwide. Although more people are currently receiving treatment, only 22 percent of respondents with major depression during the past year reported receiving adequate treatment. This is especially troubling in light of the fact that there has been significant progress in the science of treating depression. The Committee urges the NIMH to continue its efforts to understand depression, to develop new treatments, to decrease the impact of depression on comorbid illnesses, and—because depression and bipolar disorders are prominently associated with suicide—to reduce suicide. The Committee is pleased with NIMH's leadership in public education campaign entitled Real Men. Real Depression and encourages the institute to continue these education and information dissemination efforts.

Down Syndrome.—Persons with Down syndrome have a greater risk of developing disorders such as autism, attention deficit disorder, obsessive-compulsive disorder, anxiety and depression. The Committee urges NIMH to conduct research on the mental health symptoms of persons with Down syndrome and to investigate effective treatments. The Committee also urges the Institute to include Down syndrome in its studies of related disorders and to coordinate its work with NICHD, NINDS and the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control.

Drug Metabolism.—The Committee is concerned that a high percentage of admissions to psychiatric hospitals are necessitated by moderate to severe adverse drug effects or prolonged while effective drug dosage is determined for patients. Genetic testing has been promoted as a way to improve drug safety and efficacy; improvements in microarray technology now allow genetic testing across drug response pathways providing a critical tool. The practicality of applying genetic information in clinical practice now depends on a determination as to whether genetic information, in fact, predicts best drug dose or adverse events. The Committee urges NIMH to create a major research focus on the relationship between drug metabolism variation and patients' response to psychiatric medications.

Frontier Mental Health Needs.—The Committee commends NIMH on its outreach efforts to determine the differences in mental health needs which may exist in remote frontier communities, including Alaska. 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. The Committee encourages NIMH to continue its outreach efforts such as those in Alaska and in its recent "Dialogue Four Corners" meeting in Albuquerque, New Mexico which focused on minority populations in the four States comprising that area: Arizona, Colorado, New Mexico and Utah. These efforts have involved bringing research knowledge to the public in local communities, but also in establishing the dialogue between local communities and NIH that is so important to public participation in the NIH priority-setting process. The Committee encourages NIMH to continue these efforts that have been focused on historically underserved populations.

Genetic Schizophrenia.—The Committee urges the NIMH to continue research into the genetics of schizophrenia. The past year has seen the discovery of several genes associated with increased vulnerability to schizophrenia. For each of these genes, vulnerability is associated with a fairly common variation in gene sequence; none of these genes individually will provide a diagnostic test, but collectively they are providing the first picture of the genetic mechanisms for schizophrenia. Understanding how and where and when these genes are expressed in the brain now promises to provide an important new insight into the neurobiology of this illness.

Global Effects of Mental Disorders.—The Committee encourages the NIMH to continue and expand its important work in the area of unipolar depressive disorders. A recent analysis used in the development of the World Health Organization's yearly report entitled "The World Health Report, 2001, Mental Health: New Understanding, New Hope" found that unipolar depressive disorders makes up the largest single cause of disability in the world. Over 36 percent of all years lost to disability in the western world are due to mental illnesses and alcohol and drug abuse. In the world, 20.2 percent of years lost to disability are due to mental illnesses. This is an extraordinarily significant burden on health and productivity in the United States and throughout the world.

Late Life Mental Health Research.—The Committee continues to be concerned about funding for late life mental health research at NIMH but is encouraged by some of the positive steps the Institute has taken to address this issue. Furthermore, the Committee expects the NIMH to provide substantial resources to promote aging research or provide data on existing funds targeted toward geriatric mental health research. Therefore, this Committee strongly encourages NIMH to expand research in this area extramurally through all available mechanisms and to provide adequate resources to the NIMH Aging Research Consortium to advance the geriatric mental health research agenda.

Learning Disabilities.—The Committee commends NIMH for the work conducted to explore the neurological and behavioral aspects of learning disabilities. The Committee looks forward to learning

the results of this work and encourage the Institute to continue to coordinate with other Institutes working on related activities.

Outreach.—The Committee continues to support NIMH's excellent outreach efforts such as the recent "Dialogue Four Corners" meeting in Albuquerque, New Mexico. These efforts have involved bringing research knowledge to the public in local communities, but also in establishing the dialogue between local communities and NIH that is so important to public participation in the NIH priority-setting process. The Committee encourages NIMH to continue these efforts that have been focused on historically underserved populations, with an emphasis on the co-occurrence of mental disorders with substance abuse and with other physical illnesses such as diabetes and heart disease—an area that the committee encourages NIMH to continue to explore.

Prevention Research.—The Committee places a high priority on prevention research, particularly with respect to mental disorders among children and adolescents, in identifying protective factors against the negative impacts of stress among young adults, and in developing strategies to strengthen the family.

Psychological Impacts of Terrorism.—The Committee supports NIMH research related to the psychological impact of both acute and chronic exposure to threats of violence, including terrorism, bioterrorism, and war, with particular emphasis on vulnerable populations, such as trauma survivors, children and older adults. The Committee encourages NIMH to expand its research portfolio to include research related to factors that promote detection or prediction, prevention, and post-exposure recovery and resilience.

Research Portfolio.—The Committee is pleased with NIMH's progress in fashioning its research portfolio, which has balanced the urgent need to focus on severe mental disorders with the obligation to support the basic neuroscience and behavioral research that will ultimately uncover the mechanisms responsible for human behavior and for the development of the entire spectrum of mental disorders.

Science in the Service of the Public.—The Committee supports the NIMH's determination to speed the translation of research results into practical societal benefits, including improved mental health services for those who need them, and commends NIMH for its focus on translating the findings from basic research into the clinical arena.

Social Neuroscience.—The Committee is interested to learn that NIMH is supporting research in the emerging area of social neuroscience, focusing on the neurobiology of complex behaviors. This trandisciplinary research holds much promise for increasing understanding of the connections between the brain and behavior.

Suicide.—The Committee is aware of the recent Institute of Medicine [IOM] study on suicide—"Reducing Suicide: A National Imperative"—which noted that nearly 30,000 people die by suicide each year in the United States alone. Many, many more attempt suicide. More than 90 percent of people who commit suicide suffer from some form of mental disorder, which emphasizes the severe emotional pain and suffering caused by some forms of mental illness. While the body of evidence pointing to specific risk factors has grown, and the number of NIMH grants focused on treating su-

icidal patients has increased, there are no intervention centers focused on advancing the scientific methods necessary to efficiently test approaches to the reduction of suicide risk. The Committee encourages NIMH's leadership in responding to the IOM report and urges it to address the need for building a sufficient research infrastructure to adequately reduce the burden of suicidality (suicide deaths, attempts and serious ideation).

Translating Behavioral Research.—The Committee strongly supports translational research in the behavioral and social sciences to address how basic behavioral processes, such as cognition, emotion, motivation, development and social interaction, inform the diagnosis, treatment and delivery of services for mental disorders.

Traumatic Events.—The Committee supports NIMH's leadership in working quickly to address urgent public health problems. NIMH research has shown that, for some individuals, exposure to violent or traumatic events can result in very significant mental health repercussions. For example, in the area of fear, a great deal has been learned about the neurobiology of "extinction," which enables most of us to recover from a traumatic experience. Those not able to do this develop Post Traumatic Stress Disorder [PTSD]. By studying fear learning and extinction in non-human animals, we now know that PTSD must involve a well-defined specific brain circuit. This information can be very important given our need to address potential psychological repercussions of terrorism and terrorist acts. The Committee is aware of NIMH's leadership in seeking interagency coordination in addressing this urgent issue.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2003	$464,995,000
Budget estimate, 2004	478,072,000
Committee recommendation	482,372,000

The Committee recommendation includes $482,372,000 for the National Human Genome Research Institute [NHGRI]. The budget requested $478,072,000 and the fiscal year 2003 appropriation was $464,995,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—In April 2003, the International Human Genome Project, led by the National Human Genome Research Institute [NHGRI] of the National Institutes of Health, accomplished all of its original goals of the project, ahead of schedule and under budget. The Human Genome Project was an effort to determine the location and sequence of the estimated 30,000 genes that constitute the human genome. This historic achievement, in the month of the 50th anniversary of Watson and Crick's seminal publication of the structure of DNA, opens the genomic era of medicine. April also witnessed the publication of a important new vision for the future of genomics research, developed by the NHGRI. This vision, the outcome of almost 2 years of intense discussions with hundreds of scientists and members of the public, has three major areas of focus: Genomics to Biology, Genomics to Health, and Genomics to Society. It will serve to guide the NHGRI and NIH efforts in the area of genomic science in the years to come. The Committee commends the NHGRI for developing this vision for the future of

genomics and will look to this document as a benchmark for assessment of future investment in the institute.

The NHGRI coordinates extramural and intramural research as well as research training in the area of genomics and genetics. The Division of Extramural Research supports research on genetic sequences of both human and non-human genomes, DNA sequencing technology development, database management and analysis, and studies of the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the Human Genome Project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene-based therapies. The intramural program has also developed a strong clinical research program in collaboration with several other NIH Institutes to study and better understand rare and complex genetic diseases such as diabetes, heart disease, breast cancer, colon cancer, and melanoma.

ELSI.—The Committee remains concerned about the proper use of genetic information and encourages the NHGRI's ongoing efforts, though its ELSI program, to examine the privacy and fair use of genetic information. Other important issues related to human genetics research and its consequences should also be studied, including: the appropriate use of genetic tests; the influence of gene patenting and licensing on the field of genomics, the protection of human subjects who participate in genetic research; the development of policies to guide research into genetic variation; and complex social issues, such as how genetics informs concepts of race and ethnicity.

ENCODE.—The Committee commends NHGRI for creating the Encyclopedia of Data Elements [ENCODE] project, which has a long-term goal of identifying and locating all protein-coding genes, non-protein coding genes and other sequence-based functional elements contained in human DNA sequence. This significant undertaking will help scientists mine and fully utilize the human sequence, gain a deeper understanding of human biology, predict potential disease risk and stimulate new strategies for the prevention and treatment of disease. The Committee would like to receive a report on the progress of this effort prior to next year's hearings, with emphasis on the project's place within the Institute's plan for future activities.

Gene-Environment Interactions.—The NHGRI is commended for its partnerships with other institutes and the Office of Behavioral and Social Sciences Research to push the frontier of genetics research forward by examining gene-environment interactions. Research on the environmental stimuli (such as behaviors, experience of stress, or exposure to certain physical conditions) that lead to the expression of genes is critical if science is to reap the benefits of the mapped genome. The NHGRI is encouraged to work with OBSSR on multidisciplinary training programs to increase the number of skilled scientists who can bridge the behavioral and genetic realms.

HapMap.—The Committee commends NHGRI for creating the Haplotype Map project, which will assess the multiple genetic and environmental factors that influence many common diseases. This new initiative, organized as an international public/private partner-

ship, led and managed by NHGRI, will develop a catalog of the haplotype blocks to be known as the "HapMap." This map will provide a new tool to identify genetic variations associated with disease risk and response to environmental factors and to drugs and vaccines. The NIH plans to require rapid release of data that the HapMap project generates. Ultimately, this powerful tool will allow scientist to understand many common diseases much more completely and will lead to improved treatments for many of these disorders.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2003	$278,279,000
Budget estimate, 2004	282,109,000
Committee recommendation	289,300,000

The Committee recommends an appropriation of $289,300,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB]. The budget requested $289,300,000 and the fiscal year 2003 appropriation was $278,279,000. 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.

Positron Emission Tomography [PET].—The Committee continues to encourage the 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 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.

NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 2003	$1,138,821,000
Budget estimate, 2004	1,053,926,000
Committee recommendation	1,186,483,000

The Committee recommends an appropriation of $1,186,483,000 for the National Center for Research Resources [NCRR]. The budget request was $1,053,926,000 and the fiscal year 2003 appropriation was $1,138,821,000. 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 pre-college students and the general public.

Animal Research Facilities.—The Committee commends NCRR for its support of recent efforts to upgrade animal research facilities at minority health professions schools including the recent competitive supplement to Research Centers in Minority Institutions for developing and improving institutional animal resources. These upgrades are necessary to assist these institutions in complying with Federal regulations and attain accreditation by the appropriate scientific organizations. The Committee encourages NCRR to continue work in partnership with the National Center on Minority Health and Health Disparities to support this important initiative.

Clinical Investigation.—The Committee urges NCRR to continue its efforts to improve the efficiency of clinical investigation by expanding the capabilities of clinical research resources. There are novel ideas and candidate molecules in the academic community that merit expeditious clinical testing. The Committee encourages the NCRR to provide the means to obtain rapid clinical proof of principle that a new molecule or approach is a viable candidate for expanded testing in the clinic.

Cystic Fibrosis.—The Committee strongly encourages NCRR to evaluate clinical research partnerships with minority-serving institutions and to expand its support for clinical trials networks for orphan diseases, such as the cystic fibrosis clinical trials network. This clinical trials system holds promise as a model for other orphan diseases, and the Committee urges that NCRR provide support for the CF network to facilitate its expansion and also to consider strategies for the replication of this network for other orphan diseases.

Extramural Construction.—The Committee has included bill language identifying $119,220,000 for extramural biomedical facility renovation and construction. This amount is the same as the fiscal year 2003 appropriation. The fiscal year 2004 budget proposed to eliminate funding for the program. 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.

Extramural Facilities Construction at Minority Institutions.—The Committee encourages NCRR to give priority consideration to supporting extramural facilities construction projects at historically minority institutions which have developed a comprehensive plan to address the disproportionate impact of cancer in minority communities.

General Clinical Research Centers.—The 79 NCRR-funded General Clinical Research Centers across the country play a critical

role in NIH efforts to translate basic science discoveries into vaccines, treatments, and cures for disease. GCRCs provide regional access to clinical research in 32 of 50 States. Approximately 10,000 researchers use GCRCs each year for patient-oriented research focused on a wide variety of diseases. Over the last four decades, nearly every major medical discovery made in the United States has involved researchers working in the Nation's GCRCs. In recent years, the Committee has expressed extreme concern regarding the inadequate funding provided to the GCRCs. Since 1999, the budget for the NCRR has grown at more than twice the rate of increase for the GCRCs. To reverse this trend and enhance the capacity of these Centers to support research aimed at improving patient care, the Committee has provided $320,000,000 for the GCRC program, an increase of $10,448,000 over the fiscal year 2003 appropriation and $7,272,000 over the budget request. The increased funds should be used to upgrade GCRC facilities with the sophisticated technologies needed to apply the mapping of the human genome to the study of human disease and respond to the threat of bioterrorism; expand staffing as recently mandated by NCRR to assure patient safety; and support local GCRC pilot projects as approved by the NCRR Advisory Council.

Graduate Training in Clinical Investigation Awards.—Over the past 2 years, the Committee has expressed concern that NIH has not moved forward with implementation of the Graduate Training in Clinical Investigation Awards. This program was authorized in the Clinical Research Enhancement Act to provide tuition and stipend support for students seeking advanced degrees in clinical research. The awards were intended to complement the NIH Clinical Research Curriculum Awards, a major NIH initiative aimed at establishing training programs to reverse the shortage of well-trained clinical investigators. The Committee is pleased that 57 Curriculum Awards have been provided to institutions across the country but believes the NIH is compromising the effectiveness of these training programs by failing to fund the complementary student stipend/tuition awards. The General Accounting Office Report on NIH implementation of the clinical research legislation substantiates the Committee's concerns, noting the opinion of several training program directors that inadequate tuition and stipend support for students is "a major constraint." The Committee believes that the graduate training awards authorized in the Clinical Research Enhancement Act should be implemented in fiscal year 2004 with a budget sufficient to support 200 students.

Health Disparities Research.—The Committee commends NCRR for its proposal to establish Comprehensive Centers for Health Disparities Research and looks forward to learning more about this important new initiative.

IDeA Grants.—The Committee has provided $215,000,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is a $6,365,000 increase over fiscal year 2003 and $5,000,000 over the fiscal year 2004 budget request. Within the total provided, $130,000,000 is for the Biomedical Research Infrastructure Network [BRIN] initiative and $85,000,000 is for the Centers of Biomedical Research Excellence [COBRE] initiative.

Islet Resource Centers.—The Committee commends NCRR for establishing 10 sites for isolation, purification, and characterization of insulin-producing cells, and it encourages the Center to expand and extend these efforts by creating additional sites. The Committee also encourages NCRR to facilitate this important research by isolating insulin-producing cells both for distribution to researchers as well as for transplantation, and by improving methods to store and transport insulin-producing cells.

National Primate Research Centers.—The Committee values the critical role played by the eight National Primate Research Centers [NPRCs] and thanks the National Center for Research Resources [NCRR] for the two recent evaluations it sponsored to assess the needs of the NPRCs and NPRCs Users: An Evaluation of the Regional Primate Research Centers Program and a National Academy of Sciences Workshop on Rhesus Monkey Demands in Biomedical Research. Recognizing that the NPRCs have independently developed a 5 Year Advancement Initiative to effectively implement the recommendations set forth in these two evaluations and to address the upgrades and program expansions needed to meet the demanding research needs of the Nation, the Committee expects NCRR to fully commit to the initiative. This commitment ensures that the NPRCs will continue to fulfill the national need for primate resources and expertise, and contribute to the overall effectiveness of the Federal investment in biomedical research.

Plant-Based Medicinal Products.—The Committee continues its interest in accelerating the development and commercialization of plant-based medicinal products, and it encourages the NCRR to actively collaborate with plant scientists in developing novel useful products.

Positron Emission Tomography.—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.

Research Centers at Minority Institutions.—The Committee continues to recognize the critical role played by minority institutions at both the graduate and undergraduate level in addressing the health research and training needs of minority populations. These programs help facilitate the preparation of a new generation of scientists at these institutions. The Research Centers in Minority Institutions [RCMI] Program continues to impact significantly on these problems. The Committee encourages NIH to strengthen participation from minority institutions and increase resources available in this area. The Committee also encourages NIH to work with minority institutions with a track record of producing minority scholars in science and technology.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE [CCAM]

Appropriations, 2003	$113,407,000
Budget estimate, 2004	116,202,000
Committee recommendation	117,902,000

The Committee has included $117,902,000 for the National Center for Complementary and Alternative Medicine. The budget re-

quest was $116,202,000 and the fiscal year 2002 appropriation was $116,202,000. 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, which is charged with assuring that complementary and alternative therapies be rigorously reviewed to provide consumers reliable information.

The Committee expects that funding for existing and new centers supported by NCCAM will be maintained. The Committee further expects NCCAM 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's literature reviews and data-analysis efforts and 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 calls upon NCCAM to increase the number of research grants and centers awarded to CAM institutions. The Committee believes that in order to assure an adequate CAM research infrastructure and to encourage quality research at these institutions, greater support and resources from NCCAM to these institutions are needed.

Ameliorating Liver Disease.—The Committee is aware of efforts to synthesize and calibrate the production of milk thistle for use in clinical trials to demonstrate its value to slow the progression of nonalcoholic steatohepatitis and to reduce the side effects of hepatitis C interferon treatments. The Committee looks forward to a report on the status of this research initiative.

Chiropractic Research Center.—The Committee strongly urges NCCAM to increase support for the chiropractic research center.

Office of Dietary Supplements.—The Committee is supportive of the efforts of NCCAM and the Office of Dietary Supplements [ODS] in the study of the beneficial effects of botanical dietary supplements as alternative medical therapies, and especially in the efforts to promote development and employment of reference standards and analytical methods. The Committee encourages the continued cooperation of NCCAM and ODS with the programs of FDA/CFSAN to ensure the safety of botanical dietary supplements.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2003	$185,714,000
Budget estimate, 2004	192,724,000
Committee recommendation	192,824,000

The Committee has included $192,824,000 for the National Center on Minority Health and Health Disparities. The budget request was $192,724,000 and the fiscal year 2003 appropriation was $185,714,000. 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 affecting the filtering mechanisms of the kidneys, is more prevalent among African Americans than the general population. The Committee urges NCMHD to explore collaboration with NIDDK to conduct support research activities related to glomerular injury.

Hepatitis C.—The Committee remains deeply concerned about the disproportionate burden of hepatitis C among African Americans and Hispanics. The incidence is high and the response to treatment is low. The Committee strongly encourages NCMHHD to work with NIDDK and NIAID to expand research to improve treatment effectiveness and safety, and to partner with CDC and nonprofit groups to implement a prevention and education campaign targeted at high-risk populations.

Minority Health and Health Disparities.—The Committee commends the National Center on Minority Health and Health Disparities for its leadership in addressing the longstanding problem of health status disparities in minority and medically underserved populations. For fiscal year 2004, the Committee continues to encourage NCMHD to implement its successful Research Endowment program as an ongoing initiative. Moreover, the Committee encourages NCMHD to implement the program in a manner that is consistent with the authorizing legislation.

The Committee also commends NCMHD for its successful "Project EXPORT" initiative and urges continued support for this important program. Finally, the Committee encourages the Director of NCMHD to coordinate with the NIH Director and the National Center for Research Resources in support of extramural facility construction and the development of other research infrastructure at minority health professions schools.

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

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

Appropriations, 2003	$63,465,000
Budget estimate, 2004	64,266,000
Committee recommendation	65,900,000

The Committee recommends an appropriation of $65,900,000 for the Fogarty International Center [FIC]. The budget request was $64,266,000 and the fiscal year 2003 appropriation was $65,900,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Adapting research advances in biomedicine to populations at home and abroad requires a continuing commitment to basic science as well as rigorous clinical and applied (epidemiological) studies. Examples are vaccines, anti-infective agents, drugs, and more efficient diagnostic tools, combinations of interventions, and health policies to reduce the risk of disease and its associated human, social, and economic consequences. These challenges will benefit from a more coordinated and multi-disciplinary approach to global health needs. It is the mission of the FIC to address these challenges by forging collaborations with a range of domestic and global partners in international research and training to pursue three core objectives: first, to accelerate the pace of discovery and its application by special projects enabling scientists worldwide to share conceptual insights, analytic methods, data sets, patient cohorts, or special environments; second, to engage and assist young as well as more established U.S. investigators to address scientific challenges related to global health; and third, to help develop a cadre of highly capable young foreign investigators positioned to cooperate with U.S. scientists in areas of the world that, due to geography, genetics, or disease burdens, provide unique opportunities to understand disease pathogenesis, anticipate disease trends, or develop interventions of relevance and priority for both the United States and the collaborating country.

Chronic Obstructive Pulmonary Disease.—The Committee notes that Chronic Obstructive Pulmonary Disease [COPD] is the fourth leading cause of death worldwide, and encourages the FIC expand its COPD research and training activities.

Tuberculosis.—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 encourages the Center to continue these important studies. The Committee is aware that FIC offers TB supplemental training grants to recipients of AIDS International Training and Research Program [AITRP] or International Training and Research Program in Emerging Infectious Diseases [ERID]. The Committee encourages FIC to develop a specific free-standing TB training program.

The Committee recognizes the growing importance of international research surveillance programs with respect to infectious diseases such as tuberculosis. The Committee is pleased by the Center's research collaboration with international organizations and governments on multi-drug resistant TB and encourages the Center to continue these important studies.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2003	$308,335,000
Budget estimate, 2004	316,040,000
Committee recommendation	320,035,000

The Committee recommends an appropriation of $320,035,000 for the National Library of Medicine [NLM]. The budget requested $316,040,000 and the fiscal year 2003 appropriation was $308,335,000. Included is $4,000,000 for improvement of information systems. The recommendation includes $8,200,000 in transfers available under section 241 of the Public Health Service Act. 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.

Back-up Facility.—The increasing threat to Federal computer systems raises serious concerns about maintaining access to vital health information during an emergency. The Committee supports NLM's efforts to establish a remote back-up facility to ensure the continued availability of such critical national biomedical resources as MEDLINE and GenBank, as well as valuable information services to the public, including MEDLINEplus and ClinicalTrials.gov. The Committee also recognizes the need to provide ongoing resources to maintain such a facility once an initial investment is made to establish remote back-up capability.

Bioethics Research.—The Committee urges the NLM to maintain strong support for the National Reference Center for Bioethics Literature [NRCBL] and the Bioethics Information Retrieval [BIR] Project. The BIR Project provides critically important enhancement to NLM's indexing of journal articles, thus facilitating searches on the Bioethics Subset of the NLM's MEDLINE database.

Clinical Vocabulary Standards.—The Committee continues to note the contribution of NLM to the development of standardized clinical data vocabularies that play a key role in improving interoperability of medical information systems. The Committee supports NLM's efforts to expand the Unified Medical Language System [UMLS] to enable it to serve as a major vehicle for facilitating the exchange of clinical health information. Through common standards, patient care will be improved, errors will be reduced, and the communication of health information among disparate health care systems will be greatly enhanced.

Digital Human.—Advances in medical research depend increasingly on using simulations to integrate the flood of biomedical research information in ways that can greatly enhance research aimed at understanding human health and curing disease, improve the practice of medicine, contribute to health and science education and training. The Committee acknowledges the pioneering work NIH has done in this area including at the: NIGMS, NINDS, NHLBI, NCRR, and NLM. Stronger NIH-wide management and coordination of this work could, however, achieve efficiencies and

speed progress, and minimize duplication and costs in this critical and rapidly expanding research field and coordination with all NIH institutes and centers. The Committee encourages the NLM to develop consensus standards, ensure that simulation components developed by different groups work together efficiently, manage a review and error correction process, and provide a publicly available repository of models, simulations, and associated data. The Committee encourages NIH to develop a plan describing how coordination can best be achieved. The Committee further requests NIH to consider convening a conference of experts in biomedical simulations related fields to gather advice about where strengthened coordination of research and information is most needed and options for undertaking an NIH-wide effort to implement these recommendations.

Expanding Library Facility.—The Committee was pleased to receive the reports it requested on expanding the facility for the National Library of Medicine, and to learn that the design work will be completed by August 2003. If NLM's cutting-edge biotechnology and other communications programs are to make their maximum contribution to advancing the Nation's biomedical research agenda, it is clear that the Library must have adequate facilities. In this regard, the Committee believes that construction should begin now on an expedited schedule. The need is mission-critical and a delay could significantly increase the cost.

Home Medical Consultations.—The Committee expects the NLM to support an expansion of a demonstration called for in last year's report 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.

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

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

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

Senior Citizen Outreach.—The Committee again notes that senior citizens would benefit greatly from expanded access to NLM's databases, and it supports NLM's efforts to pursue this goal. The Com-

mittee encourages innovative means to reach older Americans, including Internet access at senior centers and congregate meal sites.

OFFICE OF THE DIRECTOR

Appropriations, 2003	$266,232,000
Budget estimate, 2004	317,983,000
Committee recommendation	323,483,000

The Committee recommends an appropriation of $323,483,000 for the Office of the Director [OD]. The budget request was $317,983,000 and amount appropriated in fiscal year 2003 was $266,232,000. 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.

Autism.—The Committee encourages NIH to expand the research portfolios at the existing Centers for Excellence in Autism as well as the existing collaborative programs for excellence in autism. Pursuant to the Children's Health Act of 2000, the Committee strongly encourages NIH leadership, and particularly participant institutes including, NICHD, NIMH, in coordinating and financing a tissue bank program that will synchronize autism spectrum disorder brain banking, data management, and track research among all participants in the tissue collection program. The Committee further encourages NIH to work closely with its Interagency Autism Coordinating Committee in developing, implementing, and funding its matrix for autism spectrum disorder research. The Committee also encourages NIH to look at collaborative opportunities for joint projects and conferences with national autism organizations that will foster greater participation in research activities by investigators entering the field.

The Committee further urges the NIH to provide more attention and resources to autism research. In particular, to support and expand the Startt centers and ensure that all large autism projects adhere to principles of sharing of data and genetic material. Data sharing is one of the most effective and economical ways to increase the rate of discovery. The opportunity now exists to create large, integrated data sets encompassing data from CPEA, STARTT, CADRE and NIEHS centers.

Autoimmune Diseases.—The Committee strongly urges the Director to oversee the implementation of the December 2002 NIH Autoimmune Diseases Research Plan, which was requested in the Children's Health Act of 2000.

Chronic Fatigue Syndrome.—The Committee is disappointed that since NIH released its long-awaited CFS program announcement in December 2001, it has yet to reverse 8 years of declining CFS research funding. The Committee urges the NIH to issue an RFA that would emphasize multidisciplinary studies to understand the cause and progression of CFS in adults and children as well as identify diagnostic markers and effective treatments.

Chronic Myeloproliferative Disorders [MPDs].—Last year, the Committee requested a report from NIH regarding its plans to expand research into the Chronic MPDs, specifically identifying the disorders of Polycythemia Vera, Idiopathic Myelofibrosis, and Essential Thrombocytosis. The Committee notes that the NIH submitted its response to this request in April 2003. However, the Committee believes this report is remarkably unresponsive and blatantly fails to address the substance of the Committee's request. In fact, the report relies on work undertaken by the Leukemia, Lymphoma and Myeloma Progress Review Group [LLMPRG], yet the LLMPRG failed to even consider the Chronic MPDs in their review. The Committee also finds it alarming that the NIH would suggest that the funding of a clinical trial involving patients with Juvenile Myelomonocytic Leukemia [JML] has any relationship at all to the Committee's inquiry into Chronic MPDs, as JML is a pediatric leukemia and not a Chronic MPD. The Committee encourages NIH to expand research into the disorders of Polycythemia Vera, Idiopathic Myelofibrosis and Essential Thrombocytosis. The Committee requests that NIH submit a more detailed report on their plans to address this disorder.

Clinical Research.—The promise of medical research is greater now than ever before. Strong and sustained investments of taxpayer dollars in basic biomedical research over the past five decades have generated a wealth of knowledge about the fundamental mechanisms of human health and disease. To reap the full harvest of these discoveries, the public now requires careful attention to and investment in the translation of these fundamental scientific advances into improved patient care, a task carried out in large part through clinical research conducted by the Nation's academic health centers. The Committee notes, however, that an increasing number of impediments to the translation of these remarkable research discoveries into practice, including rising costs, unfunded regulatory mandates, fragmented clinical research infrastructure, incompatible data bases, and a severe and growing shortage of qualified clinical investigators and willing participants. The Committee recommends that the NIH Director develop recommendations for addressing these impediments, with special consideration give to: providing clinical research infrastructure support grants to eligible institutions; support and/or restructuring of the institutional review board system; and work with the NIH, FDA, NSF, and DOD on regulations governing clinical research. The Committee expects a report by April 2004.

Cooperation With the Veterans Health Administration.—The Committee applauds the increasing research collaboration between the NIH and the Veterans Health Administration, and it notes that the VA system of 173 hospitals and 771 clinics represents a significant resource to facilitate and accelerate research. The Committee urges increased cooperative efforts between NIDDK, NCI and the Veterans Health Administration to screen, diagnose, and manage the medical issues associated with hepatitis C and liver cancer.

Distribution of Resources.—The Committee is concerned, in light of the doubling of the agency's budget over the past 5 years and the rapid encroachment of new medical research challenges such as SARS and threats of bioweapons, that the agency has not moved more rapidly towards encouraging funding of large scale collaborative efforts to address these and other medical challenges. While the pace of new challenges has increased, review time for proposals submitted to the Institutes at NIH continues to average about 18 months. The Committee strongly encourages the Director to develop means of encouraging large scale multi-institution projects to address significant areas of medical research and to devise means of reducing the time frames between a submission of a proposal and the grant award.

Education and Health.—The Committee is interested in the trans-NIH request for applications, initiated by the Office of Behavioral and Social Sciences Research [OBSSR], to better understand how education contributes to health. Better scientific understanding of the causal pathways between education and health could lead to new or improved prevention and therapeutic intervention strategies for important health problems. In some but not all studies of clinical treatments, those with lower levels of educational attainment demonstrated poorer outcomes. The Committee looks forward to hearing about new research directions in this important arena.

Epilepsy.—The Committee recognizes that while the NINDS is the primary Institute for addressing epilepsy, several other Institutes are also involved in related research. They include the NICHD, the NHGRI, the NIMH, and the NIA. A multidisciplinary approach to understanding this complex disorder can allow the more rapid translation of research to patient care. The Committee urges the Director to coordinate research efforts in epilepsy among these Institutes, and to implement the NINDS research benchmarks resulting from the March 2000 conference "Curing Epilepsy: Focus on the Future."

Genomics.—The Committee has long been supportive of the extraordinary work done by NHGRI to sequence the human genome and to unlock the secrets held within the sequence. The Committee recognizes the important role that genomics and genetics plays in the progression of disease and believes that every institute has a key role to play in moving genomics to the clinical setting through the use of next generation technologies. The Committee urges the Director to continue to ensure that the institutes and centers are pursuing every available opportunity to advance this critical research.

Human Embryonic Stem Cell Research.—The Committee believes strongly that embryonic stem cell research offers enormous promise

for the more than 100 million Americans who suffer from chronic diseases. The Committee remains concerned that the current administration policy relating to embryonic stem cell research is too limiting and is significantly slowing the pace of this research. While the administration initially stated that approximately 70 embryonic stem cell lines would be available under the President's policy, only 11 are currently available. Moreover, the Committee has heard testimony that current embryonic stem cell lines are not sufficiently genetically diverse for therapeutic uses. Also, most all of the currently available stem cell lines are contaminated with mouse feeder cells, making it uncertain whether the FDA will permit them to be used in therapeutic applications. The Committee urges the administration to expand its embryonic stem cell research policy to allow additional stem cell lines to be available for research.

The Committee is also deeply concerned with the slow pace of implementation of the current policy. The Committee was informed by NIH this year that NIH anticipates spending just $17,000,000 on human embryonic stem cell research, far short of the $100,000,000 budget originally announced by the HHS Secretary. The Committee was particularly troubled to learn that the National Cancer Institute is projecting no funding for human ES cell research in fiscal year 2003. Over the past several years, the Committee has heard from multiple witnesses, including former NIH and NCI directors, about the promise of human ES cell research to better understand and treat cancer. The Committee expects to hear from NCI during the fiscal year 2005 hearings on their plan to vigorously implement a human ES agenda.

Human Tissue Supply.—The Committee remains interested in matching the increased needs of NIH grantees, intramural, and university-based researchers who rely upon human tissues and organs to study human diseases and search for cures. The Committee is aware that one of the leaders in this competitive field, the National Disease Research Interchange [NDRI], is uniquely positioned to obtain this valuable and effective alternative research resource. More than 500 peer-reviewed research advances made by NDRI-dependent researchers have been published during the past 4 years contributing to the research community's fund of knowledge. The Committee is encouraged by NDRI's role in these research advances and applauds the Director's expanded support for NDRI by bringing NEI, NIDDK, NIAID, NIAMS, and the Office of Rare Diseases into the multi-institute initiative. While this is promising, more needs to be done to match the demand for the use of human tissue in research. The Committee, therefore, urges the Director to increase the core support NDRI receives from NCRR, and to continue to encourage the Institute Directors to identify and implement program-specific initiatives intended to expand support for NDRI.

Inflammatory Bowel Disease.—The Committee continues to note with interest a scientific research agenda for Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease) entitled "Challenges in Inflammatory Bowel Disease [IBD]." This report identifies strong linkages between the functions of the immune system and IBD. The Committee encourages the Institute

to expand its research partnerships with the IBD community in fiscal year 2004 and increase funding for research focused on (1) the immunology of IBD and (2) the interaction of genetics and environmental factors in the development of the disease. The Committee looks forward to reviewing a report from the Institute on the progress made in these areas as requested in the fiscal year 2003 Senate Labor-HHS Committee report.

Irritable Bowel Syndrome [IBS].—The Committee is pleased with the increased focus on irritable bowel syndrome [IBS] at the NIH's Office of Women's Health. It is estimated that over 60 million Americans, disproportionately women, suffer from IBS.

Long-Term Maintenance of Behavior Change.—The Committee is pleased that 10 Offices and Institutes have contributed to OBSSR's trans-NIH research initiative on the challenges of maintaining positive behavior change, particularly regarding the strategies people use to maintain diet or exercise regimens.

Lymphatic Diseases and Lymphedema.—The Committee commends the NIH for its recent initiatives to support research on lymphatic diseases and lymphedema, as described in its April 2003 Report to Congress. However, these accomplishments, while notable, do not adequately address the current research imperatives that can lead to effective therapeutic options for the large, underserved patient population that is affected by these diseases. The Committee urges the NIH to give higher priority to this area of study. The Committee is also disappointed that the April 2003 report did not adequately outline short- and long-term plans to stimulate and support basic and translational research for lymphatic diseases, as requested in last year's Senate report language. Therefore, the Committee requests the Director to provide another report by April 1, 2004, that describes specific plans for lymphatic disease research initiatives. In this regard, the Committee urges the NIH to consider programs that will provide essential resources to sustain this field and will stimulate the future study of the lymphatic system, with particular emphasis on the abnormal development thereof. The Committee notes that the key factors limiting such study include the lack of: (a) suitable animal models; (b) functional imaging of the lymphatic system; (c) a national patient registry and tissue bank; and (d) academic career development in the area of lymphatic diseases. The Committee encourages a broad, trans-NIH involvement in all these efforts, given that a greater understanding of lymphatic function and disease will also contribute to a greater understanding of many interrelated diseases, such as cancer, AIDS, and autoimmune diseases, and of related processes, such as inflammation and infection.

Microbicides for the Prevention of HIV.—HIV is a serious and growing women's health issue. As of the end of 2002, half of the world's HIV/AIDS-infected people were women. The typical woman who gets infected with HIV has only one partner—her husband. This trend devastates families and puts children at risk. Consensus has emerged across the public health, biomedical, and behavioral research communities that the range of preventive interventions for HIV transmission must be expanded, with particular focus on options women can control, such as microbicides. Microbicides are a class of products under development that would be applied topi-

cally to inactivate or block transmission of HIV and other infections. More than 60 potential microbicides are in various stages of development at public and private research entities around the globe. Designed for maximum safety and effectiveness, these products are also being designed to be inexpensive, readily available, and widely acceptable. With increased funding and coordination, the first such product could be available to the public in 5 to 7 years. Microbicides would be critical both until a range of HIV-preventive vaccines becomes available and as a necessary and complementary preventive technology thereafter. The National Institutes of Health, principally through the National Institute of Allergy and Infectious Diseases [NIAID], spends the majority of Federal dollars in this area. The Committee commends the NIH for increasing the funds available for microbicide research and development, and it supports additional increases in funding for this area through OAR, NIAID, NICHD, NIMH, NIDA, and ORWH. The Committee continues to be concerned that microbicide research at NIH is conducted with no single line of administrative accountability or specific funding coordination. To address this, the Committee urges the Director of NIAID to consider establishing a microbicides branch dedicated to research and development, with appropriate staff and funding. The Committee continues to request that NIH's Office of AIDS Research provide to the Committee, not later than 60 days after enactment of this legislation, a Federal plan for coordination and acceleration of microbicide research and development, as requested repeatedly by this Committee.

Minority Health and Racial Disparities.—Research advances should be applied more expeditiously to ensure greater improvements in health outcomes across all communities of color and the general public. The Committee urges the NIH to improve, strengthen and expand its systems of information dissemination and outreach to health care providers, minority organizations, and the public.

Minority Institution Research Centers.—The Committee continues to be pleased with the NIH Director's implementation of various programs focused on developing research infrastructure at minority health professions institutions, including Research Centers at Minority Institutions, Extramural Biomedical Research Facilities, and the National Center for Minority Health and Health Disparities. Because there are a number of new competitive mechanisms for NIH to work with these research institutions, the Committee recommends that the NIH Director work closely with the Director of the National Center on Minority Health and Health Disparities to establish a program of coordination among these various mechanisms to partner with minority health professions schools to address their infrastructure needs.

Multidisciplinary Research Training.—The Committee commends the renewed emphasis NIH is placing on tailoring new training opportunities for scientists in the 21st century. The OBSSR is working to build a Ph.D.-Plus program that would allow behavioral scientists to earn a masters or certificate in another field of science, or to allow a biomedical scientist to earn a master's in one of the behavioral or social sciences. Such highly focused training programs can help fill gaps in scientific knowledge by building a work-

force that can bridge the knowledge and strategies of multiple scientific disciplines. The Committee encourages the OBSSR to continue these efforts.

NIH/DOE Medical Technology Partnership.—The Committee expects the NIH to continue to collaborate with the Department of Energy 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 Committee continues to strongly support the important work of this Office. Use of dietary supplements has increased significantly among Americans who want to improve their health and prevent disease. There is a great need for additional research to better inform consumers of the health benefits of supplements. Accordingly, the Committee has provided additional funds to expand this Office's efforts. In particular, the Committee expects the ODS to continue its 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 also expects the Office of Dietary Supplements to contract with industry nonprofit associations or foundations who currently have and maintain databases of dietary supplement labels to develop, create, regularly update, maintain, and make available to government and research entities a database of all supplement labels sold in the United States. The creation of this database would allow ODS to have access for research purposes of all known supplements manufactured in the United States and to allow access by other Federal agencies for ensuring safety to consumers (through the mandatory listing of ingredients in these products on the label) who purchase supplements manufactured and/or sold in the United States.

Office of Rare Diseases.—The Office of Rare Diseases [ORD] plays an important role in bringing funding and attention to rare disease research, in cooperation with the institutes and centers. The Committee is concerned, however, that ORD has not directed sufficient attention to rare liver diseases such as autoimmune hepatitis, primary sclerosing cholangitis, and primary biliary cirrhosis. The Committee urges ORD to work closely with NIDDK to develop an appropriate response to address these significant diseases and to work toward a comprehensive research agenda.

Orphan Diseases.—The Committee applauds the Office of Rare Diseases for its efforts to support the translation of basic research findings into improved treatments for orphan diseases. The Committee urges the Office to increase its support for demonstration or pilot projects aimed at the development of interventions for orphan diseases, including cystic fibrosis.

Outreach to Hispanics.—The Committee is pleased with the leadership that NIH has shown, through its Projecto Ciencia initiative, to provide state-of-the-art health material to Hispanic consumers and information to Hispanic health professionals on NIH research opportunities. The NIH is encouraged to increase funding for this initiative with expanded emphasis on increasing outreach to Hispanic consumers, Hispanic participation in clinical trials, NIH

training and research opportunities, especially as principal investigators. These efforts will support the NIH plan for eliminating racial and ethnic disparities.

Parkinson's Disease.—The Committee is aware that the Parkinson's Disease Research Agenda developed by NIH in 2000 included professional judgment funding projections that totaled an additional $1,000,000,000 over 5 years to achieve a cure. The Committee strongly urges the NIH to come as close as possible to fulfilling that Agenda while maintaining the standards of peer review.

The Committee is greatly concerned, therefore, to learn that despite strong congressional support for the aims of the Research Agenda, the NIH's projected Parkinson's funding of $242,000,000 for fiscal year 2004 again falls substantially short of the $400,000,000 professional judgment budget estimate cited by the Research Agenda for that year.

The Committee commends the Director, NIH, for stating his commitment to develop and implement a thorough plan for Parkinson's research, and for the initial steps taken. However, the NIH has failed to devote the resources necessary to implement it and has failed to date to fill a key leadership position, Director of NINDS.

The Committee strongly urges the NIH to devote additional resources to Parkinson's research, as recommended by the Research Agenda, using all available mechanisms, including RFAs, further support of initiatives such as those begun at NINDS and NIEHS, and the Genome Institute's proteomics initiative, among others.

The Committee expects the NIH to report to Congress by April 2004, on the steps it is taking to fulfill the Parkinson's Disease Research Agenda and to implement the Director's plan for Parkinson's research.

Practice-Based Clinical Research Networks.—Clinical research is more important now than ever before to translate advances in basic science into better diagnosis, prevention, treatment, and cure of disease; and to provide high-quality evidence of diagnosis and treatment effectiveness to fully integrate into daily practice decisions. Placing clinical studies at the community practice level will ensure adequate representation of patients from all age, sex, and cultural groups in clinical studies, and will also increase the number of practicing clinicians who are trained to undertake clinical research. A model for such networks was established by the Agency for Healthcare Research and Quality [AHRQ]. The Committee urges the Director of the National Institutes of Health to adopt the AHRQ model networks to include specialty practitioners who care for the most common health problems of the American people.

Scleroderma.—The Committee strongly supports the development of new research initiatives to support interdisciplinary research centers that will focus on scleroderma, a chronic, degenerative disease of collagen production, that strikes mainly women and affects multiple systems including digestive, kidney, heart, lung, and skin often leading to premature death.

Skeletal Diseases.—Given that skeletal diseases can lead to or be linked to other diseases such as depression and cancer, the Committee calls for the expansion of trans-NIH studies investigating these linkages.

Temporomandibular joint disorders [TMJ].—The May 2003 report to Congress on Temporomandibular Joint Disorders explains that many Institutes, Centers, and Offices at NIH support research that, although not necessarily directed toward TMJ disorders, relates to this complex set of conditions. But while the research initiatives continue to grow, they lack sufficient integration, the report concludes. The Committee agrees with this finding. The multifaceted nature of TMJ disorders requires an approach that coordinates the work of the many interested parties at NIH. Unfortunately, the Temporomandibular Joint Diseases Interagency Working Group, the creation of which was first requested in fiscal year 1998 report language from Congress, has not yet succeeded in uniting NIH researchers behind a common vision for addressing TMJ disorders. While many of the individual TMJ research initiatives launched or planned by the NIH over the past several years are commendable, there is no clear plan to insure that they are the most appropriate initiatives to pursue, that they do not duplicate research that is already being supported, or that they will actually be implemented in a timely manner. For example, the May 2003 report to Congress states that "[t]he NIDCR in conjunction with the ORWH has begun to work with patient advocacy groups and professional organizations to develop a workshop on stigmatization of the TMJ disorders." This is the exact same language used in the May 2002 report to Congress, and there is still no date for the workshop.

Because of these concerns, the Committee strongly urges the Director to oversee the development of a TMJ research agenda that would guide further research planning at the NIH, as well as the entire scientific community. Such an effort can draw upon the TMJ research recommendations from recent conferences and should include input from, at a minimum, all of the Institutes, Centers, and Offices that support research that could be directed toward TMJ disorders, as well as the TMJ Association. The Committee expects this agenda to include specific short- and long-term goals and the designation of "primary leads" to carry out those goals.

Translational Research Initiative.—The Committee in the past has noted that while research supported by NIH has produced a wealth of knowledge about the fundamentals of human health and disease, the accumulation of scientific knowledge for its own sake is of little value unless it finds its way to hospitals and physicians, where it can be put to use in finding treatments, cures and prevention strategies for patients. Therefore, the Committee urges the Director to devote a significant amount of resources for translational and clinical research designed to develop and deliver new treatments and cures with scientific and therapeutic promise to patients with serious illnesses.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that attacks many of the body's vital organs including brain, heart, kidneys, lungs, eyes, and skin. TSC is characterized by tumor growth and lesions of the central nervous system that can result in seizures, autism, mental retardation, and kidney failure. An estimated 50,000 Americans are thought to suffer from TSC, making it more prevalent than cystic fibrosis and Lou Gehrig's disease. But because it is not widely known by the

general public, nor commonly recognized by medical professionals, the number of individuals with TSC could be far greater. The Committee is concerned that insufficient funds are being devoted to research on TSC, and that because of its far-reaching effects on multiple organ systems the key to research breakthroughs may rest with several institutes. The Committee therefore strongly urges the NIH Director to formulate an NIH-wide research agenda, including an appropriate mechanism to coordinate research efforts across institute lines, and report by April 2004.

Young Investigators and Clinical Scientists.—The Committee understands that there is an urgent need for more young investigators and clinical scientists, and therefore urges NIH to establish a trans-NIH initiative to allocate more funds for training and transitional grants and debt repayment programs, and revise eligibility guidelines, funding levels and scope to further their effectiveness.

OFFICE OF AIDS RESEARCH

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. The Committee requests that the Director 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.

BUILDINGS AND FACILITIES

Appropriations, 2003	$628,687,000
Budget estimate, 2004	80,000,000
Committee recommendation	89,500,000

The Committee recommends an appropriation of $89,500,000 for buildings and facilities [B&F]. The budget requested $80,000,000 and the fiscal year 2003 appropriation was $628,687,000.

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.

The Committee has included full-scope bill language within this appropriation to give flexibility to the NIH to continue work on the John E. Porter Neuroscience Research Center. Funds have also been included for the building 10 transition program, asbestos abatement, fire protection and life safety, rehabilitation of the animal research facility and air quality improvement programs. Funds have also been included to eliminate barriers to persons with disabilities.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 2003	$3,211,740,000
Budget estimate, 2004	3,409,315,000
Committee recommendation	3,274,590,000

The Committee recommends $3,274,590,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2004. The comparable level for fiscal year 2003 was $3,211,740,000 and the administration request was $3,409,315,000. The recommendation includes $117,050,000 in transfers available under section 241 of the Public Health Service Act. 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 has provided funding for programs of regional and national significance under each of the three SAMHSA centers: mental health services, substance abuse treatment and substance abuse prevention. Separate funding is available for the children's mental health services program, projects for assistance in transition from homelessness, the protection and advocacy program, data collection activities undertaken by the Office of Applied Studies and the two block grant programs: the community mental health services block grant and the substance abuse prevention and treatment block grant.

The Committee 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 to fund projects to increase knowledge about effective ways to deliver services to rural and native communities.

The Committee continues to strongly support the ongoing collaboration between SAMHSA and the National Institutes of Health, specifically the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism. The Committee urges SAMHSA to make concerted efforts to reduce the current 15- to 20-year lag between the discovery of an effective treatment or intervention and its availability at the community level.

The Committee is troubled by SAMHSA's letter to the National Academy of Sciences Institute of Medicine recommending that it include traditional advocacy groups and the alcoholic beverage industry as peer reviewers for the NAS/IOM report on a national strat-

egy to reduce and prevent underage drinking prior to the report's release. The Committee provided funding to the NAS for this report in fiscal year 2002 because it values the NAS's reputation for objectivity, independence, and competence, and it has confidence that the NAS will offer the most appropriate science-based findings and recommendations. SAMHSA should not recommend the involvement of groups with potential conflicts of interest in the peer review process. The Committee believes the NAS has developed appropriate policies for the conduct of the peer review process that will ensure a balanced, objective and science-based report.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2003	$856,487,000
Budget estimate, 2004	834,006,000
Committee recommendation	855,711,000

The Committee recommends $855,711,000 for mental health services. The comparable level for fiscal year 2003 was $856,487,000 and the administration request was $834,006,000. The recommendation includes $21,850,000 in transfers available under section 241 of the Public Health Service Act. Included in the recommendation 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.

Programs of Regional and National Significance

The Committee recommends $237,667,000 for programs of regional and national significance. The comparable level for fiscal year 2003 was $244,443,000 and the administration request was $211,757,000. 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 notes that approximately 22 percent of U.S. adults—about 44 million people—are affected by a diagnosable mental disorder. Approximately 5 to 7 percent of adults in a given year have a serious mental illness. Yet nearly two-thirds of adults with diagnosable mental disorders do not seek treatment. One in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, but fewer than 1 in 5 of these children receive needed treatment. The cost of untreated mental illness is immense: estimates show that mental illness annually costs employers about $300,000,000,000 in absenteeism and lowered productivity. When compared with all other diseases (such as cancer and heart disease), mental illness ranks first in terms of causing disability in the United States, Canada, and Western Europe.

These figures underscore the urgency of treating mental illness. The U.S. Surgeon General's Report on Mental Health identified stigma as a major barrier to people receiving mental health treatment. Stigma can discourage individuals and their families from

seeking help and can also result in inadequate insurance coverage for mental health services. The Committee understands that the President's New Freedom Commission on Mental Health will be issuing its final report shortly with recommendations to improve America's mental health service delivery system for individuals with serious mental illness and children with serious emotional disturbances. In the interim, the Committee believes it is time to launch a national public awareness campaign to build public support for treatment, recovery and community-based mental health services to overcome the stigma associated with mental illness. The Committee has provided $2,500,000 to SAMHSA to develop and advertise a public service campaign to destigmatize mental illness.

The Committee continues to support funding for mental health counselors for school-age children, as part of an effort to reduce the incidence of youth violence. The Committee intends that $95,000,000 be used for counseling services for school-age youth. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and therefore is providing continued funding to help schools in that effort. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach.

The Committee notes that suicide continues to claim almost 30,000 lives each year, making it one of the top 15 causes of death in the United States. An additional 500,000 Americans attempt suicide annually. For 15- to 24-year-olds, suicide is the third leading cause of death. The Committee continues to support State and local efforts to reduce the occurrence of this premature and unfortunate loss of life. The Committee has included $3,000,000 to continue supporting the National Suicide Prevention Resource Center. This important initiative supports technical assistance in developing, implementing and evaluating effective suicide prevention programs. The Resource Center serves as a training and field support and acts as a clearinghouse for all pertinent best practices information regarding suicide prevention, and it promotes evaluation of suicide prevention programs to ensure that effective techniques, strategies, and recommended best practices are made available to users. The Committee also continues funding at last year's level for the Suicide Prevention Hotline program.

The Committee appreciates CMHS's commitment to improving the quality, effectiveness and availability of therapeutic services delivered to traumatized children and adolescents; furthering the understanding of the individual, familial, and community impact of child and adolescent traumatic stress and the methods used to prevent its consequences; and reducing the frequency and consequences of traumatic events on children and adolescents. The Committee recommendation includes $30,000,000 to continue and build on the National Child Traumatic Stress Initiative.

The Committee continues to recognize the importance of consumer/peer-run programs that help people with mental illnesses live successfully in the community. These low-cost services have an impressive record of assisting people with mental disorders to decrease their dependence on expensive social services and avoid psychiatric hospitalization. The Committee provides $2,000,000 above

the budget request to continue the current level of funding for the consumer and consumer-supporter national technical assistance centers. The Committee directs CMHS to support multi-year grants to five such national technical assistance centers.

The Committee recommendation includes funding of $4,895,000 to continue the elderly treatment and outreach program. Demographic projections show that by the year 2010, there will be approximately 40 million Americans over the age of 65. The Committee notes that more than 1 in 5 will experience mental disorders. This grant program will help local communities establish the infrastructure necessary to better serve the mental health needs of older adults.

The Committee supports $6,059,000 for the jail diversion grant program. The Committee recognizes that up to 1 million individuals with mental illnesses will spend time either in jail or prison during the current year. This is a most unfortunate statistic, when individuals could be more appropriately treated in a community health setting. Therefore, the Committee urges SAMHSA to work with the Department of Justice, the law enforcement community, the court system and other appropriate agencies and associations to ensure that funding is utilized to divert inappropriate incarcerations and link individuals with mental illnesses with the support they need to avoid future contact with the criminal justice system.

The Committee notes that an estimated 842,000 adults and children are homeless in the United States in any given week. Approximately 200,000 people are chronically homeless. The Committee supports the Department's plan released earlier this year to end chronic homelessness. The Committee recommendation includes funding at no less than last year's level to support programs addressing homelessness.

The Committee remains concerned about the ongoing problem of post-traumatic stress disorder among the refugee immigrant population in Hawaii, and it urges vigorous attention to the mental health problems of these future citizens.

The Committee also recognizes the urgency of training additional minority mental health professionals, including Native Hawaiians, and it encourages SAMHSA to provide additional resources to the Minority Fellowship Program.

Between 7 million to 10 million teenagers suffer from a mental health condition which, for many, may lead to serious behavioral problems including dropping out of school, substance abuse, violence, and suicide. The Committee is aware that some school districts, juvenile justice facilities, and community-based clinics have taken advantage of relatively simple screening tools now available to detect depression, the risk of suicide, and other mental disorders in teenagers. The Committee believes that screening should occur with the consent of the adolescent and his or her parents or guardian, and with a commitment by the screener to make counseling and treatment for those found to be at-risk. The Committee strongly urges SAMHSA to make the availability of these screening programs more widely known, and to collaborate with the Department of Education, Department of Justice, CDC, HRSA, and other pertinent agencies to encourage implementation of similar teenage screening programs. The Committee expects to receive a report on

steps being taken to promote this effort prior to the fiscal year 2005 appropriations hearings.

Mental Health Performance Partnership Block Grant

The Committee recommends $437,140,000 for the mental health performance partnership block grant, the same amount as the comparable fiscal year 2003 level. The administration's request was $433,000,000. The recommendation includes $21,850,000 in transfers available under section 241 of the Public Health Service Act. 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 $98,052,000 for the children's mental health services program, the same as the comparable fiscal year 2003 level. The administration's request was $106,694,000. 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.

Projects for Assistance in Transition From Homelessness [PATH]

The Committee recommends $47,073,000 for the PATH Program. The comparable fiscal year 2003 level was $43,073,000 and the administration's request was $50,055,000.

PATH is a critical program which provides outreach, mental health, and case management services and other community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The PATH Program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

The Committee notes that the PATH program has been described by the administration in its performance assessments as "moderately effective." The administration notes that the program's existing data indicate progress toward meeting long-term performance measures. Additionally, evaluations have found that PATH succeeds at targeting homeless individuals with serious mental illness. For example, 35 percent of clients who received funded services were diagnosed with schizophrenia or some other psychotic disorder. An additional 30 percent were diagnosed with an effective disorder such as major depression or bipolar disorder. The Committee shares the administration's assessment and intends to continue supporting this important and effective program.

Protection and Advocacy

The Committee recommends $35,779,000 for the protection and advocacy program. The comparable fiscal year 2003 level was $33,779,000 and the administration's request was $32,500,000. 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 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. State P&A systems also have a significant role in addressing the community integration needs of individuals identified in the *Olmstead* decision. The Committee has provided additional resources to support State P&A systems in their effort to address these critical issues.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2003	$2,071,210,000
Budget estimate, 2004	2,341,816,000
Committee recommendation	2,131,003,000

The Committee recommends $2,131,003,000 for substance abuse treatment programs. The comparable fiscal year 2003 funding level is $2,071,210,000 and the administration's request was $2,341,816,000. The recommendation includes $79,200,000 in transfers available under section 241 of the Public Health Service Act. 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 with the devastating impact substance abuse has on our country. A conservative estimate of those in need of substance abuse treatment is between 13 and 16 million people. In contrast, studies conclude that approximately 3 million receive care for substance abuse in 1 year. As a result our Nation faces a "treatment gap" of more than 10 million people—those who need treatment, but do not receive the services necessary to address their problems. It is estimated that more than 100,000 people have sought treatment but were unable to find it.

The Committee commends the President for highlighting substance abuse treatment in his 2003 State of the Union address and for providing additional funding in his budget request to address the treatment gap. The Committee is aware that the economic cost to society of substance abuse has reached more than $250,000,000,000 a year. Over the next 20 years, it is estimated that substance abuse is likely to cost the Medicare program $1,000,000,000,000 for hospital care. Yet treatment is remarkably successful: research shows that treatment reduces drug use, criminal activity, homelessness, and behaviors that are high risk for developing HIV/AIDS infection. Similarly, clients in drug addiction treatment report increases in employment and income, as well as improvements in mental and physical health. Treatment is also extremely cost-effective: every $1 invested in substance abuse treat-

ment has a return of $7 in reduced health costs, crime and lost productivity. The Committee believes that additional funding for substance abuse treatment is desperately needed and for this reason has provided $50,000,000 above last year's level for the substance abuse prevention and treatment block grant.

The Committee has noted with interest the administration's Access to Recovery initiative to provide vouchers to States for substance abuse treatment services. However, due to tight budget constraints the Committee has not provided funding for the administration's initiative. In addition, the Committee has concerns that many implementation issues have not been resolved, such as the role of professional assessment, certification requirements, and the administrative costs of setting up a separate voucher program for treatment. The Committee is supportive of the administration's desire to expand the pathways to treatment, but believes that more details need to be resolved before major resources are provided to a new program.

While the Committee commends SAMHSA for the work done to address the treatment gap, it is concerned that the request for additional treatment resources come at the expense of substance abuse prevention activities. The Committee strongly believes that treatment and prevention are both key to reducing substance abuse. The Office of National Drug Control Policy has included prevention along with treatment and market disruption as its three priorities for its national drug control strategy. The ONDCP has recognized prevention as our first line of defense, and notes "it is critical to teach young people how to avoid drug use because of the damage drugs can inflict on their health and on their future." The Committee strongly agrees, and has made the restoration of SAMHSA's drug prevention programs a priority.

Programs of Regional and National Significance

The Committee recommends $327,071,000 for programs of regional and national significance [PRNS]. The comparable fiscal year 2003 level was $317,278,000 and the administration's request was $556,816,000.

Programs of regional and national significance include three primary activities: best practice programs are used to develop more information on how best to serve those most in need; training and technical assistance supports dissemination of information through knowledge development; and targeted capacity expansion programs enable the agency to respond to service needs in local communities.

The Committee has not provided funding for the Access to Recovery initiative due to budget constraints. The Committee also believes that more details need to be resolved before major resources are provided to this new program.

The Committee is concerned about the incidence of drug addiction among pregnant and parenting women. The national treatment infrastructure has not kept pace with the demand or complexity of needs experienced by women and their children. Only 21 percent of treatment facilities offer programs for pregnant and postpartum women. In addition, only 6 percent of treatment programs include prenatal care and only 12 percent provide childcare. Mothers with substance abuse problems and their children require

distinct, family-oriented treatment services that address the injuries of sexual and physical violence, major depression and other underlying issues. SAMHSA's evaluation of both the Residential Women and Children [RWC] and Pregnant and Postpartum Women [PPW] programs showed significantly reduced alcohol and drug use, as well as decreased criminal behavior. Rates of premature delivery, low birth weight, and infant mortality were improved for participating women. In addition, treatment costs were offset three to four times by savings from reduced costs of crime, foster care, Temporary Assistance to Needy Families [TANF], and adverse birth outcomes. The Committee believes that increased capacity is necessary for treatment programs designed for pregnant and parenting women and their families. Within the funds appropriated for CSAT, the Committee recommends $10,000,000 for treatment programs for pregnant, postpartum, and residential women and their children. No less than last year's funding shall be used for the Residential Treatment Program for Pregnant and Postpartum Women [PPW], authorized under section 508 of the Public Health Service Act.

The Committee has provided funding at no less than last year's level for CSAT's program of clinically based treatment and related services for adult, juvenile and family drug courts and individuals returning from the community who are on probation, parole, or unsupervised release. The Committee is aware of the rapid increases in the use of drug courts throughout the country as an alternative to the traditional court system. These courts make substance abuse treatment available, when appropriate, as an alternative to incarceration, and are considered a cost-effective approach to helping drug users regain control of their lives.

The Committee recommends funding at no less than last year's level to CSAT's grants for homeless individuals program, a collaboration between CSAT and CMHS addressing the substance abuse and mental health treatment needs of homeless individuals. The Committee notes that as many as half of homeless adults have histories of alcohol abuse or dependence, one-third have histories of drug abuse and one-quarter have lifetime histories of serious mental illness. The Committee encourages these Centers to devote as much additional funding as possible for new awards.

Programs of regional and national significance include critical support for substance abuse treatment services for the Nation's homeless population. The homeless have unique needs and life circumstances that have received inadequate attention in terms of substance abuse treatment. Therefore, the Committee continues to advocate coordinated and seamless service delivery for the homeless that includes mental health, primary care, and other social services that will support positive treatment outcomes. The Committee recommendation includes funding at no less than last year's level to continue to make progress in this area.

The Committee has provided funding at no less than last year's level on targeting specific treatment approaches for adolescents. The Committee is aware of the lack of available treatment programs specifically designed to address the needs of adolescents. The Committee believes that adolescents would respond more favorably to treatment services offered in such a manner.

The Committee recommendation includes no less than $35,000,000 for programs funded under targeted capacity expansion [TCE] for general populations. These programs are designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for treatment services in communities with serious, emerging drug problems.

The Committee expresses its support for the following programs and has included funding at no less than last year's level: minority HIV/AIDS, addiction technology transfer centers, pharmacologic activities, young offender reentry, and targeted treatment capacity expansion. The Committee has also recommended funding at the administration's request for programs addressing co-occurring disorders, aging adults, criminal justice activities, and knowledge, development and application activities.

The Committee is concerned that States have been declared ineligible to apply for certain targeted capacity expansion grants. The Committee expects SAMHSA to submit to the Committee a plan in the fiscal year 2005 budget request to address this issue for all TCE and other appropriate grants.

The Committee recognizes the need for a qualified and stable workforce to staff treatment centers. The unmet need for treatment services is exacerbated by a workforce crisis in the field of addictions treatment and prevention. The Committee urges SAMHSA to evaluate workforce recruitment, training shortages and retention.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends $1,803,932,000 for the substance abuse prevention and treatment block grant. The recommendation includes $79,200,000 in transfers available under section 241 of the Public Health Service Act. The comparable level for fiscal year 2003 was $1,753,932,000 and the administration request was $1,785,000,000. 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 in SAMHSA, including the transition from the current block grant to a performance partnership grant [PPG] framework, in which States are granted program flexibility in exchange for implementing a common set of performance measures. The Committee's recommendation reflects its belief that the most effective and efficient method to support substance abuse programs in every State is to direct the bulk of available new resources into the PPG. The Committee wishes to express its strong support for preserving the current block grant and future PPG as the foundation of our publicly funded substance abuse system in every State and territory in the United States. Similarly, the Committee is concerned with any effort that could erode the strength of the current and future block grant. At a time when States are facing fiscal crises, with some cutting substance abuse services, the maintenance of treatment infrastructure and capacity at the local level is extremely important. The Committee encourages SAMHSA to make the implementation of the PPG its number one priority for substance abuse program-

ming and to allocate commensurate resources to support the transition to reflect this priority status.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2003	$197,111,000
Budget estimate, 2004	148,186,000
Committee recommendation	194,306,000

The Committee recommends $194,306,000 for programs to prevent substance abuse. The comparable fiscal year 2003 level was $197,111,000 and the administration request was $148,186,000. This amount funds substance abuse prevention programs of regional and national significance.

The Committee has restored $46,120,000 to the Center for Substance Abuse Prevention in recognition of CSAP's key role in improving the capacity and effectiveness of substance abuse prevention at the State and community levels. The Monitoring the Future study showed broad decreases in drug use from 2001 to 2002, with students in all grades showing declines in prevalence for the use of illicit drugs. The use of ecstasy showed significant declines for the first time after rising rapidly in recent years. The proportion of 8th and 10th graders reporting the use of any illicit drug in the prior year declined significantly. The use of marijuana among eighth-graders is at its lowest rate since 1994. These findings show that drug prevention efforts are working. With drug use finally dropping among school-aged youth after almost a decade of dramatic increases, the Committee believes this is not the time to reduce CSAP's funding.

In addition, effective substance abuse prevention efforts pay economic dividends—every dollar spent on drug use prevention will save communities $4 to $5 in costs for drug abuse treatment and counseling. Findings from CSAP's study of data from its High Risk Youth program demonstrate an overall decrease of approximately 25 percent in the frequency of substance abuse among 11- to 17-year olds participating in the program. New and emerging drug trends, such as ecstasy, coupled with the need to sustain prevention efforts over time so that each new cohort of youth has the benefit of effective prevention, necessitate the restoration of funding for CSAP. The Committee is concerned that the trend of the administration to request insufficient funding levels for CSAP not only endangers recent drug prevention efforts, it also hampers the ability of SAMHSA to plan for and fund longer-term grants, especially in critical areas such as emerging drug trends. With the restored funding, the Committee expects CSAP to focus its efforts on identifying and diffusing comprehensive community-wide strategies to reduce youth drug use, with an emphasis on increasing the age of first use of alcohol and illicit drugs.

Programs of Regional and National Significance

The Committee has provided $194,306,000 for programs of regional and national significance [PRNS]. The comparable fiscal year 2003 level was $197,111,000 and the administration request was $148,186,000. The Center for Substance Abuse Prevention is the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

Through the programs of regional and national significance activity, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity-building for implementation of proven effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

The Committee notes that over the past 10 years there has been an alarming increase in the use and availability of ecstasy and other club drugs among our Nation's youth. According to SAMHSA's Drug Abuse Warning Network, ecstasy-related emergency room admissions in the United States increased significantly from 253 in 1994 to 5,542 in 2001. The Committee urges SAMHSA to pay close attention to this and other emerging drug use issues. The Committee has included $5,000,000 to continue and expand on the program funded last year.

The Committee notes that prenatal alcohol exposure is the leading known cause of mental retardation and birth defects in the United States. It is associated with lifelong difficulties with learning, memory, attention, and problem solving as well as problems with mental health and social interactions. A recent study showed that 15 percent of pregnant women surveyed as they waited in clinics for prenatal care indicated they had drunk alcohol during pregnancy. At least 5,000 infants are born each year with Fetal Alcohol Syndrome [FAS] and another 50,000 children show symptoms of Fetal Alcohol Effect [FAE]. The Committee has provided $10,000,000 to strengthen system-wide approaches to identify and serve women at risk of delivering FAS/FAE children, with an emphasis on teen mothers.

The Committee strongly supports CSAP's evidence-based practices, especially the community-initiated prevention grant program. This program supports field testing of effective substance abuse interventions in the local community that prevent, reduce, or delay substance use and substance abuse related problems. The Committee has provided funding for this program at no less than last year's level for identifying the mix of environmental and other strategies to most effectively reduce youth drug and alcohol use. The Committee also continues to support the high risk youth program at no less than last year's level of funding.

PROGRAM MANAGEMENT

The Committee recommends $93,570,000 for program management activities of the agency. The recommendation includes $16,000,000 in transfers available under section 241 of the Public Health Service Act. The comparable level for fiscal year 2003 was $85,983,000 and the budget request was $85,307,000.

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 is concerned that SAMHSA has not yet provided Congress information detailing the resources each State will need for data infrastructure and other needs to support a transition to

a performance partnership grant as called for in the Children's Health Act of 2000. The Committee expects SAMHSA to work with the State and local substance abuse community in order to accurately determine the resources needed for the new and expanded data collection requirements and to report this information to Congress expeditiously.

In an effort to reach a more accurate assessment of the substance abuse treatment gap, the Committee expects SAMHSA to encourage other Federal agencies that fund substance abuse treatment services to participate in a client level data system administered by SAMHSA.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2003	$303,695,000
Budget estimate, 2004	279,000,000
Committee recommendation	303,695,000

The Committee recommends $303,695,000 for the Agency for Healthcare Research and Quality [AHRQ]. This amount is the same as the comparable funding level for fiscal year 2003. The administration request was $279,000,000. The Committee has funded AHRQ through transfers available under section 241 of the Public Health Service Act.

The Agency for Healthcare Research and Quality was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHRQ is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHRQ provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides $245,695,000 for research on health costs, quality and outcomes [HCQO]. The comparable amount for fiscal year 2003 was $247,695,000. HCQO research activity is focused upon improving clinical practice, improving the health care system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation. The Committee does not approve the administration's proposal to shift $10,000,000 to the Department of Commerce for the Current Population Survey and directs that none of AHRQ's funds be used or transferred for this purpose.

For fiscal year 2004, the Committee directs AHRQ to devote $84,000,000 of the total amount provided for HCQO to determining ways to reduce medical errors. This represents an increase of $29,000,000 over the comparable fiscal year 2003 level. The Committee understands that $50,000,000 of the recommendation will support an initiative to promote the development, adoption, and diffusion of information technology [IT] in health care. The Committee fully supports the Department's emphasis on information technology as a way to improve patient safety. The U.S. health care

system lags behind others in the utilization of the internet and information technology applications. Greater investments in computer technology advances such as computerized physician order entry, automated medication dispensing and computerized patient records have enormous potential to greatly improve health care safety, efficiency and quality. In addition, these types of IT improvements have frequently been shown to have the ancillary benefit of improving cost savings.

Since fiscal year 2001 the Committee has provided $165,000,000 to AHRQ for research into ways to reduce medical errors. The Committee understands that the Department is preparing an interim report, due in September, on the results of medical error research and demonstration projects. The Committee looks forward to receiving this report and hopes it will detail the effectiveness of different strategies for reducing medical errors, as well as suggest ways of promoting the use of effective strategies in hospitals and other clinical settings.

While the Committee recognizes the urgency of minimizing medical errors, it believes that improving patient safety is only one part of a strategy to improve the overall quality of health care in this country. In its report "Crossing the Quality Chasm: A New Health System for the 21st Century," the Institute of Medicine noted that a gap exists between the health care services that should be provided based on current professional knowledge and technology, and those that many patients actually receive. While there has been a dramatic growth in spending on medical research and technology, the IOM noted that "our health care system frequently falls short in its ability to translate knowledge into practice, and to apply new technology safely and appropriately." Recent studies indicate that fewer than half of U.S. patients with hypertension, depression, diabetes and asthma are receiving appropriate treatment. In addition, a recent study suggests that while Americans pay higher prices for health care than any other country, according to many measures we are getting less care than people in other industrialized countries. For this reason, the Committee is concerned that that the current funding level will not allow AHRQ to award any new non-patient safety grants. The Committee believes that limiting AHRQ's research to patient safety will impair promising research into strategies to reduce health care costs, improve access to effective services, and translate medical research into practice at precisely the time that such research is needed to improve the efficiency of health care. The Committee urges the Secretary to commit increased resources to non-patient safety research at AHRQ in its fiscal year 2005 budget request.

Chiropractic Care.—The Committee believes additional research is necessary to further quantify the already-known benefits of chiropractic care. The results of several patient-based studies suggest that chiropractic care may result in significant savings of healthcare dollars and reduce physician visits and hospital stays. The Committee encourages AHRQ to develop objective outcome-based assessment tools and a systematic data gathering and analysis process leading to the development of "best practices" for enhancing the physical, mental, and social aspects of health in a diverse patient population.

Drug Metabolism.—The Committee is very concerned that a high percentage of admissions to psychiatric hospitals are necessitated by moderate to severe adverse drug effects. Genetic testing has been promoted as a means to improve drug safety and efficacy, particularly since microarray technology now allows testing across various drug response pathways in a timely and cost effective manner. The practicality of applying genetic information in clinical practice, however, depends on the determination of whether genotype predicts dose response or adverse events, affects clinical outcomes, and alters the cost of patient care significantly. The Committee urges the Agency to support evidence-based research projects focused on the relationship between metabolic genes and drug efficacy and safety. The Committee also urges the Agency to disseminate evidence-based reports to physicians and other health care professionals.

Mental Health and Older Americans.—The Committee is seriously concerned about the prevalence of undiagnosed and untreated mental illness among older Americans. Affective disorders, including depression, anxiety, dementia, and substance abuse and dependence, are often misdiagnosed or not recognized at all by primary and specialty care physicians in their elderly patients. While effective treatments for these conditions are available, there is an urgent need to translate advancements from biomedical and behavioral research to clinical practice. The Committee urges the Agency to support evidence-based research projects focused on the diagnosis and treatment of mental illnesses in the geriatric population, and to disseminate evidence-based reports to physicians and other health care professionals.

Primary Immunodeficiencies Diseases.—The Committee remains concerned with the underdiagnosis of this class of diseases. Research has shown that screening of health records in a hospital emergency department can result in significant increases in the identification of these patients. The Committee urges AHRQ to support evidence-based research projects focused on the diagnosis of PI in a large urban health care system and to disseminate evidenced based reports to physicians and other health care professionals.

Social Work Research.—In support of the AHRQ priority of "translating research into practice" the Committee recommends that AHRQ work with social work leaders to increase the number of social work researchers undertaking health services research. Social work research addresses health disparities, mental illness and co-occurring disorders, delivery of health and mental health care in community settings and health care for older Americans. The Committee encourages dissemination of evidence-based reports to social work health care professionals.

Treatment of Chronic Rhinosinusitis.—The National Health Interview Survey indicates that "sinusitis" is the most common chronic health complaint in the United States. An estimated 31 million Americans experience rhinosinusitis each year, accounting for 18 million annual visits to primary care physicians at an estimated direct healthcare cost of almost $6,000,000,000. Studies are needed of overall clinical effectiveness of the treatment of chronic rhinosinusitis, comparing the effectiveness of medical and surgical

treatment options, and assessing the impact of co-morbid disease such as asthma, allergy, immunodeficiency, etc. on treatment effectiveness. The Committee recommends that AHRQ consider supporting research studies comparing treatment options of chronic rhinosinusitis.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides $55,300,000 for health insurance and medical expenditures panel surveys [MEPS], which is the same as the administration request. The comparable fiscal year 2003 level was $53,300,000. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings estimates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

Program Support

The Committee recommends $2,700,000 for program support. This amount is the same as the administration request and the comparable fiscal year 2003 level. This activity supports the overall management of the Agency.

CENTERS FOR MEDICARE & MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2003	$112,090,218,000
Budget estimate, 2004	124,892,197,000
Committee recommendation	124,892,197,000

The Committee recommends $124,892,197,000 for Grants to States for Medicaid. This amount is $12,801,979,000 more than the fiscal year 2003 appropriation and the same as the administration's request. This amount excludes $51,861,386,000 in fiscal year 2003 advance appropriations for fiscal year 2004. In addition, $58,416,275,000 is provided for the first quarter of fiscal year 2005, as requested by the administration.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula, which determines the appropriate Federal matching rate for State program costs. This matching rate is based upon the State's average per capita income relative to the national average, and shall be no less than 50 percent and no more than 83 percent.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 2003	$81,462,700,000
Budget estimate, 2004	95,084,100,000
Committee recommendation	95,084,100,000

The Committee recommends $95,084,100,000 for Federal payments to health care trust funds. Amount is the same as the administration's request and is an increase of $13,621,400,000 from the fiscal year 2003 appropriation.

This entitlement account includes the general fund subsidy to the Supplementary Medical Insurance Trust Fund (Medicare Part B), plus other reimbursements to the Hospital Insurance Trust Fund (Medicare Part A), for benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee has provided $94,518,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Park B enrollees. This amount is the same as the administration's request and is $13,613,000,000 more than the fiscal year 2003 amount. The increase includes $3,035,000,000 to cover an anticipated shortfall in the amount appropriated in fiscal year 2003.

The recommendation also includes $197,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is $28,000,000 less than the 2003 amount.

The Committee also recommends $168,000,000 for Federal uninsured benefit payment. This payment reimburses the Hospital Insurance Trust Fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as both the administration's request and the fiscal year 2003 appropriation.

The Committee recommendation includes $201,100,000 to be transferred to the Hospital Insurance Trust Fund as the general fund share of CMS's program management administrative expenses. This amount is the same as the administration's request and is $36,400,000 more than the fiscal year 2003 level.

PROGRAM MANAGEMENT

Appropriations, 2003	$2,564,891,000
Budget estimate, 2004	2,733,507,000
Committee recommendation	2,707,603,000

The Committee recommends $2,707,603,000 for CMS program management, which is $25,904,000 less than the amount requested by the administration and $142,712,000 more than the fiscal year 2003 enacted level.

Research, Demonstrations, and Evaluations

The Committee recommends $67,400,000 for research, demonstrations, and evaluation activities. This amount is $4,000,000 more than the budget request.

CMS research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decision making. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decision making, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment settings, and to develop alternative strategies for reimbursement, coverage, and program management.

The Committee has included $40,000,000 for Real Choice Systems Change Grants to States to fund initiatives that establish specific action steps and timetables to achieve enduring system improvements and to provide long-term services and supports, includ-

ing community-based attendant care, to eligible individuals in the most integrated setting appropriate.

The Committee recognizes the critical role of direct service workers in the Nation's community based long term care system and supports the administration's efforts to improve recruitment, training and retention of direct service workers. The Committee has included $3,000,000 more than the administration requested for the national demonstration designed to address workforce shortages of community service direct care workers. The Committee is doing so in recognition of the current shortage of direct service workers and the predicted increase in the need for additional direct service workers over the next 10 years. The Bureau of Labor Statistics predicts a 39 percent growth in the need for direct service workers in the next 10 years.

The funds should be used to improve recruitment, training, supervision by managers and people with disabilities, retention, health insurance and other benefits, career development, education, working environments, and managers' cultural competence. To the extent that funds are used for direct service costs, those funds must be phased out by the end of the grant period and the State must have a plan for maintaining these supports that the grant made possible. CMS should require States to involve people with disabilities and direct service workers in the planning and implementation of the projects funded under this initiative.

The Committee understands that States are working to rebalance their long term care systems, but information on the techniques and aggregate costs is lacking. Therefore, the Committee expects CMS to work with three to eight States and research the program management techniques used by these States to provide adequate services while effectively managing aggregate costs as States rebalance their long term care systems to reduce reliance on institutional services and increase community based services. CMS should also work with these States to gather and report on the changes in aggregate costs and per person expenditure to the Medicaid program and the numbers of individuals receiving institutional care and community based care. CMS should give preference to States implementing statewide initiatives.

Medicare Operations

The Committee recommends $1,776,889,000 for Medicare operations, which is the amount requested by the administration and $110,209,000 more than the comparable fiscal year 2003 appropriation. In addition, $720,000,000 is available for the Medicare Integrity Program within the mandatory budget as part of the health insurance reform legislation.

The Medicare operations line item covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries. In addition, this line item includes a variety of projects that extend beyond the traditional fee-for-service arena.

State Survey and Certification

The Committee recommends $252,743,000 for Medicare State survey and certification activities, which is the same as the fiscal year 2003 level. The Committee understands that this level of effort will be supplemented by support contracts funded through the Quality Improvement Organizations activity.

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.

Federal Administration

The Committee recommends $580,571,000 for Federal administration costs, which is an increase of $8,815,000 to the fiscal year 2003 level. This funding level allows for a 2 percent pay raise in January 2004, as proposed by the administration.

The Committee urges CMS to articulate clear guidelines and to set expeditious timetables for consideration of new technologies, procedures and products for Medicare coverage including standards regarding Medicare coverage of positron emission tomography [PET]. The effect of these delays in instituting Medicare coverage could delay benefits of these technologies and procedures to Medicare patients. The Committee also expects CMS to avoid requiring 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 urges CMS not to require 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 urges the 120-person Medicare Coverage Advisory Committee to make a decision on coverage of PET. Because of the possible duplication of efforts among HHS agencies and related unnecessary costs to the Medicare program and the Department, the Committee again asks that the Secretary take a leadership role in resolving this matter expeditiously.

The Committee is aware that a proposed rule to revise the Medicare hospital conditions of participation was issued in December, 1997, and has never been finalized. Among other things, the proposed rule would have removed many of the overly prescriptive requirements in current regulations regarding the types of practitioners who may perform particular functions in a hospital, deferring instead to applicable State law; the Committee urges the Centers for Medicare and Medicaid Services [CMS] to finalize these regulations.

The Committee expects the Secretary to issue "L" codes, with appropriate safeguards to prevent fraud and abuse, based on fair and reasonable reimbursement levels to cover Total Body Orthotic Management for Non-Ambulatory severely disabled nursing home residents. This responds to a long-standing Committee concern about an unintended consequence of HCFA Ruling 96–1. The Committee

notes the May 2002, congressionally authorized GAO report entitled "Orthotics Ruling Has Implications for Beneficiary Access and Federal and States Costs" that identifies a nursing home population that has been denied this care as a result of 96–1, but recommends that a restoration of such care be accompanied by appropriate controls, consistent with those established for existing "L" codes, that protect the integrity of the Medicare Program.

The Committee is pleased with recent 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 13 year period to expose and reduce these losses. The Committee held a hearing on overpayments for certain medical supplies in June of last year. At that time the Administrator of CMS promised to move forward with implementation of enhanced inherent reasonableness authority. Yet, to date no action has been taken. The Committee calls upon the Administrator to promptly utilize the IR authority granted to the Secretary and requests a briefing as to his timeline for action by August 1, 2003. By October 1, 2003, the Committee would like to receive a progress report and future work plan for all Departmental efforts to reduce fraud, waste and abuse in Medicare.

Revitalization Plan

The Committee recommends $30,000,000, compared to $65,000,000 requested by the administration, to remain available for 2 years, as the first-year investment in CMS's efforts to make significant improvements to key aspects of managing the agency and the Medicare program. Funding in fiscal year 2004 will target system-related improvements.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2003	$2,779,348,000
Budget estimate, 2004	3,245,970,000
Committee recommendation	3,292,270,000

The Committee recommends $3,292,270,000 be made available in fiscal year 2004 for payments to States for child support enforcement and family support programs. The comparable funding level for fiscal year 2003 is $2,779,348,000 and the budget request includes $3,245,970,000 for this program. The Committee recommendation provides the full amount requested under current law. The budget request includes savings of $47,000,000 based on proposed legislation.

These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. These funds also support efforts to locate noncustodial parents, determine paternity when necessary, and establish and enforce orders of support. The appropriation, when combined with the $1,100,000,000 in advance funding provided in last year's bill and an estimated

$179,300,000 from offsetting collections, supports a program level of $4,572,270,000.

The Committee also has provided $1,200,000,000 in advance funding for the first quarter of fiscal year 2005 for the child support enforcement program, the same as the budget request.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2003	$1,688,950,000
Budget estimate, 2004	2,000,000,000
Committee recommendation	2,000,000,000

The Committee recommends $2,000,000,000 for fiscal year 2004 for LIHEAP. The comparable funding level for fiscal year 2003 is $1,688,950,000 and the budget request includes $2,000,000,000 for this program. LIHEAP is made up of two components: the State grant program and the contingency fund.

The Committee recommendation includes $2,000,000,000 for fiscal year 2004 for the State grant program. The comparable funding level for fiscal year 2003 is $1,688,950,000 and the budget request includes $1,700,000,000 for this program. 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. These resources are distributed by formula to these entities as defined by statute, based in part on each State's share of home energy expenditures by low-income households.

The Committee does not include resources for fiscal year 2004 for the contingency fund. The budget request includes $300,000,000 designated as non-emergency funding for this program. The contingency fund may be used to provide assistance to one or more States adversely affected by extreme heat or cold, significant price increases, or other causes of energy-related emergencies. The Committee is committed to ensuring that sufficient resources are available in the fund, to provide additional assistance to households with energy burdens not met by the regular program, and to meet the objectives of the authorizing statute. The Committee intends to monitor household energy burdens that might require action in future appropriations bills.

The Committee intends that up to $27,500,000 of the amount recommended for LIHEAP for fiscal year 2004 be used for the leveraging incentive fund. The fund will provide a percentage match to States for private or non-Federal public resources allocated to low-income home energy benefits.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2003	$478,048,000
Budget estimate, 2004	461,626,000
Committee recommendation	428,056,000

The Committee recommends $428,056,000 for fiscal year 2004 for refugee and entrant assistance. The comparable funding level for fiscal year 2003 is $478,048,000 and the budget request includes $461,626,000 for this program.

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.

Based on an estimated refugee admission ceiling of 80,000, this appropriation, together with prior-year funds available for fiscal year 2004 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 Committee is committed to ensuring that the American public is safe and not exposed to potential security risks. However, the Committee also is concerned about the additional hardships imposed on individuals fleeing their homes from civil strife, persecution, and torture as they await a multitude of security procedures in potentially dangerous temporary locations and refugee camps. As a result of these delays, almost 40,000 refugees, who were eligible under the admissions ceiling for fiscal year 2002, were not allowed to resettle in the United States. In addition, current estimates indicate that actual refugee admissions for fiscal year 2003 will be equally short of the admissions ceiling.

These unused slots resulted in program savings due to fewer transitional, medical, and support services provided than estimated under prior appropriations. The Committee recommendation will not affect the ability of programs to meet fully the demand for services under the admissions ceiling, as sufficient carryover funds are available to offset the proposed reduction. The Committee intends to closely monitor the situation to ensure that sufficient funding is available to meet the critical needs of individuals fleeing persecution.

In order to carry out the refugee and entrant assistance program, the Committee recommends $180,000,000 for transitional and medical assistance, including State administration and the voluntary agency program; $9,935,000 for victims of trafficking; $140,000,000 for social services; $4,804,000 for preventive health; and $49,155,000 for targeted assistance.

Due to the realignment of the former Immigration and Naturalization Service [INS], and pursuant to section 462 of the Homeland Security Act of 2002, funds are now provided for the care and placement of unaccompanied alien minors in the Office of Refugee Resettlement. Approximately 5,000 unaccompanied alien children are apprehended each year in the United States by INS/Homeland Security agents, Border Patrol officers, or other law enforcement agencies and taken into care pending resolution of their claims for relief under U.S. immigration law, released to an adult family member, or released to a responsible adult guardian. The Committee recommends $34,227,000 for unaccompanied children.

The Committee also recommends $9,935,000 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.

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.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2003	$2,086,344,000
Budget estimate, 2004	2,099,729,000
Committee recommendation	2,099,729,000

The Committee recommends $2,099,729,000 for fiscal year 2004 for child care and development block grant. The comparable funding level for fiscal year 2003 is $2,086,344,000 and the budget request includes $2,099,729,000 for this program.

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 to allow States to continue funding the activities previously provided under the consolidated programs.

The Committee is aware that the authorization for the child care and development block grant program expired on September 30, 2003. The block grant was last reauthorized in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act. The Act established the child care and development fund, which consists of mandatory funding provided under the Social Security Act and discretionary funding supported by annual appropriations under the child care and development block grant program. The Committee believes that significant increases in mandatory funding for child care should be supported by the reauthorization of the Welfare Reform Law to pay for additional work requirements and to respond to the needs of low income, working poor families. The Welfare Reform Law established policies that have resulted in a significant increase in working Americans.

The Committee recommendation continues specific earmarks in appropriations language, also included in the budget request, that provide targeted resources to specific policy priorities including $19,120,000 for the purposes of supporting before and afterschool services, as well as resource and referral programs. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to address the matters of before and afterschool care and the estab-

lishment of resource and referral programs with the funds provided in this program.

The Committee recommendation includes an additional $272,672,000 for child care quality activities, and sets aside $100,000,000 specifically for an infant care quality initiative. These funds are recommended in addition to the 4 percent quality earmark established in the authorizing legislation. The Committee has provided these additional quality funds because of the considerable research that demonstrates the importance of serving children in high quality child care settings which include nurturing providers who are educated in child development and adequately compensated. While considerable progress has been made, the Committee believes States should continue to invest in education and training linked to compensation of the child care workforce in order to improve the overall quality of child care.

The Committee recommendation also provides $10,000,000 for child care research, demonstration and evaluation activities.

The Committee recommendation for resource and referral activities also includes $1,000,000 to continue support for the National Association of Child Care Resource and Referral Agencies' information service, Child Care Aware, and the national toll-free information hotline which links families to local child care services and programs.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2003	$1,700,000,000
Budget estimate, 2004	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends $1,700,000,000 for fiscal year 2004 for the social services block grant. The comparable funding level for fiscal year 2003 is $1,700,000,000 and the budget request includes $1,700,000,000 for this program.

The CARE Act of 2003 included bill language allowing States to transfer up to 10 percent of their annual allocations under the Temporary Assistance for Needy Families to the Social Services Block Grant program. Under current law and the budget request, in 2004 States would be limited to transfers of up to 4.25 percent. The Committee recognizes that the block grant is a vital source of support for many vulnerable children and families, the elderly and single adults and continues to support this important State flexibility.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2003	$8,645,276,000
Budget estimate, 2004	8,687,382,000
Committee recommendation	8,780,002,000

The Committee recommends $8,780,002,000 for fiscal year 2004 for children and families services programs. The comparable funding level for fiscal year 2003 is $8,645,276,000 and the budget request includes $8,687,382,000 for this program. In addition, $6,000,000 in transfers are available under section 241 of the Public Health Service Act.

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

The Committee recommends $6,815,570,000 for fiscal year 2004 for Head Start. The comparable funding level for fiscal year 2003 is $6,667,533,000 and the budget request includes $6,815,570,000 for this program. The Committee recommendation includes $1,400,000,000 in advance funding that will become available on October 1, 2004.

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 understands the serious need for additional and expanded Head Start facilities among Native American populations and in rural areas. The Committee believes that the Department could help serve these needy communities by providing minor construction funding, as authorized, in remote Native American communities.

The Committee recommends continued support sufficient to maintain the current funding level for existing grantees and to provide a new grant competition in fiscal year 2004 under the Tribal College and University Head Start Partnership program. While current law requires that 50 percent of Head Start teachers in center-based Head Start programs have not less than an associate degree in early childhood education or a related field, American Indian Head Start programs are generally located in areas that are isolated from mainstream colleges where such degrees can be earned. This program provides accessible, high-quality, and accredited education opportunities to American Indian Head Start agency staff, enabling them to better deliver services that enhances the social and cognitive development of low income American Indian children. The Committee is disappointed that the Head Start Bureau neglected to direct sufficient funding to allow current grantees to extend their programs thus allowing them a full 5 year program, but believes that continued support of new 5-year grant competitions can help remedy this situation and improve outcomes for American Indian Head Start programs.

The Committee strongly supports the effort to strengthen the qualifications of Head Start teachers. The Committee encourages Head Start to continue to work toward the goal of having all of their teachers in center-based Head Start programs have an associate, baccalaureate, or advanced degree in early childhood education, or a degree in a related field with experience in teaching preschool children. 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 Committee is aware that the Department's "Descriptive Study of Seasonal Farmworker Families" published in September

2001 revealed that just 19 percent of eligible children of migrant and seasonal farmworkers are served by Migrant Head Start programs. The study also concluded "that Migrant Head Start agencies greatly improve the lives of migrant and seasonal farmworker families, and in doing so, help to strengthen local agricultural economies." The Committee urges the Head Start Bureau to continue to provide sufficient funds for Migrant Head Start programs proportionate to the overall increase in the Head Start appropriation.

The Committee is conscious of efforts currently being undertaken to improve pre-literacy skills in Head Start children and lauds the administration for its commitment to this effort. However, the Committee cautions against anything that would detract from the comprehensive nature of the program in delivering early childhood development and family services. While school readiness is front and center in the goals of Head Start, the elements necessary to achieve that readiness range from adequate nutrition and health screening, to social and emotional development and family building, as well as the cognitive growth of young children.

The Committee is cognizant that the goal of the Head Start program is to ensure the social competence and school readiness of children upon completion of the program. It has long been proven that investments in Head Start yield significant savings by long-term reduction of incarceration rates and rates of participation in public assistance. Much of these savings are due to the social and emotional lessons learned from participation in Head Start. The Committee expects the Department to continue to promote learning and brain development to accelerate and improve the cognitive development of Head Start children. The Committee expects the Department to monitor Head Start programs to ensure that a majority of children participating in Head Start programs meet the minimum educational performance measures and standards upon completion of the program as outlined in the Head Start Act, as amended in 1998.

The Committee commends the outstanding successes of the Head Start program and appreciates the Head Start Bureau's dedication to the continued improvement of the comprehensive services provided to eligible children and families. However, the Committee is concerned that proposed assessments will focus only on literacy and math. While these skills are an important part of the Head Start curriculum, the Committee is concerned that the assessments will not fully represent the comprehensive nature of the program, specifically the nutrition, social, emotional, and cognitive aspects of the curriculum. The Committee is troubled by the potential use of these assessments in deciding grant status, particularly for children in the Early Head Start program. The Committee is aware that many child development experts believe that testing children under the age of 6 does not show an accurate picture of their development, and could be potentially detrimental to them. The Head Start Bureau shall report to the Committee by April 2004 on the steps the Bureau has taken to ensure that the proposed assessment is age-appropriate and on the proposed use of the assessment results. The report should include the extent to which funding decisions will be based upon the assessments, the impact such a deci-

sion will have on rural programs facing greater obstacles, and the ways in which the Bureau intends to incorporate the comprehensive physical, social, and emotional benefits of the program into funding decisions.

Consolidated Runaway and Homeless Youth Program

The Committee recommends $89,978,000 for fiscal year 2004 for the consolidated runaway and homeless youth program. The comparable funding level for fiscal year 2003 is $89,978,000 and the budget request includes $88,043,000 for this program. The Committee recommends $49,473,000 for basic centers and $40,505,000 for transitional living programs.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. Basic centers and transitional living programs help address the needs of some of the estimated 300,000 homeless youth, many of whom are running away from unsafe or unhealthy living environments. These programs have been proven effective at supporting positive youth development, securing stable and safe living arrangements and providing the skills required to engage in positive relationships with caring adults and contribute to society. The Committee looks forward to the release of performance outcome data available through the new management information system.

Under current law 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. This section is up for reauthorization this year.

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 program [TLP] provides grants to local public and private organizations to address shelter and service needs of homeless youth, ages 16–21. The program's goals are to have youth safe at home or in appropriate alternative settings and to help them develop into independent, contributing members of society.

A homeless youth accepted into the program is eligible to receive shelter and services continuously for up to 540 days. The services include counseling; life skills training, such as money management and housekeeping; interpersonal skill building, such as decision-

making and priority setting; educational advancement; job preparation attainment; and mental and physical health care.

The Committee recommendation does not include the $10,000,000 requested in the budget for a separate maternity group homes program. The Committee is aware of the need for and shares the administration's interest in funding residential services for young mothers and their children who are unable to live with their own families because of abuse, neglect, or other circumstances. The Committee notes that pregnant and parenting youth are currently eligible for and served through the TLP.

The Committee also recognizes the need for and value of expanding transitional living opportunities for all homeless youth. Therefore, the Committee seeks to preserve the flexibility afforded in current law to respond to the needs of the young people who are most at-risk and in greatest need of transitional living opportunities in their communities by providing additional resources to the existing portfolio of consolidated Runaway and Homeless Youth Act programs.

It is the Committee's expectation that current and future TLP grantees will continue to provide transitional living opportunities and support to pregnant and parenting homeless youth, as is their current practice. To further ensure that pregnant and parenting homeless youth are able to access transitional living opportunities and support in their communities, the Committee encourages the Secretary, acting through the network of federally-funded runaway and homeless youth training and technical assistance providers, to offer guidance to grantees and others on the programmatic modifications required to address the unique needs of pregnant and parenting youth and on the various sources of funding available for residential services to this population.

Maternity Group Homes

The Committee recommendation does not include the $10,000,000 requested in the budget for the maternity group homes program. The Committee has deferred action on this program pending the enactment of authorizing language. Under this proposed program, the ACF would provide targeted funding for community-based, adult-supervised group homes for young mothers and their children. These homes would provide safe, stable, nurturing environments for mothers who cannot live safely with their own families and assist them in moving forward with their lives by providing support so they can finish school, acquire job skills, and learn to be good parents.

The Committee expects the Family and Youth Services Bureau to continue to provide the technical assistance needed to enable TLP grantees and their community partners to address the unique needs of young mothers and their children, as well as helping interested entities in identifying sources of funding currently available to provide residential services to this population.

Child Abuse Prevention Programs

The Committee recommends $48,171,000 for fiscal year 2004 for child abuse prevention programs. The comparable funding level for fiscal year 2003 is $55,715,000 and the budget request includes

$48,314,000 for this program The recommendation includes $21,870,000 for State grants and $26,301,000 for discretionary activities.

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

Abandoned Infants Assistance

The Committee recommends $12,126,000 for fiscal year 2004 for abandoned infants assistance. The comparable funding level for fiscal year 2003 is $12,126,000 and the budget request includes $12,086,000 for this program.

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 $290,088,000 for fiscal year 2004 for child welfare services. The comparable funding level for fiscal year 2003 is $290,088,000 and the budget request includes $291,986,000 for this program.

This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home; and development of alternative placements like foster care or adoption if children cannot remain at home. These services are provided without regard to income.

Child Welfare Training

The Committee recommends $7,449,000 for fiscal year 2004 for child welfare training. The comparable funding level for fiscal year 2003 is $7,449,000 and the budget request includes $7,470,000 for this program.

Under section 426, title IV–B of the Social Security Act, discretionary grants are awarded to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

Adoption Opportunities

The Committee recommends $27,227,000 for fiscal year 2004 for adoption opportunities. The comparable funding level for fiscal year 2003 is $27,227,000 and the budget request includes $27,343,000 for this program.

This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs.

Adoption Incentives

The Committee recommends $42,720,000 for fiscal year 2004 for adoption incentives. The comparable funding level for fiscal year 2003 is $42,720,000 and the budget request includes $43,000,000 for this program.

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 prior to September 30, 2004.

Adoption Awareness

The Committee recommends $12,822,000 for fiscal year 2004 for adoption awareness. The comparable funding level for fiscal year 2003 is $12,822,000 and the budget request includes $12,906,000 for this program.

This program was authorized in the Children's Health Act of 2000. The program consists of two activities: the Infant Adoption Awareness Training Program and the Special Needs Awareness Campaign. The Infant Adoption Awareness Training Program provides grants to support adoption organizations in the training of designated health staff, in eligible health centers that provide health services to pregnant women, to inform them about adoption and make referrals on request on an equal basis with all other courses of action. Within the Committee recommendation, $9,841,000 is available for this purpose.

The Special Needs Adoption Campaign supports grants to carry out a national campaign to inform the public about the adoption of children with special needs. The Committee recommendation includes $2,981,000 to continue this important activity.

Compassion Capital Fund

The Committee recommends $34,772,000 for fiscal year 2004 for the compassion capital fund. The comparable funding level for fiscal year 2003 is $34,772,000 and the budget request includes $100,000,000 for this program.

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.

Funds available will support grants to charitable organizations to emulate model social service programs and to encourage research on the best practices of social service organizations.

Social Services Research

The Committee recommends $31,812,000 for fiscal year 2004 for the social services research. The comparable funding level for fiscal year 2003 is $34,749,000 and the budget request includes $5,982,000 for this program.

The Committee has funded $6,000,000 of this program through transfers available under section 241 of the Public Health Service Act. 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 pleased with the results of ACF's work with the State information technology consortium, an effort that is helping States with the difficult task of streamlining service delivery, while also meeting TANF record-keeping and reporting requirements. As a result of this collaborative effort, States and ACF are now able to share systems information on TANF, child support enforcement, child welfare, and child care activities. The Committee is also pleased with the CSE program's work with the consortium, an effort that is improving the child support collection process by using web-based technologies to speed the flow of information between relevant agencies and the court system. The Committee recommends that both collaborative efforts with the State information technology consortium be continued at their current levels.

Community-Based Resource Centers

The Committee recommends $33,200,000 for fiscal year 2004 for community-based resource centers. The comparable funding level for fiscal year 2003 is $33,200,000 and the budget request includes $33,403,000 for this program.

These resources support two purposes: assisting each State in developing, operating, expanding and enhancing a network of community-based, prevention-focused, family resource and support programs and supporting activities that foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

Disabled Voter Services

The Committee recommends $15,000,000 be made available in fiscal year 2004 for election assistance for individuals with disabilities. The comparable funding level for fiscal year 2003 is $15,000,000 and the budget request does not provide funds for this program. Of these funds, $10,000,000 is to promote disabled voter access, and the remaining $5,000,000 is for disabled voters protection and advocacy systems.

The election assistance for individuals with disabilities program was authorized in the Help America Vote Act of 2002. The program enables an applicant to establish, expand, and improve access to, and participation by, individuals with disabilities in the election process.

Developmental Disabilities Programs

The Committee recommends $150,763,000 for fiscal year 2004 for developmental disabilities programs. The comparable funding level for fiscal year 2003 is $144,763,000 and the budget request includes $140,442,000 for this program.

The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental dis-

ability 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

The Committee recommends $73,515,000 for fiscal year 2004 for State councils. The comparable funding level for fiscal year 2003 is $71,135,000 and the budget request includes $69,800,000 for this program.

State Councils on the Developmental Disabilities program assist each State in promoting the development of a comprehensive, statewide, consumer and family-centered system which provides a coordinated array of culturally-competent services, and other assistance for individuals with development disabilities. State councils undertake a range of activities including demonstration of new approaches, program and policy analysis, interagency collaboration and coordination, outreach and training.

Protection and Advocacy Grants

The Committee recommends $38,644,000 for fiscal year 2004 for protection and advocacy grants. The comparable funding level for fiscal year 2003 is $36,263,000 and the budget request includes $35,000,000 for this program.

This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

Projects of National Significance

The Committee recommends $11,642,000 for fiscal year 2004 for projects of national significance to assist persons with developmental disabilities. The comparable funding level for fiscal year 2003 is $12,403,000 and the budget request includes $11,642,000 for this program.

This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities. The Committee recognizes the potential benefits that assistive technology can have for individuals with developmental disabilities.

Within the Committee recommendation, $4,000,000 is available to expand activities of the Family Support Program. The Committee is aware that the term "family support" is defined in Title II of the Developmental Disability Act as "supports, resources, services, and other assistance provided to families of children with disabilities that are designed to support families in the efforts of such families to raise their children with disabilities in the home; strengthen the role of the family as primary caregiver for such children; prevent involuntary out-of-the-home placement of such children and maintain family unity; and reunite families with children with disabilities who have been placed out of the home, whenever possible." The Committee's placement of funds for family support within the Projects of National Significance account does not pro-

vide ACF with discretion on this definition of family support. The Committee makes a crucial distinction between support services designed for families of children with disabilities and support services designed for an individual with a disability. The Committee intends that these funds be used for the support and assistance of families of children with disabilities, in accordance with the statute.

University-Affiliated Programs

The Committee recommends $26,962,000 for fiscal year 2004 for university-affiliated programs. The comparable funding level for fiscal year 2003 is $24,962,000 and the budget request includes $24,000,000 for this program.

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 $45,457,000 for fiscal year 2004 for Native American programs. The comparable funding level for fiscal year 2003 is $45,457,000 and the budget request includes $45,119,000 for this program.

The Administration for Native Americans [ANA] assists Indian tribes and Native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee continues its significant interest in the revitalization of native languages through education. The Committee encourages ANA to allocate additional resources to support the Native American Languages program and urges the ANA to make schools a part of this effort, consistent with the policy expressed in the Native American Languages Act.

Community Services

The Committee recommends $717,620,000 for fiscal year 2004 for the community services programs. The comparable funding level for fiscal year 2003 is $734,509,000 and the budget request includes $552,312,000 for this program.

Within the funds provided, the Committee recommends $645,762,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient.

The Committee rejects the administration's recommendation to cut the community services block grant funding. Although a restrictive Committee allocation prevented CSBG funding from being substantially increased this year, the Committee continues to recognize the importance of CSBG and the Community Action Agencies

it funds in helping meet the extraordinary challenges facing low-income communities.

The Nation's Community Action Agency network relies on CSBG funding to help initiate and administer programs designed to alleviate poverty. The universal characteristic of these CSBG-funded programs is that they provide people with the resources and the tools to become self-sufficient. The Committee understands that the Department of Health and Human Services, and its Office of Community Services in particular, could better use this network in developing future policy initiatives. The Committee notes that in a number of States, including Iowa and Pennsylvania, CAA-initiated family development and self-sufficiency programs are a integral component of welfare reform efforts. The administration is encouraged to look for further nationwide linkages between those individuals seeking to leave the welfare system and become self-sufficient and the many family development and self-sufficiency strategies operated by Community Action Agencies.

The Committee expects the Office of Community Services to release funding to States in the most timely manner. The Committee also expects States to make funds available promptly. The Committee is aware that the Office of Community Services and some States have been extraordinarily delinquent in providing funds to local eligible entities.

In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2004: community economic development, $32,546,000; individual development accounts, $24,828,000; rural community facilities, $7,203,000; and community food and nutrition, $7,281,000. The Committee did not provide funds for the national youth sports program.

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 $5,464,000 for the Job Creation Demonstration authorized under the Family Support Act to target community development activities to create jobs for people on public assistance. This demonstration program provides grants on a competitive basis to non-profit organizations to create new employment and business opportunities for TANF recipients and other low-income individuals. Funding also supports technical and financial assistance for private employers that will result in the creation of full-time permanent jobs for eligible individuals. The Committee recognizes that continued funding of the Job Creation Demonstration program would provide opportunities for more low-income indi-

viduals. As in the past, the Committee expects that a priority for grants under this program go to experienced community development corporations.

Most of the drinking water and wastewater systems in the country that are not in compliance with Federal standards are in communities of 3,000 or fewer. Rural Community Assistance Programs [RCAPs] use funds available from the Rural Community Facilities Program to assist a number of communities in gaining access to adequate community facilities, gaining financing for new or improved water and wastewater systems and in complying with Federal standards.

The Committee has included bill language allocating funding to the Office of Community Services for Rural Community Facilities Technical Assistance as authorized under section 680(3)(B) of the Community Services Block Grant Act. In providing this funding, the Committee expects that it be used solely for the purpose of improving water and wastewater facilities in poor, rural communities. As in the past, these funds should be allocated to regional, rural community assistance programs.

The Committee is concerned that many small and very small community water and wastewater treatment systems might be most vulnerable to terrorist attack, and yet least prepared to deal with the issue. The Committee urges OCS to continue to support RCAP Small Community Infrastructure Safety and Security Training and Technical Assistance project, which provides State, regional and national infrastructure safety and security training workshops and on-site technical assistance targeted to small and very small community water and wastewater treatment systems. The goal of the project is to improve the capacity of small systems to better prepare for emergencies, develop emergency preparedness training manuals for small water systems, identify appropriate technologies to secure such systems, and provide technical assistance to small communities struggling to deal with these issues.

Family Violence Prevention and Services

The Committee recommends $144,802,000 for fiscal year 2004 for family violence prevention and services programs. The comparable funding level for fiscal year 2003 is $144,364,000 and the budget request includes $142,422,000 for this program.

Runaway Youth Prevention Program

The Committee recommends $15,399,000 for fiscal year 2004 for the runaway youth prevention program. The comparable funding level for fiscal year 2003 is $15,399,000 and the budget request includes $14,999,000 for this program. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for these youths, many of whom have been subjected to, or are at risk of being subjected to, sexual abuse. The goal of this program is to help young people leave the streets.

Domestic Violence Hotline

The Committee recommends $3,000,000 for fiscal year 2004 for the national domestic violence hotline. The comparable funding level for fiscal year 2003 is $2,562,000 and the budget request includes $3,000,000 for this program.

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.

Battered Women's Shelters

The Committee recommends $126,403,000 for fiscal year 2004 for battered women's shelters program. The comparable funding level for fiscal year 2003 is $126,403,000 and the budget request includes $124,423,000 for this program.

This is a formula grant program to support community-based projects which operate shelters and provide related assistance for victims of domestic violence and their dependents. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

Early Learning Opportunities Program

The Committee recommends $33,779,000 for fiscal year 2004 for early learning opportunities program. The comparable funding level for fiscal year 2003 is $33,779,000 and the budget request did not include funds for 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 recommends $1,400,000 for fiscal year 2004 for the operation of the Department's Center for Faith-Based and Community Initiatives. The comparable funding level for fiscal year 2003 is $1,490,000 and the budget request includes $1,400,000 for this program.

Mentoring Children of Prisoners

The Committee recommends $9,935,000 for fiscal year 2004 for mentoring children of prisoners. The comparable funding level for fiscal year 2003 is $9,935,000 and the budget request includes $50,000,000 for this program.

The mentoring children of prisoners program was authorized in 2001 under section 439 of the Social Security Act. The purpose of this program is to help children while their parents are imprisoned and includes activities that keep children connected to a parent in prison in order to increase the chances that the family will come together successfully when the parent is released. As a group, children of prisoners are less likely than their peers to succeed in school and more likely to become engaged in delinquent behavior.

Independent Living Training Vouchers

The Committee recommends $41,727,000 for fiscal year 2004 for independent living training vouchers. The comparable funding level for fiscal year 2003 is $41,727,000 and the budget request includes $60,000,000 for this program.

These funds will support vouchers of up to $5,000 for college tuition, or vocational training for individuals who age out of the foster care system so they can be better prepared to live independently and contribute productively to society. Studies have shown that 25,000 youth leave foster care each year at age 18 and just 50 percent will have graduated high school, 52 percent will be unemployed and 25 percent will be homeless for one or more nights.

Promotion of Responsible Fatherhood and Healthy Marriage

The Committee does not provide funds for fiscal year 2004 for promotion of responsible fatherhood and healthy marriage. The budget request includes $20,000,000 for this new program designed to promote responsible fatherhood and responsible marriage. Legislation has not been enacted that would create this new program. The purpose of this proposed program was to spur approaches at State and community levels to assist fathers to be more actively and productively involved in the lives of their children.

Program Administration

The Committee recommends $179,584,000 for fiscal year 2004 for program administration. The comparable funding level for fiscal year 2003 is $171,873,000 and the budget request includes $179,584,000 for this program.

The Committee urges ACF to continue to make progress in improving its Annual Performance Plan and Annual Performance Report. The Committee notes that many programs proposed for funding do not have solid data for baselines or performance outcome measures. This lack of objective data makes more difficult the Committee's decisions regarding the allocation of limited resources. The Committee believes that the Agency should work with program grantees and relevant associations to identify the most objective ways in which to evaluate the effectiveness of ACF programs and establish a timeline for producing meaningful data by which programs can be assessed. The Committee urges that steps be taken to improve this situation and expects information regarding such actions to be included in the fiscal year 2005 congressional justification.

The Committee continues its interest in the Department's Child and Family Services reviews. These reviews are an effective method for monitoring the progress States are making in assuring the safety, health, and permanency for children in child welfare and foster care as required in the Adoption and Safe Families Act. The Committee encourages the Department to make available sufficient resources to ensure full implementation of the new collaborative monitoring system.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2003	$404,350,000
Budget estimate, 2004	504,978,000
Committee recommendation	404,350,000

The Committee recommends $404,350,000 for fiscal year 2004 for promoting safe and stable families. The comparable funding level for fiscal year 2003 is $404,350,000 and the budget request includes $504,978,000 for this program.

Funding available provides grants to States in support of: (1) family preservation services; (2) time-limited family reunification services (3) community-based family support services and (4) adoption promotion and support services. The Committee notes that most of the Federal funding related to child welfare is provided for the removal and placement of children outside of their own homes. Funds available through the Promoting Safe and Stable Families program are focused on supporting those activities that can prevent family crises from emerging which might require the temporary or permanent removal of a child from his or her own home.

The Promoting Safe and Stable Families program is comprised of $305,000,000 in capped entitlement funds authorized by the Social Security Act and $99,350,000 in discretionary appropriations.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 2003	$4,855,000,000
Budget estimate, 2004	5,068,300,000
Committee recommendation	5,068,300,000

The Committee recommends $5,068,300,000 for fiscal year 2004 for payments to States for foster care and adoption assistance. The comparable funding level for fiscal year 2003 is $4,855,000,000 and the budget request includes $5,068,300,000 for this program. In addition, the Committee recommendation concurs with the administration's request of $1,767,700,000 for an advance appropriation for the first quarter of fiscal year 2005. The Committee's recommendation assumes enactment of proposed legislation creating an alternative funding option for States.

The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs and the nonrecurring costs of adoption for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

The Independent Living Program provides services to foster children under 18 and foster youth ages 18-21 to help them make the transition to independent living by engaging in a variety of services including educational assistance, life skills training, health services

and room and board. States are awarded grants from the annual appropriation proportionate to their share of the number of children in foster care, subject to a matching requirement.

ADMINISTRATION ON AGING

Appropriations, 2003	$1,367,057,000
Budget estimate, 2004	1,343,701,000
Committee recommendation	1,360,193,000

The Committee recommends an appropriation of $1,360,193,000 for aging programs. The fiscal year 2003 comparable level was $1,367,057,000 and the administration request was $1,343,701,000.

Supportive Services and Senior Centers

The Committee recommends an appropriation of $355,673,000 for supportive services and senior centers, which is the same as the comparable level for fiscal year 2003. The administration request was $357,000,000. 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 $21,919,000 for preventive health services, which is the same as the comparable fiscal year 2003. The administration requested $21,562,000 for this program. 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, $5,500,000 is provided to expand medication management, screening and education activities, including the use of new medication management devices, to prevent incorrect medication and adverse drug reactions among the elderly. These activities will help older adults learn more about managing medications safely and help reduce unnecessary hospitalizations and illnesses.

Protection of Vulnerable Older Americans

The Committee recommends $18,559,000 for grants to States for protection of vulnerable older Americans. Within the Committee recommendation, $13,361,000 is for the ombudsman services program and $5,198,000 is for the prevention of elder abuse program. The amount recommended for each of these programs is the same as the comparable fiscal year 2003 level. 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 encourages the Administration on Aging to fund a demonstration grant program in support of the activities authorized under Title VII, Subtitle B of the Older Americans Act for programs directed toward preventing abuse, neglect and exploitation of older individuals in Indian Country. Funds should be used for education programs directed toward increasing awareness of elder abuse in Indian Country and on developing enforceable codes at the tribal level.

National Family Caregiver Support Program

The Committee recommends $149,025,000 for the national family caregiver support program, which is the same as the comparable fiscal year 2003 level. The administration request was $141,500,000. 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 $6,209,000 to carry out the Native American Caregiver Support Program, which is the same as the comparable fiscal year 2003 amount. The administration requested $5,500,000 as part of its request for the National Family Caregiver Support Program. 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 2003, funds were used to provide both discretionary and formula grants to support the goals of this program.

Congregate and Home-delivered Nutrition Services

For congregate nutrition services, the Committee recommends an appropriation of $387,292,000. The comparable level for fiscal year 2003 was $384,592,000 and the budget request was $390,000,000. For home-delivered meals, the Committee recommends $180,985,000, which is the same as the comparable level for fiscal year 2003. The administration request was $178,500,000. 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.

Nutrition Services Incentives Program

The Committee recommendation includes $148,697,000 for the nutrition services incentives program, the same as the comparable fiscal year 2003 funding level. The administration request was $149,670,000.

This program, which was transferred from the Department of Agriculture in fiscal year 2003, augments funding for congregate and home-delivered meals provided to older adults. The Committee commends the administration for recognizing that the NSIP should remain distinct from existing nutrition programs. Funds provided under this program are dedicated exclusively to the provision of meals. NSIP rewards effective performance by States and Tribal organizations in the efficient delivery of nutritious meals to older individuals through the use of cash or commodities. The Committee believes that funds should continue to be allocated based on the number of meals served in a State in the previous year and States should continue to have the option to receive commodities in lieu of cash if they choose. In addition, funds should not be subject to transfer and to administrative match requirements.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends $27,495,000 for grants to native Americans, which is the same as the fiscal year 2003 comparable level. 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 $17,843,000 for training, research, and discretionary projects. The comparable fiscal year 2003 level was $29,336,000. The Committee has provided funding in Aging Network Support Activities for several items that in previous years were funded in this account.

These funds support activities designed to expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies that administer the Older Americans Act. Given the enormous demands on Alzheimer's family caregivers, the Committee has included $1,000,000 to support an Alzheimer's family contact center for round-the-clock help to Alzheimer's families in crisis.

The Committee continues to support funding at no less than last year's level for national programs scheduled to be refunded in fiscal year 2004 that address a variety of issues, including elder abuse, native American issues and legal services.

Aging Network Support Activities

The Committee recommends $13,373,000 for aging network support activities. The comparable amount for fiscal year 2003 was $13,286,000. The Committee recommendation includes $1,199,000

for the Eldercare Locator and $1,180,000 for the pension information and counseling projects. In addition, the Committee has provided funding at no less than last year's level for the National Long Term Care Ombudsman Resource Center and the National Center on Elder Abuse. These programs were funded as demonstration activities through the fiscal year 2003 appropriation. The reauthorization of the Older Americans Act authorized both of these activities under section 202 of the Act. The Committee recommendation includes funding at no less than last year's level for the Health Care Anti-Fraud, Waste and Abuse Program, which uses 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. This program was funded as a demonstration activity through fiscal year 2003. 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 Eldercare Locator, a toll-free, nationwide directory assistance service for older Americans and their caregivers, is operated by the National Association of Area Agencies on Aging. Since 1991, the service has linked more than 700,000 callers to an extensive network of resources for aging Americans and their caregivers.

Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and how to pursue claims when pension problems arise. The information dissemination and outreach activities of the pension counseling projects have served over 13,000 people in 14 States and has helped recoup more than $40,000,000 on behalf of older individuals.

Alzheimer's Disease Demonstration Grants to States

As a result of the aging of the baby boom generation, the number of individuals affected by Alzheimer's disease will double in the next 20 years. The Committee recommends a funding level of $12,412,000, for Alzheimer's disease demonstration grants to States.

Currently, an estimated 70 percent of individuals with Alzheimer's disease live at home, where families provide the preponderance of care. For these families, caregiving comes at enormous physical, emotional and financial sacrifice. The Alzheimer's disease demonstration grant program currently provides matching grants to 35 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.

White House Conference on Aging

The Committee recommends $2,842,000 for the White House Conference on Aging, which is the same level as the administration request. These funds are available until September 30, 2006. Funds will be used for start up costs for the Conference, which will be

held prior to December 31, 2005 and is required by the Older Americans Act Amendments of 2000.

Program Administration

The Committee recommends $17,869,000 to support Federal staff that administer the programs in the Administration on Aging, which is the same as the comparable 2003 level. These funds provide administrative and management support for programs administered by the agency.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2003	$350,973,000
Budget estimate, 2004	353,951,000
Committee recommendation	348,659,000

The Committee recommends $348,659,000 for general departmental management [GDM]. The comparable level for fiscal year 2003 was $350,973,000 and the administration request was $353,951,000. The Committee recommendation includes the transfer of $5,851,000 from Medicare trust funds, which is the same as the administration request.

The Committee directs that specific information requests from the chairman and ranking member of the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies, on scientific research or any other matter, shall be transmitted to the Committee on Appropriations in a prompt professional manner and within the time frame specified in the request. The Committee further directs that scientific information requested by the Committees on Appropriations and prepared by Government researchers and scientists be transmitted to the Committee on Appropriations, uncensored and without delay.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health and Science, including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

The Committee has provided $4,015,000 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 has included a new general provision which prohibits the Department from carrying out or administering the De-

partment's human resources consolidation plan. This prohibition also extends to the Indian Health Service and the Food and Drug Administration. This action was taken at the request of the Subcommittees on the Interior and on Agriculture and Rural Development because of their concerns regarding the impact that the human resources consolidation would have on the agencies in their Subcommittees' jurisdiction. The agencies within the jurisdiction of the Labor-HHS Subcommittee have unique personnel requirements necessary to carry out the research and health missions mandated by the Public Health Service Act. The Committee believes that centralizing human resource offices, at the same time that the Department is implementing the Federal Government's plan to outsource various support activities, could disrupt critical research at the National Institutes of Health and public health functions at the Centers for Disease Control and Prevention and other public health agencies. The Committee believes that centralizing human resource offices may lessen the special expertise needed to hire the best public health personnel and dilute the independence of decision-making within the agencies. The Committee believes that before the Department undertakes a human resources consolidation plan, a study should be conducted to determine best practices in improving efficiencies in human resources and administrative functions to achieve the cost-saving aspects of the plan without disputing the hiring decisions made by the public health agencies. Therefore the Committee directs the Secretary to contract with the National Academy of Public Administration to undertake such a study and has included sufficient funds for this purpose.

Commissioned Corps.—The Committee has provided $3,000,000 within the total for activities related to the transformation and modernization of the Public Health Service [PHS] Commissioned Corps. The Committee provided $2,000,000 in fiscal year 2003, bringing the total provided for the transformation of the Commissioned Corps to $5,000,000. These funds will allow an increase in recruitment for Corps health professionals, expand and enhance the Commissioned Corps Readiness Force, provide medical readiness education and training to Corps personnel, and establish a PHS Auxiliary system to provide locally-grouped professionals who can be deployed along with Corps teams.

Data Collection.—The Committee is aware that much of the health data used by the public and private sectors is provided by the Department, especially by the National Center for Health Statistics. The Department plays a leadership role in assuring the collection and reporting of racial, ethnic and primary health-related data through written policy and sustained action. The Committee expects the Secretary to designate a central authority within the Department to oversee its policies in this area, as well as in dissemination, implementation and compliance activities. Federal datasets must meet at least the minimum standards set by the Office of Management and Budget in 1997 and subsequent standards for maintaining, collecting and presenting Federal data on race and ethnicity. In addition, the Committee reminds the Department of OMB's requirements that the standards be adopted for use in household surveys, administrative forms and records, and other data collection purposes.

Direct Support Professionals.—The Committee recognizes the growing crisis in recruiting and retaining quality Direct Support Professionals [DSPs] to serve people with mental retardation and other developmental disabilities living in the community. The Committee encourages the Secretary, acting through the Assistant Secretary for Planning and Evaluation, to conduct a study on the shortage of DSPs, including an examination of root causes, vacancy and turnover rates, and the impact this shortage is having on community services for people with mental retardation and other developmental disabilities.

Embryo Adoption Awareness.—A recent study has shown that there are nearly 400,000 frozen embryos in fertility clinics in the United States, a figure several times higher than previous estimates. The Committee understands that only approximately 2 percent of these frozen embryos are donated to other couples in order to bear children. The Committee believes that, if educated about the possibility, many more couples may chose to donate their embryos and more infertile couples may chose to adopt such embryos. In fiscal year 2002 the Committee directed the Department to launch a public awareness campaign regarding the existence of these spare embryos. The Committee believes that increasing public awareness of this option remains an important goal and therefore directs the Department to continue its embryo adoption awareness campaign. The Committee has provided $1,000,000 for this purpose.

Mammography.—The Committee believes it is important to improve the quality of mammography, particularly the interpretation of mammograms, and to ensure access to mammography for women. The Committee strongly urges the Department to enter into an agreement with the Institute of Medicine to conduct a study and make recommendations on ways to improve the Mammography Quality Standards Act, mammography quality and access, and physicians' interpretation of mammograms. The study should also address recruitment and retention of personnel, improvements in data collection, and making available safe and effective new screening and diagnostic tools for breast cancer.

Racial and Ethnic Disparities.—The Committee is strongly committed to ensuring the overall improved health of the American people, and urges the Department to take the steps necessary to implement recommendations developed by the Institute of Medicine's "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" study. The recommendations offer significant guidelines and opportunities for improving health and eliminating health disparities. The Committee expects the Secretary to report on the progress of this action during next year's appropriations hearings, and to include a progress update in the Department's Budget Justification.

Social Worker Shortage.—The Committee urges the Department to study and quantify the current and future supply and demand for professional social workers serving older adults across the continuum of long-term care services. The Department should report these findings to the Committee and furnish recommendations for addressing any identified future shortage areas, including coopera-

tive strategies involving Federal agencies, professional associations, and schools of social work.

Adolescent Family Life

The Committee has provided $31,241,000 for the Adolescent Family Life Program [AFL], which is the same as the administration request. The comparable fiscal year 2003 level was $30,922,000.

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 $1,222,000 for the Federal staff which supports the President's Council on Physical Fitness and Sports. The comparable fiscal year 2003 level was $1,215,000 and the administration request was $1,230,000.

The President's Council on Physical Fitness and Sports serves as a catalyst for promoting increased physical activity/fitness and sports participation for Americans of all ages and abilities, in accordance with Executive Order 13265, as amended. The programs sponsored by PCPFS are supported largely through private sector partnerships.

Minority Health

The Committee recommends $48,740,000 for the Office of Minority Health. The comparable level for fiscal year 2003 was $56,224,000 and the administration request was $47,010,000.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee continues to support the National Minority Male Health Project in the Office of Minority Health which funds the New Minority Males Consortium. This consortium is composed of five historically black colleges and universities [HBCUs] and has begun implementation of campus and community-based projects to educate and inform minority males about certain diseases prevalent among African American, Latino, and other minority males. The Committee encourages OMH to dedicate adequate funds to support institutional activities and to further expand this effort to include additional HBCUs and other minority serving institutions.

The Committee continues to recognize the need to recruit and train more minorities in the health professions. The Committee encourages the Office of Minority Health to support annual conferences that have a proven record of increasing the number of under-represented minorities entering the health professions.

The Committee commends the Secretary for designating the elimination of health disparities as a major priority for the Department, and is encouraged that the agencies within DHHS are moving forward in this area as they implement, monitor and evaluate strategic plans for eliminating health disparities. The Committee expects the Office of Minority Health and the National Center for Minority Health and Health Disparities at the National Institutes of Health to play a joint role in coordinating and monitoring the implementation of the Department's elimination of health disparities strategic plans. The Committee expects the Secretary to report to Congress on the implementation of the strategic plans during next year's appropriations hearings, and to include a progress update in future Budget Justifications.

Office on Women's Health

The Committee recommends $29,721,000 for the Office on Women's Health. The comparable level for fiscal year 2003 was $28,658,000 and the administration request was $28,908,000.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

The Committee remains strongly supportive of the work done by the Office on Women's Health in the Office of the Secretary. In addition to its own work advancing women's health, it provides critical coordinating services with offices located in NIH, CDC, HRSA, FDA, SAMHSA, AHRQ, and CMS. In totality, these offices assure that issues related to research, treatment, services, training, and education efforts by HHS reflect the distinct needs of women. The Secretary should notify the Committee in advance of any changes planned for the status, location, or reporting structure of this office or any of the offices enumerated above.

HIV/AIDS in Minority Communities

To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Com-

mittee 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

Appropriations, 2003	$36,808,000
Budget estimate, 2004	39,497,000
Committee recommendation	39,497,000

The Committee recommends an appropriation of $39,497,000 for the Office of Inspector General. The fiscal year 2003 comparable level was $36,808,000 and the administration request was $39,497,000. In addition to discretionary funds, the Health Insurance Portability and Accountability Act of 1996 provides $160,000,000 in mandatory funds for the Office of the Inspector General in fiscal year 2004; the total funds provided to the Office by this bill and the authorizing bill would be $199,497,000 in fiscal year 2004.

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. With the possible introduction of a outpatient prescription drug benefit, the Committee asks the OIG to prepare for its consideration any needed oversight to minimize potential program losses due to fraud, waste and abuse in the administration of this important new benefit.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2003	$33,423,000
Budget estimate, 2004	34,250,000
Committee recommendation	34,250,000

The Committee recommends $34,250,000 for the Office for Civil Rights. This is the same as the administration request. The comparable fiscal year 2003 level was $33,423,000. The recommendation includes the transfer of $3,314,000 from the Medicare trust funds.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

POLICY RESEARCH

Appropriations, 2003	$2,483,000
Budget estimate, 2004	2,499,000
Committee recommendation	.....

The Committee does not recommend appropriated funds for policy research. The Committee has provided $23,499,000 through transfers available under section 241 of the Public Health Service Act. The comparable program level for fiscal year 2003 was $20,483,000.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agency and subject lines, as well as new policy approaches outside the context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2003	$310,017,000
Budget estimate, 2004	316,365,000
Committee recommendation	329,868,000

The Committee provides an estimated $329,868,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service. The fiscal year 2003 comparable level was $310,017,000 and the administration request was $316,365,000.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

The Committee notes that, according to the budget request, the various agencies and operating divisions across the Department are expected to absorb $22,371,000 in retirement medical cost payments for Commissioned Corps Officers. Medical cost payments have been funded by this account in the past. The transfer of responsibility for these payments to the Department's discretionary budgets was mandated in the Department of Defense Reauthorization Act of Fiscal Year 2002. However, the Committee recognizes that the corresponding funds were not transferred to the operating divisions to cover these costs. Therefore, the Committee has included bill language mandating that the Retirement Pay and Medical Benefits for Commissioned Officers account continue to cover these costs in fiscal year 2004 as it has done in the past.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2003	$1,887,247,000
Budget estimate, 2004	1,896,149,000
Committee recommendation	1,856,040,000

The Committee recommends $1,856,040,000 for the Public Health and Social Services Emergency Fund. The comparable level for fiscal year 2003 was $1,887,247,000. The Committee has provided funding for Poison Control and Emergency Medical Services

for Children in HRSA instead of in this account as proposed by the administration. The Committee has fully funded the administration request when these amounts are included.

The Committee provides $940,000,000 to CDC for upgrading State and local capacity. This amount maintains funding at the level provided last year. The Committee recognizes that bioterrorism events will occur at the local level and will continue to require local capacity, preparedness and initial response. It was the intent of the Congress that significant funding for State and local public health infrastructure be used to improve local public health capacity and meet the needs determined by local public health agencies. The Committee's intent remains firm. The threats posed by bioterrorism and other public health emergencies (as evidenced by the outbreak of Severe Acute Respiratory Syndrome—SARS) have not abated. Because it is essential to the Nation's public health readiness that bioterrorism funding be made available at the local level, the Committee encourages the CDC and the Department to ensure that monies appropriated for State and local capacity building be spent to improve local public health readiness in a manner with which local public health officials concur. It is expected that local public health agencies are and will continue to be full partners in developing State plans.

The Committee is concerned over reports that some Federal bioterrorism dollars have been used to supplant State and local funding for public health. The intent of the Congress has always been clear—funding for bioterrorism efforts is to supplement, not supplant State and funding of public health programs. During this crucial time, bioterrorism funding has been made available to build public health capacity at both State and local levels. Use of these funds to supplant State and local dollars only endangers efforts to build a system to respond to threats.

Within the total for State and local capacity, the Committee has included $40,000,000 for the Health Alert Network [HAN]. Prior to HAN, one-half of local public health departments did not even have e-mail. Now, HAN is a well-functioning system and has been used regularly, most recently to distribute current information about SARS and monkeypox. Continued expansion and refinement of HAN now falls under the umbrella of the Public Health Information Network under development by CDC. The Committee believes that this is appropriate. To ensure that these funds continue to be used to improve local capacity for electronic communications and data exchange, the Committee encourages CDC to provide adequate funding to improve public health capacity for electronic communication and data exchange at the local level in a manner consistent with the Public Health Information Network and with which local public health officials concur. This will enable enhanced local capacity that has resulted from HAN funding to continue.

The Committee intended that one function of HAN was to assure that essential, time-sensitive public health information become available to both State and local public health agencies in a timely manner. The Committee is concerned about reports from localities, including large cities, participating in HAN that they are not receiving all CDC-generated messages promptly because such messages are going only to their State agencies. Recognizing that both

timeliness and redundancy in communications are important in addressing urgent public health concerns, the Committee strongly urges CDC to ensure that all local public health agencies receive CDC information on the same timely basis as do States.

Of the total amount, the Committee recommends $158,116,000 for upgrading CDC capacity and $18,040,000 for anthrax vaccine research.

The Committee has included bill language to exempt employees of the CDC or the Public Health Service, detailed as field assignees for purposes related to homeland security, from full-time equivalent [FTE] employment limitations, administrative ceilings, or targets. The effect of the bill language is to furnish States, municipalities, and other organizations with a sufficient number of field assignees to implement important public health programs related to homeland security.

The Committee's recommendation includes $61,820,000 for the Office of the Secretary. The Committee recommendation also includes $100,000,000 for activities to ensure an adequate supply of vaccine in the event of an influenza pandemic.

The Committee provides $578,064,000 to HRSA for bioterrorism activities. Of this amount, $518,052,000 is for hospital preparedness and infrastructure improvements related to bioterrorism. The Committee intends that States use these funds to develop hospital preparedness in a manner that is consistent with State and local bioterrorism preparedness plans. The Committee expects the Department will ensure that hospitals receiving funds have consulted with the local public health agency (or State agency where no local agency exists) and that the hospitals' uses of these funds are fully coordinated with local, regional and State bioterrorism preparedness plans. The Committee provides $60,012,000 for curriculum development and training on the detection and treatment of diseases caused by bioterrorism.

Funds for bioterrorism prevention and response are distributed through grants to 50 States and four metropolitan areas. The Committee strongly recommends that these funds be distributed based on a formula that includes factors for risk of a terrorist event. Risk is challenging to quantify, but the Committee suggests that the Secretary consider the following, among other factors: (1) Site of headquarters or major offices of multinational organizations; (2) site of major financial markets; (3) site of previous incidents of international terrorism; (4) some measure of population density versus just population; (5) internationally recognized icons; (6) percent of national daily mass transit riders; (7) proximity to a major port, including major port ranked on number of cargo containers arriving at the port per year.

The Committee understands that it is the responsibility of HRSA to obtain guidance from the National Institute for Occupational Safety and Health [NIOSH] and the Occupational Safety and Health Administration [OSHA] on the appropriate personal protective equipment, including respiratory protection, and decontamination equipment for hospitals in the event of a terrorist incident. Such guidance will primarily focus on preparedness for biological terrorism, but also will include preparedness for a chemical or radiological incident. The Committee believes that uniform guidance

will minimize hospital guesswork, assure uniformity in preparedness across jurisdictions, and allow for greater ease of mutual aid.

GENERAL PROVISIONS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Committee recommendation includes language placing a $50,000 ceiling on official representation expenses (sec. 201).

The Committee recommendation includes language carried in fiscal year 2003 which limits the assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation retains a provision carried in fiscal year 2003 to limit the use of grant funds to pay individuals no more than an annual rate of Executive Level I (sec. 204).

The Committee recommendation retains language carried in fiscal year 2003 restricting the Secretary's use of taps for program evaluation activities unless he submits a report to the Appropriations Committees on the proposed use of funds (sec. 205).

The Committee recommendation includes language authorizing the transfer of up to 2.2 percent of Public Health Service funds for evaluation activities (sec. 206).

The Committee recommendation retains language restricting transfers of appropriated funds among accounts and requiring 15 day notification to both the House and Senate Appropriations Committees (sec. 207).

The Committee recommendation retains language carried in fiscal year 2003 permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers by the Director of NIH and the Director of the Office of AIDS Research at NIH (sec. 208).

The Committee recommendation retains language which requires that the use of AIDS research funds be determined jointly by the Director of the National Institutes of Health and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the Institutes and Centers consistent with the AIDS research plan (sec. 209).

The Committee recommendation retains language carried in fiscal year 2003 regarding requirements for family planning applicants (sec. 210).

The Committee recommendation retains language which restricts the use of funds to carry out the Medicare+Choice Program if the Secretary denies participation to an otherwise eligible entity (sec. 211).

The Committee recommendation retains language which States that no provider services under Title X of the PHS Act may be exempt from State laws regarding child abuse (sec. 212).

The Committee recommendation retains language carried in fiscal year 2003 extending the refugee status of persecuted religious groups (sec. 213).

The Committee recommendation retains language which prohibits the Secretary from withholding substance abuse treatment funds (sec. 214).

The Committee recommendation includes language carried in fiscal year 2003 which facilitates the expenditure of funds for international AIDS activities (sec. 215).

The Committee recommendation includes a provision allowing the Division of Federal Occupational Health to use personal services contracting to employ professional, administrative, and occupational health professionals (sec. 216).

The Committee recommendation includes bill language that allows the NIH to expand the number of Morris K. Udall Parkinson's Disease Centers (sec. 217).

The Committee has included a new general provision which prohibits the Department from carrying out or administering the Department's human resources consolidation plan (sec. 218).

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2003	$13,738,273,000
Budget estimate, 2004	14,184,000,000
Committee recommendation	14,103,356,000

The Committee recommends an appropriation of $14,103,356,000 for education for the disadvantaged. The comparable funding level for fiscal year 2003 is $13,738,273,000 and the budget request includes $14,184,000,000 for this account.

The programs in the education for the disadvantaged account help ensure that poor and low-achieving children are not left behind in the Nation's effort to raise the academic performance of all children and youth. That goal is more pressing than ever since the passage of the No Child Left Behind Act, which incorporates numerous accountability measures into Title I programs, especially part A grants to local educational agencies—the largest Federal elementary and secondary education program.

In particular, the new law strengthens Title I accountability by requiring States to implement statewide accountability systems covering all public schools and students. These systems must be based on challenging State standards in reading and mathematics, annual statewide progress objectives ensuring that all groups of students reach proficiency in reading and math within 12 years, and annual testing for all students in grades 3–8. State progress objectives and assessment results must be broken out by poverty, race and ethnicity, disability, and limited English proficiency. States, school districts, and schools must report annually on their progress toward statewide proficiency goals. Districts and schools that fail to make adequate yearly progress [AYP] toward these goals will, over time, be subject to increasingly rigorous improvement, corrective action, and restructuring measures aimed at getting them back on course to meet State standards. Students attending schools that fail to meet annual State AYP objectives for 2 consecutive years will be permitted to transfer to a better public school or, if the school continues to fail to meet AYP for 3 years or more, to use Title I funds to obtain educational services from a public- or private-sector provider selected by their parents.

Grants to Local Educational Agencies

Title I Grants to Local Educational Agencies [LEAs] provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of schoolwide programs, help all students in high-poverty schools to meet challenging State academic standards. The program serves more than 15,000,000 students in nearly all school districts and more than

half of all public schools—including two-thirds of the Nation's elementary schools.

Title I schools help students reach challenging State standards through one of two models: "targeted assistance" that supplements the regular education program of individual children deemed most in need of special assistance, or a "schoolwide" approach that allows schools to use Title I funds—in combination with other Federal, State, and local funds—to improve the overall instructional program for all children in a school.

Starting with the fiscal year 2004 appropriation, States are required to reserve 4 percent of their allocation under this program for school improvement activities, double the requirement in fiscal year 2003. States must distribute 95 percent of these reserved funds to local educational agencies for schools identified for improvement, corrective action, or restructuring.

More than any other Federal program, Title I grants to LEAs are critical to the success of the No Child Left Behind Act. The Committee recommends $12,350,000,000 for this program. The comparable funding level for fiscal year 2003 is $11,684,311,000 and the budget request includes $12,350,000,000 for Title I grants to LEAs. Since the No Child Left Behind Act was passed in 2001, the Committee has supported an increase of 41 percent in the appropriation for this program. These Federal resources represent the significant commitment this Committee has made to provide the resources necessary to help all children succeed in school.

The Committee has included bill language that requires the Secretary to use the most appropriate and reliable data available on July 1, 2003 for calculating grants under the Title I Grants to LEAs program.

The grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant [EFIG].

For Title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $7,107,282,000. The comparable funding level for fiscal year 2003 is $7,107,282,000 and the budget request includes $7,172,971,000 for the basic grants funding stream. Basic grants are awarded to school districts with at least 10 poor children who make up more than 2 percent of enrollment.

For concentration grants, the Committee recommends an appropriation of $1,365,031,000. The comparable funding level for fiscal year 2003 and the budget request are both $1,365,031,000. Funds under this program are distributed according to the basic grants formula, except that they go only to LEAs where the number of poor children exceeds 6,500 or 15 percent of the total school-aged population.

Last year, Congress provided all of the additional funding for Title I grants to LEAs above the fiscal year 2002 level through the EFIG and targeted formulas. The Committee recommends allocating all of the increase proposed this year through the EFIG formula. The Committee notes that analysis conducted by the Congressional Research Service has demonstrated that the EFIG formula delivers a larger share of Title I funds to high-poverty school districts—those with child poverty rates in excess of 25 percent—than any other Title I formula, followed closely by the targeted

grants formula. In addition, the EFIG formula uses State-level "equity" and "effort" factors to make allocations to States that are intended to encourage States to spend more on education and to improve the equity of State funding systems. Once State allocations are determined, suballocations to the LEA level are based on a modified version of the targeted grants formula, described below.

The Committee recommends an appropriation of $2,207,448,000 for education finance incentive grants. The comparable funding level for fiscal year 2003 is $1,541,759,000 and the budget request includes $793,499,000 for the EFIG funding stream.

The targeted grants formula weights child counts to make higher payments to school districts with high numbers or percentages of poor students. For these grants, the Committee recommends an appropriation of $1,670,239,000. The comparable funding level for fiscal year 2003 is $1,670,239,000 and the budget request includes $3,018,499,000 for this funding stream.

William F. Goodling Even Start Family Literacy Program

The Committee recommends $175,000,000 for fiscal year 2004 for the Even Start program. The comparable funding level for fiscal year 2003 is $248,375,000 and the budget request includes $175,000,000 for this program.

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 notes with interest the results from the Program Assessment Rating Tool used with respect to the Even Start program. In particular, the Committee is concerned that while State educational agencies and local grantees have developed a framework for monitoring and evaluating program performance, the Department has yet to utilize fully this framework in order to establish benchmarks and numerical targets by which program performance can be measured. The Committee encourages the Department to move expeditiously to address these deficiencies. The Committee requests that the Department include in its 2005 Congressional Justification a complete description of steps taken and planned to develop a robust program performance system for the Even Start program.

Reading First State Grants

The Committee recommends $1,000,000,000 for the Reading First State Grants program. The comparable funding level for fiscal year 2003 is $993,500,000 and the budget request includes $1,050,000,000 for the Reading First State Grants program. The Committee remains very supportive of the President's goal of pro-

viding $5,000,000,000 over a 5-year period for the Reading First program. Since President Bush took office, Federal funding for reading programs has grown by almost 250 percent.

Reading First is a comprehensive effort to provide States and LEAs with funds to implement comprehensive reading instruction for children in grades K–3. The purpose of the program is to help ensure that every child can read by the end of 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. Under the budget request, $5,650,000 is available to support Targeted Assistance Grants to those SEAs and LEAs that meet specified performance outcome goals.

The Committee encourages the Department to move quickly to develop performance targets and an evaluation framework for assessing the effectiveness of this program. The Committee requests that the Department include in its 2005 Congressional justification a summary report of implementation issues and performance outcomes identified in State annual performance reports or in other evaluation and monitoring activities undertaken by the Department.

Early Reading First

The Committee recommends $85,000,000 for the Early Reading First program. The comparable funding level for fiscal year 2003 is $74,512,000 and the budget request includes $100,000,000 for Early Reading First.

Early Reading First complements Reading First State Grants by providing competitive grants to school districts and nonprofit groups to support activities in existing preschool programs that are designed to enhance the verbal skills, phonological awareness, letter knowledge, pre-reading skills, and early language development of children ages 3 through 5. Funds are targeted to communities with high numbers of low-income families.

The Committee encourages the Department to move quickly to develop performance targets and an evaluation framework for assessing the effectiveness of this program. The Committee requests that the Department include in its 2005 Congressional Justification a summary report, based on State annual performance reports of basic program information, including the percentage of young children participating in the program with the skills they need to be successful readers. In addition, the Committee requests that this report provide information on how grantees are using Early Reading First funds in coordination with other federally-funded and supported programs that address early care and development of children.

Improving Literacy Through School Libraries

The Committee recommends $12,419,000 for the Improving Literacy Through School Libraries program. The comparable funding level for fiscal year 2003 is $12,419,000 and the budget request in-

cludes $27,500,000 for the Improving Literacy Through School Libraries program.

This program provides funds for urgently needed, up-to-date school library books and training for school library media specialists in order to support the scientifically based reading programs authorized by the Reading First initiative. LEAs with a child-poverty rate of at least 20 percent are eligible for the competitive awards. Funds may be used to acquire school library media resources, including books and advanced technology; facilitate resource-sharing networks among schools and school libraries; provide professional development for school library media specialists; and provide students with access to school libraries during non-school hours.

The Committee encourages the Department to establish performance targets and an evaluation framework for assessing the effectiveness of this program. The Committee is aware that the authorizing statute allows the Secretary to use up to one percent of the appropriation for evaluation activities and notes that these funds would be helpful in developing a framework for evaluating the effectiveness of this program.

Migrant Education Program

The Committee recommends $395,413,000 for the Migrant Education program. The comparable fiscal year 2003 funding level is $395,413,000 and the budget request includes $396,000,000 for the Migrant Education program.

The Title I Migrant Education 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 actual counts of migratory children ages 3 through 21 residing within the States in the previous year. 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, as well as identifying and improving services to the migrant student population.

Neglected and Delinquent

The Committee recommends $48,682,000 for the Title I neglected and delinquent program. The comparable funding level for fiscal year 2003 is $46,682,000 and the budget request includes $48,000,000 for the neglected and delinquent program.

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 15, but not more than 30, percent of their neglected and delinquent funds to help stu-

dents in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders, who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. Reentry activities may include strategies designed to expose the youth to, and prepare the youth for, postsecondary education, or vocational and technical training programs. The Committee urges the Secretary to provide appropriate technical assistance to States in identifying and implementing best practices for effectively utilizing funds available for transition services and other activities.

Under the No Child Left Behind Act, the Congress provided the Secretary with the authority to reserve up to 2.5 percent of the appropriation for national activities. The Committee urges the Secretary to fully utilize this authority to support capacity building in and dissemination of best practices to State agency programs and to develop a uniform model for evaluating State performance under this program. The Committee is aware that a study by the National Council on Crime and Delinquency concluded, with assistance, States could provide meaningful outcome data including recidivism, diploma and degree completions and employment.

Evaluation

The Committee recommends $8,842,000 for evaluation of Title I programs. The comparable funding level for fiscal year 2003 is $8,842,000 and the budget request includes $9,500,000 for such activities. The budget request includes bill language that would allow the Secretary to use up to $1,000,000 from the appropriation to respond to technical assistance requests from States and school districts regarding implementation of Part A of Title I. The Committee has provided the requested authority.

Evaluation funds are used to support large-scale national surveys that examine how the Title I programs are contributing to student academic achievement. Funds also are used to evaluate State assessment and accountability systems and analyze the effectiveness of educational programs supported with Title I funds.

Comprehensive School Reform

The Committee recommends no funds for this program. The comparable funding level for fiscal year 2003 is $233,473,000 and the budget request did not include any funds for the comprehensive school reform program.

This program has provided schools with funding to develop or adopt, and implement, comprehensive school reforms that will enable children in participating schools to meet State standards. The Department has allocated funds to States based on their relative shares of the previous year's Title I basic grants funds.

High School Equivalency Program

The Committee recommends $13,000,000 for the high school equivalency program [HEP]. The comparable funding level for fiscal year 2003 is $23,347,000 and the budget request is $13,000,000 for the HEP.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant stu-

dents 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. At the budget request, HEP will serve roughly 5,500 migrants.

College Assistance Migrant Program

For the College Assistance Migrant Program [CAMP], the Committee recommends $15,000,000. The comparable funding level for fiscal year 2003 is $15,399,000 and the budget request is $15,000,000 for the CAMP.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for follow-up services after students have completed their first year of college, including assistance in obtaining student financial aid.

IMPACT AID

Appropriations, 2003	$1,188,226,000
Budget estimate, 2004	1,015,500,000
Committee recommendation	1,188,226,000

The Committee recommends an appropriation of $1,188,226,000 for impact aid for the Department of Education. The comparable funding level for fiscal year 2003 is $1,188,226,000 and the budget request includes $1,015,500,000 for the impact aid account.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education.

Basic Support Payments.—The Committee recommends $1,025,292,000 for basic support payments. The comparable funding level for fiscal year 2003 is $1,025,292,000 and the budget request includes $867,500,000. Under statutory formula, payments are made on behalf of all categories of federally connected children. However, the budget includes a legislative proposal which would eliminate Federal aid provided for certain categories of federally connected students. The categories of students affected by this proposal include: students who do not live on Federal property but who have a parent on active duty in the uniformed services of the United States, or a parent who is a foreign military officer accredited by a foreign government; students who reside in a low-rent housing project assisted under the United States Housing Act of 1937; students who live on Federal property but otherwise do not

fit into any of the categories described above; and students who do not reside on Federal property but who have a parent employed on Federal property located partly or wholly in the same State as the LEA. This proposal would eliminate Federal aid for roughly 800,000 federally connected students. The Committee rejects this proposed change.

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 $50,668,000 for this purpose. The comparable funding level is $50,668,000 and the budget request includes $40,000,000. The budget request includes a legislative proposal to eliminate funding for "b" children who are disabled. The Committee rejects this approach and notes that roughly 20,000 such students currently generate Federal payments associated with the excess cost of educating these eligible children.

Facilities Maintenance.—This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department of Education and used by local educational agencies to serve federally connected military dependent students. The Committee recommends $7,948,000. The comparable funding level for fiscal year 2003 is $7,948,000 and the budget request proposes $8,000,000 for this purpose.

Construction.—Payments are made to eligible LEAs to be used for construction and renovation of school facilities, or for debt service related to the construction of school facilities. The Committee recommends $44,708,000 for this program. The comparable fiscal year 2003 funding level is $44,708,000 and the budget request includes $45,000,000 for construction activities.

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 $59,610,000 for this activity. The comparable funding level for fiscal year 2003 is $59,610,000 and the budget request proposes to fund this program at $55,000,000.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2003	$5,883,092,000
Budget estimate, 2004	5,042,834,000
Committee recommendation	5,731,453,000

The Committee recommends an appropriation of $5,731,453,000 for school improvement programs. The comparable funding level in fiscal year 2003 for this account is $5,883,092,000 and the budget request includes $5,042,834,000.

State Grants for Improving Teacher Quality

The No Child Left Behind Act requires States to ensure that all teachers teaching in core academic subjects are "highly qualified" by the end of the 2005–2006 school year. The Committee recommends $2,850,000,000 for State grants for improving teacher

quality. The comparable funding level for fiscal year 2003 is $2,930,825,000 and the budget request proposes $2,850,000,000.

Since the No Child Left Behind Act was enacted, the Committee has increased funding by more than 32 percent for programs that specifically support high quality professional development for teachers and school leadership. The Committee recommendation for fiscal year 2004 includes roughly $3,400,000,000 for such activities in recognition of the critical role that these individuals occupy in educating the Nation's children and the significant academic benefit that students may derive from the presence of a highly qualified teacher in their classroom. In addition, State and local educational agencies have considerable flexibility to use funds from their Title I grants to LEAs allocations, as well as other State grant program dollars in support of high-quality professional development opportunities.

States and LEAs may use the funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay, and merit-based performance systems.

These funds may also be used by districts to hire teachers to reduce class sizes. The Committee recognizes that smaller classes, particularly in the early grades, can have a positive impact on students by improving classroom discipline, providing students with more individualized attention, and allowing parents and teachers to work more closely together. Funds within the teacher quality State grants program may be used to continue this commitment to our Nation's students, parents, and teachers, without taking away from other efforts to invest in professional development.

Early Childhood Educator Professional Development

The Committee recommends $14,902,000 to support professional development activities for early childhood educators and caregivers in high-poverty communities. The comparable funding level for fiscal year 2003 is $14,902,000 and the budget request includes $15,000,000 for this program. From this appropriation, the Secretary makes competitive grants to partnerships of early childhood and family literacy caregivers and educators in order to provide high quality, sustained and intensive professional development for early childhood educators to help them provide developmentally appropriate school-readiness services for preschool-age children.

The Committee is aware that the first round of grantees will be submitting performance reports to the Department this year. The Committee urges the Department to review the performance reports as soon as they are available and include in its 2005 Congressional Justification a summary report on grantee progress on each of the achievement indicators established under the program. In addition, the Committee urges the Department to identify any implementation issues that grantees face in meeting the objectives of this program, as well as describe how these funds are coordinated

with other Federal funds available for early care and development programs.

Mathematics and Science Partnerships

The Committee recommends $100,344,000 for the mathematics and science partnerships program. The comparable funding level for fiscal year 2003 is $100,344,000 and the budget request includes $12,500,000 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. When the appropriation for this program is $100,000,000 or greater, the Secretary is authorized to award grants to States by a formula which includes consideration of the number of children aged 5 to 17 below the poverty line. States then are required to make grants competitively 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.

The Committee notes that the authorizing statute requires grantees to develop an evaluation and accountability plan to measure their performance and to submit annual reports to the Department on such plans. The Committee encourages the Department to work with the National Science Foundation, States, and local grantees to develop a framework for evaluating this program. The Committee requests that the 2005 Congressional Justification include a description of steps taken and planned for using annual reports and other means as a basis for evaluating this program (including developing a baseline and performance targets.)

Innovative Education Program Strategies State Grants

The Committee recommends $345,000,000 for innovative education program strategies State grants. The comparable funding level for fiscal year 2003 is $382,498,000 and the budget request includes $385,000,000 for this purpose.

The innovative education program is a flexible source of Federal funds that provides support to States and LEAs in developing education reform initiatives that will improve the performance of students, schools, and teachers.

The Committee notes that each State receiving Federal assistance under this program is required to compile and summarize evaluation information submitted by local educational agencies, which includes a description of how Federal financial assistance affected student academic achievement and information on the use of funds, the types of services furnished, and students served. The Committee requests that the Department include in the 2005 Congressional Justification a summary report of such evaluation information, a summary of actions taken or planned to help States

evaluate the affect of this program on student achievement and its plan for developing a baseline and performance indicators for this program.

Educational Technology State Grants

The Committee recommends $695,947,000 for educational technology State grants. The comparable funding level for fiscal year 2003 is $695,947,000 and the budget request proposes $700,500,000 for this program.

Educational technology State grants program supports efforts to integrate technology into curricula to improve student learning. Funds flow by formula to States and may be used for the purchase of hardware and software, teacher training on integrating technology into the curriculum, and efforts to use technology to improve communication with parents, among other related purposes. An LEA must use at least 25 percent of its formula allocation for professional development in the integration of technology into the curricula unless it can demonstrate that it already provides such professional development.

The Committee encourages the Department to develop baselines and performance targets for this program, so the impact of Federal funds can be assessed. The Committee looks forward to reviewing such information as part of the 2005 Congressional Justification.

Preparing Tomorrow's Teachers to use Technology

The Committee recommendation does not include any funds for this program. Last year's bill included $62,094,000 for this program and the budget request proposed to eliminate the Preparing Tomorrow's Teachers to use Technology [PT3] program.

Funds available are used to assist consortia of private and public entities to prepare prospective teachers to use technology effectively in the classroom. Consortia consist of at least one institution of higher education, one State or local educational agency, and one other entity.

The Committee notes that under the primary source of Federal funding for educational technology—the Educational Technology State Grants program—LEAs must use at least 25 percent of its formula allocation for high-quality professional development in the integration of technology into curricula, unless it can demonstrate to the satisfaction of the State that it already provides such professional development opportunities to all teachers in core academic subjects. The Committee encourages the Department to work with States to ensure that this provision of the No Child Left Behind Act is implemented appropriately.

21st Century Community Learning Centers

The Committee recommends an appropriation of $1,000,000,000 for the 21st Century Community Learning Centers program. The comparable funding level for fiscal year 2003 is $993,500,000 and the budget request includes $600,000,000 for this program.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to local educational agencies, community-based organizations and other public and private entities. Grantees uses these resources to establish or expand commu-

nity learning centers that provide activities offering significant extended learning opportunities, such as before-and after-school programs, recreational activities, drug and violence prevention and family literacy programs for students and related services to their families. Centers must target their services on students who attend schools that are eligible to operate a schoolwide program under Title I of the Elementary and Secondary Education Act or serve high percentages of students from low-income families.

The Committee understands that the purpose of the 21st Century Community Learning Centers program is to provide participating students with opportunities for academic enrichment and a broad array of services and programs that reinforce the regular school day curriculum and facilitate social development. The Committee recognizes the importance of such opportunities, including youth development activities, drug and violence prevention programs, arts education, civic engagement, and character education programs in reinforcing students' academic performance and attracting them to participate in after-school programs. The Committee is aware that the students most in need of academic improvement are the least likely to participate in an after-school program if they perceive it to be little more than an extension of the school day.

The Committee rejects the proposed reduction in this program, which was based on the initial findings from an evaluation of centers funded in the first 3 years of the program. While the Committee appreciates and is committed to the notion that the allocation of Federal resources should be based on high-quality, science-based evaluations, it does not agree that more than 500,000 children and their families should be denied the opportunity to receive educational, developmental and related services based on the first-year findings from the Department's evaluation. The Committee looks forward to subsequent reports, which will include a more complete data set and additional information upon which to make a more informed assessment of the impact of the 21st-Century Community Learning Centers program.

The Committee notes the positive impact and implementation findings from the report, and therefore urges the Department to utilize this information, as well as those from other evaluations to strengthen the program. Under the No Child Left Behind Act, the Department may retain up to 1 percent to carryout national activities, including technical assistance to States in implementing the State-based competitive grant program and for assistance to local program operators, while State Educational Agencies may reserve up to 3 percent for training and technical assistance and local program evaluation. The Committee encourages the Department to work with States in helping them most effectively use these funds to strengthen centers funded through this program. In particular, the Committee urges the Department to take appropriate actions to ensure that 21st Century Community Learning Centers provide a wide array of proven and effective services and opportunities for students that both complement their regular academic program and provide additional opportunities for students to be safe and successful during non-school hours. The Committee requests that, as part of the 2005 Congressional Justification, the Department in-

clude a discussion of the actions undertaken and planned for addressing these issues and strengthening this program.

The Committee also urges the Department to include developmental and prevention indicators, in addition to academic indicators, in any performance goal, objective or indicator for the 21st Century Community Learning Centers program. The Committee looks forward to reviewing such information in the program performance information section of the 2005 Congressional Justification and the Department's annual program performance report.

State Assessments and Enhanced Assessment Instruments

The Committee recommends $390,000,000 for State assessments. The comparable funding level for fiscal year 2003 is $384,484,000 and the budget request includes $390,000,000 for such activities.

A key accountability measure in the No Child Left Behind Act requires annual State assessments in reading and mathematics for all students in grades 3–8 beginning in the 2005–2006 school year. The new assessments will be used to determine whether States, LEAs, and schools are making adequate yearly progress toward the goal of helping all students attain proficiency within 12 years of the 2001–2002 school year.

This program has two components. The first provides formula grants to States to pay the cost of developing standards and assessments required by the new law. The statute includes funding "trigger amounts" for fiscal years 2002–2007; States may defer the new assessments if the appropriation falls below the trigger level. The trigger for fiscal year 2003 is $380,000,000 and it rises to $390,000,000 in fiscal year 2004. Under the second component of State assessments—Grants for Enhanced Assessment Instruments—appropriations in excess of the trigger level are used for a competitive grant program designed to support efforts by States to improve the quality and fairness of their assessment systems.

Javits Gifted and Talented Education

The Committee recommends $11,177,000 for the Javits Gifted and Talented Students Education Program. The comparable fiscal year 2003 funding level is $11,177,000 and the President's budget proposes to eliminate this program. Funds are used for awards to State and local education agencies, institutions of higher education, and other public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students.

Foreign Language Assistance

The Committee recommends $17,144,000 for the Foreign Language Assistance program. The comparable funding level for fiscal year 2003 is $16,144,000 and the budget request proposes eliminating funds for foreign language assistance activities.

Funds from this program support competitive grants to increase the quality and quantity of foreign language instruction. At least 75 percent of the appropriation must be used to expand foreign language education in the elementary grades. The Committee intends that none of the Foreign Language Assistance program funds shall

be used for the Foreign Language Incentive program. The Committee is concerned that the only Federal program designed to help schools meet the need for foreign language instruction 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.

The Committee notes that the Department asserts that it has no information indicating that the Foreign Language Assistance program is having a significant impact on the quality of foreign language instruction. However, the Committee is aware that applicants under this program must demonstrate to the Secretary that they have a project evaluation plan. Further, the Secretary requires successful applicants to submit annual performance reports that document the grantee's yearly progress toward meeting expected programmatic outcomes, which are used to measure the success of the grantee's project, and contribute to a broader knowledge base about high-quality, effective foreign language programs. The Committee encourages the Department to work with current and future grantees under this program to better utilize performance outcome data provided by grantees and to establish a framework (including a baseline and performance targets) for evaluating this program. The Committee expects to see more complete program performance information included in the 2005 Congressional Justification.

Education for Homeless Children and Youth

For carrying out education activities authorized by Title VII, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends $60,000,000. The comparable fiscal year 2003 funding level is $54,642,000 and the budget request includes $50,000,000 for this program.

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 make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in Title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youths Program, State educational agencies [SEAs] must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth. States must review and undertake steps to revise any laws, regulations, practices, or policies that may act as barriers to the enrollment, attendance, or success in school of homeless children and youth.

The latest estimates indicate that more than 900,000 children and youth in the United States experience homelessness. While the Committee notes the significant progress States and local educational agencies have made in increasing enrollment of homeless children and youth from 55 percent in 1996 to 87 percent in 2001, the Committee is aware that significant enrollment barriers—from transportation issues to lack of school records—continue to limit access to a free and appropriate education for homeless children and

youth. The Committee urges the Department to reserve sufficient funds to work with States, as requested, in reducing barriers remaining and also to address the issue of data collection related to the education of homeless children and youth.

Training and Advisory Services

For training and advisory services authorized by Title IV of the Civil Rights Act, the Committee recommends $7,286,000. The comparable fiscal year 2003 funding level is $7,286,000 and the budget request includes $7,334,000 for these services.

The funds provided will continue operation of the 10 regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

Education for Native Hawaiians

For programs for the education of Native Hawaiians, the Committee bill includes $36,000,000. The comparable fiscal year 2003 funding level is $30,798,000 and the budget request includes $18,300,000 for these programs.

The Committee urges the Department to provide at least $1,000,000 for the early childhood education program and at least $1,000,000 for school construction/renovation activities. The Committee also encourages the Department to consider funding educational activities regarding the historical underpinnings of Native Hawaiian law.

The Committee bill includes language allowing funds to be used for construction and renovation of Native Hawaiian educational facilities.

Alaska Native Educational Equity

The Committee recommends $36,000,000 for the Alaska Native educational equity assistance program. The comparable fiscal year 2003 funding level is $31,798,000 and the budget request includes $14,200,000 for this purpose.

These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives. The Committee bill includes language which allows funding provided by this program to be used for construction.

Rural Education

The Committee recommends $167,653,000 for rural education programs. The comparable fiscal year 2003 funding level is $167,653,000 and the budget request proposed to eliminate funding for these programs.

The Committee strongly supports the continued use of Federal funding specifically for rural education. Rural schools face difficult challenges in meeting the mandates in the No Child Left Behind Act, particularly in the areas of attracting highly qualified teachers and adapting to new assessment requirements and reporting expectations. The rural education programs are intended to help level

the playing field for small and high-poverty rural school systems that typically receive less Federal formula funding than their urban and suburban counterparts, and are frequently unable to compete for competitive grants. In addition to providing more total funding for such districts, the program also allows the districts to combine funds from four categorical programs and use the money to address their highest priorities, such as recruiting teachers, purchasing technology, or upgrading curricula.

The Committee expects that rural education funding will be equally divided between the Small, Rural Schools Achievement Program, which provides funds to LEAs that serve a small number of students, and the Low-Income and Rural Schools Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

INDIAN EDUCATION

Appropriations, 2003	$121,573,000
Budget estimate, 2004	122,368,000
Committee recommendation	121,573,000

The Committee recommends $121,573,000 for Indian Education programs. The comparable fiscal year 2003 funding level is $121,573,000 and the budget request includes $122,368,000 for such activities.

Grants to Local Education Agencies

For grants to local education agencies, the Committee recommends $96,502,000. The comparable fiscal year 2003 funding level is $96,502,000 and the budget request includes $97,133,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to local educational agencies, schools supported and operated by the Bureau of Indian Affairs and in some cases directly to Indian Tribes.

Special Programs for Indian Children

The Committee recommends $19,870,000 for special programs for Indian children. The comparable fiscal year 2003 funding level is $19,870,000 and the budget request includes $20,000,000 for authorized activities. Funds are used for demonstration grants to improve Indian student achievement through early childhood and preschool education programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National Activities

The Committee recommends $5,201,000 for national activities. The comparable fiscal year 2003 amount is $5,201,000 and the budget request includes $5,235,000 for authorized activities. Funds will be used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

Appropriations, 2003	$1,099,049,000
Budget estimate, 2004	807,400,000
Committee recommendation	774,133,000

The Committee recommends an appropriation of $774,133,000 for programs within the innovation and improvement account. The comparable fiscal year 2003 funding level for these programs is $1,099,049,000 and the budget request includes $807,400,000.

Troops-to-Teachers

This program supports the Defense Department's Troops to Teachers program, which helps prepare retiring and former military personnel to teach in high-poverty school districts. The Secretary of Education transfers program funds to the Department of Defense for the Defense Activity for Non-Traditional Education Support to provide assistance, including stipends of up to $5,000 and bonuses of up to $10,000, to eligible members of the Armed Forces so that they can obtain teacher certification or licensing. In addition, the program helps these individuals find employment in a school.

The Committee recommendation does not include additional resources for the Troops-to-Teachers program. The Committee takes this action because of the recent military activity, which has reduced the supply of available retiring and former military personnel; the fact that last year's appropriation is available for obligation for 2 fiscal years; and the tight budget constraints under which the Committee must operate. The comparable funding level for fiscal year 2003 is $28,812,000 and the budget request includes $25,000,000 for this program. The Committee continues to support activities designed to support the goal of ensuring that every child is taught by a highly qualified teacher, and that support is demonstrated by the significant increases in this program and others that contribute to achievement of that goal. Since fiscal year 2001, funding for this program has grown by more than 800 percent.

The Committee notes that the Department has acknowledged that a rigorous, scientific evaluation of the program has not yet been conducted. The Committee encourages the Department to undertake such an evaluation and to develop program performance information, including benchmarks and performance indicators, which can be used to assess the effectiveness of this program. The Committee looks forward to seeing a discussion of such issues in the 2005 congressional justification.

Transition to Teaching

The Committee recommends $41,727,000 for the transition to teaching program. The comparable fiscal year 2003 funding level is $41,727,000 and the budget request includes $49,400,000 for this program. This program provides grants to help support efforts to recruit, train, and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom. In particular, this program is intended to attract mid-career professionals and recent college graduates. Program participants are placed in high-need schools in high-need LEAs.

The Committee notes that program performance information, including benchmarks and performance indicators, are not available for this program. The Committee encourages the Department to work with current grantees to develop such information and to utilize grantee interim and final evaluation reports during this activity. The Committee looks forward to a more complete discussion of program performance for this program in the 2005 congressional justification.

National Writing Project

The Committee recommends $18,890,000 for the national writing project. The comparable funding level for fiscal year 2003 is $16,890,000 and the budget request proposes to eliminate Federal funding for this program.

These funds are awarded to the National Writing Project, a nonprofit organization that supports and promotes K–16 teacher training programs in the effective teaching of writing. From the additional funds provided over the fiscal year 2003 appropriation, the Committee intends that $500,000 shall be used to support a pilot program on the integration of technology training in the NWP program.

The Committee is aware that the NWP has contracted for two evaluations of the program, both of which have identified significant benefits to teachers and students exposed to the NWP. A survey by Inverness Research Associates found that more than 95 percent of National Writing Project teachers stated that what they learned during their writing project training translates into improved writing skills for their students teachers survey. The survey also found that National Writing Project programs leveraged more than $5 in other investment for each $1 in Federal money during the 2000–2001 program year.

Teaching of Traditional American History

The Committee recommends $120,000,000 for the teaching of traditional American history program. The comparable fiscal year 2003 funding level is $99,350,000 and the budget request includes $100,000,000 for this activity. This program supports competitive grants to LEAs, and funds may be used only to undertake activities that are related to American history, and cannot be used for social studies coursework. Grant awards are designed to augment the quality of American history instruction and to provide professional development activities and teacher education in the area of American history. The Committee directs the Department to continue its current policy of awarding 3-year grants.

The Committee is aware that performance data generated by the first cohort of grant recipients will be available to the Department this year. The Committee encourages the Department to use these reports, as well as other information, to develop a framework for evaluating the effectiveness of this program.

School Leadership

The Committee recommends $12,419,000 for the school leadership program. The comparable fiscal year 2003 funding level is $12,419,000 and the budget request proposes to eliminate funding

for this program. This program provides competitive grants to assist high-need LEAs to recruit and train principals and assistant principals through activities such as professional development and training programs. The Committee recognizes the critical role that principals play in creating an environment that fosters effective teaching and high academic achievement. The Committee encourages the Department to utilize program performance data available in grantee performance reports in order to develop a framework for evaluating this program. The Committee looks forward to reviewing such information in the 2005 congressional justification.

Advanced Credentialing

The Committee recommends $9,935,000 for the National Board for Professional Teaching Standards. The comparable fiscal year 2003 funding level is $9,935,000 and the budget request proposes to eliminate funding for the National Board. Funds available assist the Board's work in providing financial support to States for teachers applying for certification, increasing the number of minority teachers seeking certification and developing outreach programs about the advanced certification program. The fiscal year 2004 appropriation will support the 5th year of its current 5-year grant.

The Committee is aware of recent research which has documented the value of National Board Certification. Researchers at the University of North Carolina at Greensboro demonstrated that teachers with the National Board Certification outperformed their non-certified peers on 11 of the 13 key dimensions of teaching expertise measured by their study. The Committee also is aware of actions the National Board has taken to provide objective, scientifically based research into the effects realized by its activities. The Committee looks forward to additional information that will be provided through high-quality evaluation studies, including one that will compare the learning gains made by the students of National Board Certified Teachers, teachers who sought but did not achieve National Board Certification, and a random sample of teachers who have never gone through the National Board Certification process.

Charter Schools Grants

The Committee recommends $220,000,000 for the support of charter schools. The comparable fiscal year 2003 funding level is $198,700,000 and the budget request proposes $220,000,000 for this program. The Committee has been very supportive of charter schools; the Committee has more than doubled funding for this program since the fiscal year 1999 appropriation of $100,000,000. This support has helped increase the number of charter schools in operation during 2002 to roughly 2,700, from the 1,010 in existence during the 1999–2000 school year.

This program supports the planning, development, and initial implementation of charter schools, which are public schools that receive exemption from many statutory and regulatory requirements in exchange for promising to meet agreed-upon accountability measures. State educational agencies that have the authority under State law to approve charter schools are eligible to compete for grants. If an eligible SEA does not participate, charter schools from the State may apply directly to the Secretary.

Credit Enhancement for Charter School Facilities

The Committee does not recommend funds to assist charter schools with their facility needs. The comparable funding level for fiscal year 2003 is $24,838,000 and the budget request includes $100,000,000 for this purpose.

This program provides assistance to help charter schools meet their facility needs. Funds are provided on a competitive basis to public and non-profit entitities, to leverage non-Federal funds that help charter schools obtain school facilities through purchase, lease, renovation and construction.

Voluntary Public School Choice

The Committee recommends $28,000,000 for the voluntary public school choice program. The comparable funding level for fiscal year 2003 is $25,831,000 and the budget request includes $25,000,000 for this purpose.

This program supports efforts by States and school districts to establish or expand State- or district-wide public school choice programs, especially for parents whose children attend low-performing public schools.

The Committee encourages the Department to utilize grantee annual performance reports to establish a framework for evaluating the effectiveness of this program and looks forward to reviewing such information in the 2005 congressional justification. The Committee also notes that the Department plans to reserve $1,000,000 to continue an evaluation of this program, which at a minimum, must include how, and the extent to which, the program promotes educational equity and excellence; the characteristics of the students participating in the programs; and the effect of the programs on the academic achievement of students participating in the programs, and on the overall quality of participating schools and districts. The Committee encourages the Department to move quickly to complete this evaluation and looks forward to reviewing information from it as soon as possible.

Magnet Schools Assistance

The Committee recommends $109,285,000 for the magnet schools assistance program. The comparable fiscal year 2003 funding level is $109,285,000 and the budget request includes $110,000,000 for this purpose.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials, teacher salaries, purchase of computers, and other educational materials and equipment.

The Committee notes that grantees' application are required to describe, among other things, how a grant awarded under this part will be used to promote desegregation, including how the proposed magnet school programs will increase interaction among students of different social, economic, ethnic, and racial backgrounds; the manner and extent to which the magnet school program will in-

crease student academic achievement in the instructional area or areas offered by the school; and how grant funds under this part will be used to improve student academic achievement for all students attending the magnet school programs and to implement services and activities that are consistent with other programs under the NCLB Act. Therefore, the Committee expects the Department to provide meaningful program performance information on the extent to which this program improves student academic achievement, as well as eliminates, reduces, and prevents minority group isolation. The Committee looks forward to reviewing more complete program performance information in the 2005 congressional justification.

Choice Incentive Fund

The Committee recommends no funding for this proposed new program. The budget request includes $75,000,000 for this purpose.

Fund for the Improvement of Education

The Committee recommends an appropriation of $165,877,000 for the Fund for the Improvement of Education [FIE]. The comparable funding level for fiscal year 2003 is $472,646,000 and the budget request includes $59,000,000 for comparable activities.

The recommendation includes no funds for comprehensive school reform demonstrations, as requested by the administration.

Within the recommendation, the Committee includes funds for the Education Publications Center, Recognition Programs, and Helping Your Child Learn. The Committee notes that the mandated studies authorized by section 5414 of the No Child Left Behind Act are required to be completed within 18 months of enactment of that Act. Therefore, the Committee does not provide additional resources in fiscal year 2004 for this work, as these studies are required to be completed prior to the beginning of fiscal year 2004. The Committee recommendation includes $4,000,000 for Reach Out and Read, as requested by the administration.

The Committee recommendation includes $700,000 for the National Institute of Building Sciences to continue operation of the National Clearinghouse for Educational Facilities, the Nation's sole source for comprehensive information about school planning, design, financing, construction and maintenance. The Committee expects that the Department will provide an additional $300,000 for this purpose to address issues related to school safety and healthy school buildings, as described in the administration's budget request for Safe and Drug-Free Schools and Communities National Programs.

The administration recommended eliminating funding for activities listed below.

The Committee recommends $25,334,000 to award a contract to Reading Is Fundamental, Inc. [RIF] to provide reading-motivation activities. The comparable funding level for fiscal year 2003 is $25,334,000 and the budget request includes $24,000,000 for this purpose. RIF, a private nonprofit organization, encourages reading both inside and outside school by allowing youngsters to select books to keep at home. Federal funds provide up to 75 percent of the costs of books. The Committee notes that positive work that

this program has done in leveraging private resources, targeting priority populations and generating greater interest in reading among program participants.

The Committee recommends $20,483,000 for the Star Schools program. The comparable funding level for fiscal year 2003 is $27,341,000. 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 Committee notes that the Department based its proposal to eliminate this program on the grounds that the program has limited impact, lacks evidence of effectiveness and is duplicative of the education technology and improving teacher quality State grant programs. However, the Department's 2002 Annual Program Performance Report shows that this program exceeded its 2002 performance target for the number of courses with challenging content aligned with academic standards. Further, the Committee notes that the Star Schools is unique because it fosters services across State and regional boundaries to deliver direct support for classrooms, particularly in isolated and underserved areas, which is cost effective and provides services that individual States would have a difficult time replicating.

The Committee recommends $14,406,000 for the Ready to Teach programs administered by the Department of Education. The comparable funding level for fiscal year 2003 is $14,406,000. Ready to Teach is the successor to the Public Broadcasting Service's Mathline program, which was one of the first to provide online professional development and continuing education for teachers. Ready to Teach was reauthorized by the No Child Left Behind Act of 2001 and continues to evolve to enhance teacher quality and meet the goals of that Act. Ready to Teach encompasses funding for PBS TeacherLine and one or more nonprofit entities, for the purpose of continuing to develop telecommunications-based programs to improve teacher quality in core areas. It also includes the digital educational programming grant program, which encourages community partnerships among local public television stations, State and local educational agencies, and other institutions to develop and distribute digital instructional content based on State and local standards.

The Committee notes that the Department has stated that no Federal funding is requested to continue the Ready to Teach programs because there is no basis for determining their effectiveness and States may use funds from block grants to fund similar activities. The Committee reiterates that the No Child Left Behind Act requires grantees under this program to submit an annual report that "contains such information as the Secretary may require." The Committee encourages the Department to utilize information available from grantees to assess the effectiveness of this program.

The Committee has provided $9,000,000 for the Education through Cultural and Historical Organizations [ECHO] Act of 2001, as authorized by Public Law 107–110. Programs authorized under ECHO provide a broad range of educational, cultural and job training opportunities for students from communities across the Nation, including Alaska, Hawaii, and Massachusetts. The comparable funding level for fiscal year 2003 is $6,954,000.

The Committee has included $35,279,000 for arts in education. The comparable funding level for fiscal year 2003 is $33,779,000. Within the total, $6,225,000 is for the John F. Kennedy Center for the Performing Arts; $7,250,000 is for VSA arts; $10,000,000 is for the competitive art education model grant program for the development and model projects that effectively strengthen and integrate the arts and cultural partnerships into the core curriculum; $7,500,000 is for grants for professional development for music, dance, drama, and visual arts educators to be administered by the U.S. Department of Education; $304,000 is for national evaluation and dissemination of information regarding funded model programs and professional development projects; and $4,000,000 is for cultural partnerships for at-risk youth. When awarding grants for professional development of music educators, the Department is urged to put a priority on preparing and retaining teachers in underserved rural and urban areas, including music teachers who enter the profession through alternative certification.

The Committee is aware that numerous high-quality studies have demonstrated the positive academic and social effects of learning in the arts. However, this work also has suggested additional areas of research that need to be explored in greater detail, including the longitudinal effects and nature of learning in the arts. The Committee again recommends additional funding for evaluation and dissemination activities in order to explore these issues, as well as to disseminate information about best practices in effective arts education and arts-integrated instruction.

The Committee recommends $42,224,000 for Parental Information and Resource Centers, which provide training, information, and support to parents, State and local education agencies, and other organizations that carry out parent education and family involvement programs. The comparable funding level for fiscal year 2003 is $42,224,000. The Committee is aware that research overwhelmingly demonstrates that parent involvement in children's learning is positively related to student achievement.

The No Child Left Behind Act requires grantees to use at least 30 percent of their awards to establish, expand, or operate Parents as Teachers, Home Instruction Program for Preschool Youngsters, or other early childhood parent education programs. The Committee is concerned that the Department is not implementing effectively this provision and notes that the grant announcement for fiscal year 2003 funds does not even mention this statutory requirement. The Committee directs the Department to take appropriate steps to ensure that this statutory requirement is met in current and all future grant competitions. Further, the Committee is concerned about the ability of grantees to achieve the purpose of this program. Under the current competition, a novice applicant—essentially an organization that has not received Federal funds within the past 5 years—receives a bonus of 10 points, while an applicant that demonstrates that it has quality project personnel with relevant training and experience is eligible for up to 10 points. The Committee supports efforts to reach a broader applicant audience and believes workshops, technical assistance and outreach are appropriate ways to assist novice applicants in understanding and meeting the requirements of Federal grant programs. However, the

Committee does not believe that unqualified organizations should receive bonus points under discretionary grant competitions.

The Committee includes $2,980,000 for the women's educational equity program. The comparable funding level for fiscal year 2003 is $2,980,000. This program supports projects that assist in the local implementation of gender equity policies and practices.

Ready to Learn Television

The Committee recommends an appropriation of $24,000,000 for the Ready to Learn Television program. The comparable funding level for fiscal year 2003 is $22,850,000 and the budget request includes $22,000,000 for this purpose.

Ready to Learn Television supports the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school. The program also supports the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming.

The Committee strongly supports the objectives of the Ready To Learn Program and is pleased with the success of its two original children's productions, Between the Lions and Dragon Tales, and recommends continued support of these two programs. The Committee is concerned, however, that not all programs acquired by Ready To Learn meet the education, research, and curriculum-based goals that Congress envisioned for the program. The Committee is aware of the PBS/Markle Foundation Study which finds that in its PBS Kids television lineup, including Ready to Learn shows, too many shows are animated, easy to finance, but fail to advance PBS's educational mission. Of particular concern is the study's finding that in 2001, "Over half (58 percent) of its series were classified as Social/Emotional, the same 'soft' curriculum claimed by nearly all the commercial broadcast series made to meet the FCC's educational programming mandate." Ready to Learn is a mission beyond entertainment, and all shows in the Ready to Learn viewing block should adhere not only to a high production value, but a worthiness of purpose which meets the original intent of the program.

The Committee also is concerned about the accountability of funds appropriated thus far for Ready To Learn broadcast programs and requests that the Department provide a detailed accounting of these funds to the Committee not later than 60 days after the enactment of the Department of Education Appropriations Act, 2004.

Dropout Prevention

The Committee recommends no funds for the dropout prevention program. The comparable funding level for fiscal year 2003 is $10,929,000 and the budget request did not include any funding for the dropout prevention program. These funds are used to help schools implement effective school dropout prevention and re-entry programs. The Committee notes that in fiscal year 2002, States reserved roughly $76,000,0000 from their Title I, Part A allocations to operate State-administered projects in LEAs with the highest

dropout rates and in areas serving a large number of children in local correctional facilities, as is required by law. Under the No Child Left Behind Act, each State agency and local educational agency that conducts dropout prevent and reentry programs under Part D of Title I is required to submit evaluation results to the State educational agency and the Secretary and use the results of such evaluations to plan and improve subsequent programs for participating children and youth. The Committee encourages the Department to utilize required evaluation reports in providing technical assistance and support to State and local educational agencies to ensure that these reserved funds are targeted to and effectively used in preventing school dropout and promoting successful reentry.

Close Up Fellowships

The Committee recommendation does not include any funding for this program. The comparable funding level for fiscal year 2003 is $1,490,000 and the budget request did not include any funds for this purpose. The Close Up Fellowships, formerly called Ellender, which is administered by the Close Up Foundation of Washington, DC, provides fellowships to students from low-income families and their teachers to enable them to attend 1 week in Washington attending seminars and meeting with representatives of the three branches of the Federal Government.

In response to congressional interest, the Committee is aware that the Close Up Foundation has made considerable efforts to identify and develop non-Federal sources of funding for sustaining its operations. The Committee notes that the Close Up Foundation raised more than $1,047,340 during the 2001–2002 program year in non-Federal funds dedicated to economically disadvantaged students and their teachers, almost 10 percent more than their performance target for that period.

Advanced Placement

The Committee recommends $24,000,000 for Advanced Placement. The comparable funding level for fiscal year 2003 is $23,347,000 and the budget request includes $22,000,000 for the Advanced Placement program

The first priority of the program is to subsidize test fees for low-income students who are enrolled in an Advanced Placement class and plan to take an Advanced Placement test. The balance of the funds are allocated for Advanced Placement Incentive Program grants, which are used to expand access for low-income individuals to Advanced Placement programs. Eligible activities include teacher training and participation in online Advanced Placement courses, among other related purposes.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2003	$884,925,000
Budget estimate, 2004	756,250,000
Committee recommendation	818,547,000

Safe and Drug-Free Schools and Communities

The Committee recommends a total of $818,547,000 for activities to promote Safe Schools and Citizenship Education. The comparable fiscal year 2003 funding level is $884,925,000 and the budget request includes $756,250,000 for these activities.

State Grant Program.—The Committee recommends $422,017,000 for the safe and drug-free schools and communities State grant program. The comparable fiscal year 2003 funding level is $468,949,000 and the budget request includes $422,017,000. Due to budget constraints, the Committee reluctantly accepts the administration's proposed reduction in funding for the State Grants portion of the Safe and Drug Free Schools and Communities [SDFSC] program. The Committee understands that the changes authorized by the No Child Left Behind Act were intended to strengthen State and local efforts funded by this program and should show improved results in safe and drug free learning environments. The Committee intends to review this program's funding throughout the current budget process and in future years, as it recognizes the critical role that such funding plays in establishing safe and drug free learning environments.

The Committee fully expects that the Uniform Management Information and Reporting System, required by the No Child Left Behind Act, will be developed and implemented so that data and other pertinent information is collected in a uniform manner both within a particular State and across all States, and that it be reported by every State to the Secretary of Education. The Committee looks forward to reviewing such information in future program performance reports and congressional justifications.

The Committee embraces the notion that federally-funded activities should be undertaken to the extent that they are science-based and appropriate, given the issues identified by a local needs assessment. However, the Committee is concerned about the apparent, undue emphasis on the implementation of specific programs deemed to be science-based. The Committee notes that the Principles of Effectiveness are intended to be implemented as a whole, with States and local education agencies conducting needs assessment and choosing programs, strategies, and activities that actually meet their particular needs and are adjusted over time. Such agencies should not simply adopt a specific program because it has been proven to be effective under the right conditions. The Committee expects the 2005 congressional justification to include information about the actions taken by the Department to implement this provision of NCLB, consistent with this intent.

National Programs.—The Committee has included $155,180,000 for the national programs portion of the safe and drug-free schools program. The comparable funding level for fiscal year 2003 is $155,180,000 and the budget request includes $172,233,000 for these programs. The Committee does not recommend additional funding for Project SERV (School Emergency Response to Violence), which provides education-related services to LEAs in which the learning environment has been disrupted due to a violent or traumatic crisis. The budget request included $10,000,000 for Project SERV. However, the Committee notes that the Department currently has roughly $9,000,000 available for this purpose. These

funds are available until expended. The Committee will monitor the availability of funding and consider action in subsequent appropriations bills.

The Committee continues to be concerned about the increasing problem of alcohol and drug abuse on college campuses. The Committee is disappointed that the Department once again refused to provide funding for the National Recognition Awards in fiscal year 2003, despite an explicit recommendation to do so in last year's Senate report language. Therefore, the Committee has included bill language requiring the Department to spend $850,000 on this program under the guidelines in section 120(f) of Public Law 105–244. This program identifies and provides models of alcohol and drug abuse prevention and education programs in higher education.

The Committee is troubled by the Department's implementation of the Department of Education Appropriations Act, 2003. Contrary to congressional intent as expressed in House Report 108–10, the Department created a new drug testing initiative under Safe and Drug Free National Programs that was neither proposed in the President's budget nor contemplated by congressional action with respect to fiscal year 2003 appropriations. The Committee expects the Deputy Under Secretary to suspend activities related to this new initiative until the requirements related to reprogramming and new programs are met.

The Committee expects that the Department will provide $300,000 for the continued operation of the National Clearinghouse for Educational Facilities, the Nation's sole source for comprehensive information about school planning, design, financing, construction and maintenance. These funds will be used to address issues related to school safety and healthy school buildings, as described in the administration's budget request. The Committee has included additional funds for the Clearinghouse through the Fund for the Improvement of Education.

The Committee notes that by the time they reach adolescence, most young people have been tested and protected from a wide array of diseases and health disorders. But very few are screened for one of the most devastating threats teenagers face: depression and the serious, often life-threatening problems it foments. Between 7 million to 10 million teenagers suffer from a mental health condition which, for many, may lead to serious problems including dropping out of school, substance abuse, violence and suicide. Two-thirds of these young people receive no counseling or treatment, usually because their illness is undetected by parents, friends, and teachers. The Committee is aware that some school districts have taken advantage of relatively simple screening tools now available to detect depression, the risk of suicide, and other mental disorders in teenagers. The Committee believes that screening should occur with parental and student consent, and with a commitment to make counseling and treatment available for students found to be at-risk. The Committee strongly urges the Secretary to make the availability of screening programs more widely known, and to encourage school districts, juvenile justice facilities and community-based organizations to implement similar teenage screening programs. The Committee expects to receive a report on steps being

taken to promote this effort prior to the fiscal year 2005 appropriations hearings.

Community Service for Expelled or Suspended Students

The Committee recommends no additional funds for formula grants to States to carry out programs under which students who are expelled or suspended from school are required to perform community service. The comparable funding level for fiscal year 2003 is $49,675,000 and the budget request did not include any funds for this purpose.

Alcohol Abuse Reduction

The Committee recommends $30,000,000 for grants to LEAs to develop and implement programs to reduce underage drinking in secondary schools. The comparable funding level for fiscal year 2003 is $24,838,000 and the budget request did not include any funds for this purpose. The Committee directs the Department and the Substance Abuse and Mental Health Services Administration [SAMHSA] in the Department of Health and Human Services to work together on this effort.

Mentoring

The Committee recommends $28,700,000 to support mentoring programs and activities for children who are at risk of failing academically, dropping out of school, getting involved in criminal or delinquent activities, or who lack strong positive role models. The comparable fiscal year 2003 funding level is $17,386,000 and the budget request includes $100,000,000 for this purpose.

The Committee is aware of the positive effects of mentoring programs that have been identified in prior evaluations of such activities. In particular, the Committee notes the findings from an evaluation conducted by Public/Private Ventures [P/PV], which include: mentored children were 46 percent less likely than other youth to initiate drug use, 27 percent less likely to initiate alcohol use, skipped half as many days of school as similar youth, received slightly higher grades and reported more positive relationships with their friends and parents. In addition, the Committee notes that evaluations have found that certain best practices in mentoring programs—such as high quality screening of and training for mentors, support and guidance in establishing strong mentoring relationships, and monitoring of program implementation—have led to better outcomes for mentored youth. The Committee encourages the Department to consider these issues when considering applications submitted for program funds.

Character Education

The Committee recommends $24,838,000 to provide support for the design and implementation of character education programs. The comparable funding level for fiscal year 2003 is $24,838,000 and the budget request includes $25,000,000 for this purpose. The Committee notes that the Department is still developing program performance information for the character education program. The Committee encourages the Department to utilize its discretionary funds to conduct a national evaluation on this program. Further,

the Committee expects the Department to utilize grantee evaluations to develop baselines and performance targets for evaluating the effectiveness of this program.

Elementary and Secondary School Counseling

The Committee recommends $34,000,000 to establish or expand counseling programs in elementary schools. The comparable fiscal year 2003 funding level is $32,289,000 and the President's budget proposes to eliminate funding for this program. The Committee notes that the American School Counselor Association recommends a maximum student-to-counselor ratio of 250 to 1, while the current average student-to-counselor ratio in America's public schools is 490 to 1. The Committee appreciates the additional flexibility provided by the NCLB Act, but does not believe this flexibility alone is sufficient to help close this gap. The Committee notes that grantees funded during fiscal year 2001 met 86 percent of their stated results-based goals and objectives.

Carole M. White Physical Education Program

The Committee recommends $70,000,000 to help LEAs and community-based organizations initiate, expand and improve physical education programs for students in grades K–12. The comparable funding level for fiscal year 2003 is $59,610,000 and the administration's budget proposes to eliminate funding for this program. The Carol M. White Physical Education Program, authorized by the NCLB Act, established physical education programs for students in grades K–12. Provision of this funding will help schools and communities nationwide improve their structured physical education programs for students and help children develop healthy lifestyles to combat the epidemic of obesity in the Nation.

Numerous studies have documented that the combination of regular exercise and healthy eating are crucial both to improving health and well-being as well as to reducing preventable health care costs. The Committee believes more must be done to encourage these behaviors at the earliest age possible. Therefore, the Committee calls for steps to be taken to better coordinate physical education programs, such as PEP, and child nutrition programs and nutrition education efforts, such as those funded by the Department of Agriculture.

The Committee notes that in the past 15 years, obesity has increased by over 50 percent among adults and in the past 20 years, obesity has increased by 100 percent among children and adolescents. A recent analysis by the National Institute of Child Health and Human Development [NICHD] Study of Early Child Care and Youth Development found that third grade children in the study received an average of 25 minutes per week in school of moderate to vigorous activity, while experts in the United States have recommended that young people should participate in physical activity of at least moderate intensity for 30 to 60 minutes each day. While not nationally represented, this information is consistent with the 2002 Youth Risk Behavior Surveillance System which found that only roughly one-half of all students report attending a physical education class one or more time a week. The Committee believes

Federal funding is critical to the effort to reducing these trends and helping improve the health of the American public.

Civic Education

The Committee recommends $28,812,000 for grants to improve the quality of civics and government education, to foster civic competence and responsibility, and to improve the quality of civic and economic education through exchange programs with emerging democracies. The comparable fiscal year 2003 funding level is $28,812,000 and the administration request includes $27,000,000 for this purpose.

Civic Education program funds support both the We the People programs and the Cooperative Education Exchange. The Committee recommends $16,890,000 for the nonprofit Center for Civic Education to support the We the People programs. We the People has two primary components: the Citizen and the Constitution which provides teacher training, curriculum materials, and classroom instruction for upper elementary, middle and high school students; and Project Citizen, a program for middle school students that focuses on the role of State and local governments in the American Federal system.

Within the amount total for the We the People program, the Committee recommends the following: that $2,980,000 be reserved to continue the comprehensive program to improve public knowledge, understanding, and support of American democratic institutions which is a cooperative project among the Center for Civic Education, the Center on Congress at Indiana University, and the Trust for Representative Democratic at the National Conference of State Legislatures; that $1,490,000 be used for continuation and expansion of the school violence prevention demonstration program; and that $500,000 be used for the Native American civic education program.

The Committee recommends $11,922,000 for the Cooperative Education Exchange program. Within this amount, the Committee has included $4,470,750 for the Center for Civic Education and $4,470,750 for the National Council on Economic Education. The remaining $2,980,500 should be used for a competitive grant program for civics and government education, and for economic education.

State Grants for Incarcerated Youth Offenders

The Committee has included $25,000,000 for education and training for incarcerated youth offenders. The comparable funding level for fiscal year 2003 is $23,348,000. The administration, once again, proposes to eliminate funding for these activities. 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 an-

nually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

The Committee notes that State performance information derived from annual performance reports indicate that the percentage of students obtaining vocational skill certificates in 2001 was 60 percent and that less than 10 percent of program participants returned to prison within 1 year of release. According to the Bureau of Justice Statistics, most former State prisoners were rearrested shortly after getting out of prison: 30 percent within 6 months, 44 percent within 1 year, 59 percent within 2 years and 67 percent by the end of 3 years. This important program not only helps make the Nation's streets safer for all Americans, but it reduces pressure on taxpayers as fewer contacts are made with the more expensive criminal justice system and former prisoners become employed, tax-paying and productive members of society.

The Committee encourages the Department to continue to work toward developing a more consistent and reliable system for collecting performance outcome data. The Committee believes that additional training and technical assistance for States would help improve the collection by which the effectiveness of this program can be measured. The Committee expects a detailed report in the 2005 congressional justification on actions planned and taken by the Department to meet this goal.

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 such literacy programs across the country.

Physical Education Initiative

The Committee does not recommend any funding for this new, proposed program. The administration proposed $10,000,000 for this new program. The Committee notes that this proposed program is not specifically authorized, unlike the existing Carol M. White Physical Education Program that was created when the Congress enacted and the President signed the No Child Left Behind Act. Further, the Committee notes that this initiative is duplicative of the existing Carol M. White Physical Education Program, which funds the initiation, expansion, and improvement of physical education programs for all kindergarten through 12th grade students, which may include program elements addressing healthy eating habits and good nutrition and professional development for teachers of physical education to stay abreast of the latest research, issues, and trends in the field of physical education.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2003	$685,515,000
Budget estimate, 2004	665,000,000
Committee recommendation	665,000,000

The Committee recommends an appropriation of $665,000,000 for English language acquisition. The comparable funding level for fiscal year 2003 is $685,515,000 and the budget request includes $665,000,000 for related activities. The Department makes formula grants to States based on each State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. While the appropriation is $20,515,000 less than the fiscal year 2003 appropriation, the State grant portion of this account will increase by more than $50,000,000 as funding for expiring projects is redirected to the State grant program. These additional funds will help States improve the educational outcomes for limited English proficient students.

SPECIAL EDUCATION

Appropriations, 2003	$10,033,917,000
Budget estimate, 2004	10,690,104,000
Committee recommendation	11,027,464,000

The Committee recommends $11,027,464,000 for special education programs authorized by the IDEA. The comparable fiscal year 2003 funding level is $10,033,917,000 and the budget request includes $10,690,104,000 for such programs.

Grants to States

The Committee recommends $9,858,533,000 for special education grants to States, as authorized under part B of the IDEA. The comparable fiscal year 2003 funding level is $8,874,398,000 and the budget request includes $9,528,533,000. This program provides formula grants to assist States in meeting the costs of providing special education and related services for children with disabilities.

The Committee's recommended funding level represents approximately 19 percent of the average per-pupil expenditure, compared with roughly 17 percent under the fiscal year 2003 appropriation. Since fiscal year 2000, increasing appropriations have raised the Federal share of average per pupil expenditures from 12 percent to an estimated 19 percent in fiscal year 2004—almost half way to the 40 percent maximum established in the IDEA.

Preschool Grants

The Committee recommends $390,000,000 for preschool grants. The comparable fiscal year 2003 funding level is $387,465,000 and the budget request includes $390,000,000. The preschool grants program provides formula grants to States to make available special education and related services for children with disabilities aged 3 through 5.

Grants for Infants and Families

The Committee recommends $447,000,000 for grants for the infants and families program under part C of the IDEA. The comparable fiscal year 2003 funding level is $434,159,000 and the budget request includes $447,000,000 for this activity. 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

The Committee recommends $44,000,000 for State improvement grants. The comparable fiscal year 2003 funding level is $51,364,000 and the budget request includes $44,000,000 for these grants. 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 recommends $77,210,000 for research and innovation. The comparable funding level for fiscal year 2003 is $77,210,000 and the budget request includes $78,380,000 for this purpose. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities.

The Committee commends the Office of Special Education Programs [OSEP] for its consistent efforts to support and conduct work on behalf of individuals with learning disabilities. The Committee expects OSEP to ensure that the National Research Center on Learning Disabilities [NRCLD] conducts and synthesizes research on how to best implement and take to scale identification methods that rely on students' response to scientific research-based instruction. The Center also should disseminate to and assist the local education agencies with replicable models that produce measurable positive improvements in student learning. The Committee looks forward to learning more about effective instruction and interventions to enhance student learning. The Committee encourages OSEP to coordinate efforts within the Department of Education, NIH, NSF and other Federal agencies working on related activities.

Technical Assistance and Dissemination

The Committee recommends $53,133,000 for technical assistance and dissemination. The comparable fiscal year 2003 funding level is $53,133,000 and the budget request includes $53,481,000 for these activities. Awards support institutes, regional resource centers, clearinghouses, and other efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

Personnel Preparation

The Committee recommends $91,899,000 for the personnel preparation program. The comparable fiscal year 2003 funding level is $91,899,000 and the budget request includes $90,000,000 for this program. Funds support competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that these personnel have the skills and knowledge they need to serve these children.

The Committee is particularly concerned about the shortage of qualified special education teachers and higher education faculty. Therefore, it urges the Department to use funds available from expiring awards under this program to make new grants above the 2003 funding level for leadership personnel. The Committee also urges the Department to use a portion of such funding for the preparation of personnel who serve children with low-incidence disabilities, particularly those with sensory disabilities such as low vision, blindness, and deafness.

Parent Information Centers

The Committee recommends $26,328,000 for parent information centers. The comparable fiscal year 2003 funding level is $26,328,000 and the budget request includes $26,000,000 for authorized activities. 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 $39,361,000 for technology and media services. The comparable fiscal year 2003 funding level is $37,961,000 and the budget request includes $32,710,000 for such activities. 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 $11,400,000 for Recording for the Blind and Dyslexic, Inc. These funds support the continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and accelerated use of digital technology.

The Committee also recommends $1,500,000 for the Readline Program. Last year, this program received $1,490,000. 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 in-

cludes funding for the continued development and distribution of media resources to reach the parents and teachers of children with reading disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2003	$2,953,633,000
Budget estimate, 2004	2,918,423,000
Committee recommendation	3,004,360,000

The Committee recommends $3,004,360,000 for rehabilitation services and disability research. The comparable fiscal year 2003 funding level is $2,953,633,000 and the budget request includes $2,918,423,000.

Vocational Rehabilitation State Grants

The Committee provides $2,584,162,000 for vocational rehabilitation grants to States. The Committee recommendation provides the full amount authorized by the Rehabilitation Act of 1973. The budget request proposes to eliminate separate funding of several categorical programs. The Committee rejects this approach and believes changes of this nature should be considered during the reauthorization process.

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 2004 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.

Client Assistance

The Committee recommends $12,068,000 for the client assistance program. The comparable fiscal year 2003 funding level is $12,068,000 and the budget request includes $11,897,000 for authorized activities.

The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding the benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except that increases in minimum grants are guaranteed to each of the 50 States, the District of Columbia, and Puerto Rico, and guaranteed to each of the outlying areas, by a percentage not to exceed the percentage increase in the appropriation. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

Training

The Committee recommends $39,371,000 for training rehabilitation personnel. The comparable fiscal year 2003 funding level is $39,371,000 and the budget request includes $42,629,000 for training activities.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental and innovative, and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

The Committee remains concerned over the reduction in funding for rehabilitation long-term training programs, and in particular those that require orthotic and prosthetic care. Therefore, the Committee urges RSA to utilize available funds to support not less than four university O+P programs.

Demonstration and Training Programs

The Committee bill includes $20,895,000 for demonstration and training programs for persons with disabilities. The comparable fiscal year 2003 funding level is $20,895,000 and the budget request includes $24,492,000 for authorized activities. 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. Within the Committee recommendation, $1,000,000 supports continuation of activities designed to establish an applied research agenda, improve the quality of applied orthotic and prosthetic research and help meet the increasing demand for provider services. Funds are to be used to further develop the orthotic and prosthetic awareness campaign, which includes an educational outreach initiative designed to recruit and retain professionals and develop a series of consensus conferences and disseminate the resulting best practices to the field.

The Committee recognizes that Fetal Alcohol Syndrome, the most preventable cause of mental retardation, results from maternal alcohol consumption during pregnancy. Affected children have a life long disability of mental impairments and behavioral problems that reduce their ability to respond to education. The burden to society is estimated at $4,000,000,000 per year. The Committee is pleased with the efforts of the Office of Special Education and Rehabilitative Services within the Department of Education to collaborate with other government organizations represented on the Interagency Coordinating Committee on Fetal Alcohol Syndrome. The Committee is encouraged by the progress made to involve educational psychologists and other educational and childcare profes-

sionals in developing awareness about FAS. The Committee encourages the Department of Education to expand activities related to Fetal Alcohol Syndrome; specifically the early identification of affected children.

Migrant and Seasonal Farmworkers

The Committee recommends $2,335,000 for migrant and seasonal farmworkers. The comparable fiscal year 2003 funding level is $2,335,000. The Department proposes eliminating separate funding for this program.

This program provide grants limited to 90 percent of the costs of the projects providing comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources. The Committee understands that States will begin reporting on migrant and seasonal farmworkers served through the basic State grant program. The Committee looks forward to reviewing such information as it will provide more concrete information upon which to determine whether a separate funding stream is still required to adequately serve this population.

Recreational Programs

The Committee provides $2,579,000 for recreational Programs. The comparable fiscal year 2003 funding level is $2,579,000 and the budget request did not include funding for this program.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment, mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

The Committee notes that the primary purpose of this program is to initiate recreational and related activities for individuals with disabilities. These programs are designed to aid individuals with disabilities in employment, mobility, independence and community integration. The Committee notes that almost three out of four programs whose last year of Federal funding ended in fiscal years 1998 through 2000 are still in operation and continue to meet the recreational needs of individuals with disabilities. These results show that this limited investment is having a national impact, as each new grant supports seed money for recreational programs throughout the United States.

Protection and Advocacy of Individual Rights

The Committee recommends $16,890,000 for protection and advocacy of individual rights. The comparable fiscal year 2003 funding level is $16,890,000 and the budget request includes $17,880,000.

However, included in the request is $2,680,000 to continue funding for the Protection and Advocacy for Assistive Technology program.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are not eligible for protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

Projects with Industry

The Committee recommends $21,928,000 for projects with Industry. The comparable fiscal year 2003 funding level is $21,928,000 and the administration proposes eliminating separate funding for this program.

The projects with industry [PWI] program promotes greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program makes grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

Supported Employment State Grants

The Committee's bill includes $37,904,000 for the supported employment State grant program. The comparable fiscal year 2003 funding level is $37,904,000 and the administration proposes eliminating separate funding for this program.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are 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 $22,151,000 for independent living State grants. The comparable funding level for fiscal year 2003 is $22,151,000 and the budget request includes $22,296,000 for authorized activities.

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

The Committee recommends $69,545,000 for independent living centers. The comparable fiscal year 2003 funding level is $69,545,000 and the budget request includes $69,500,000 for the centers.

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 $27,818,000 for independent living services to older blind individuals. The comparable fiscal year 2003 funding level is $27,818,000 and the budget request includes $25,000,000 for these activities.

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.

Program Improvement Activities

The Committee recommends $894,000 for program improvement activities. The comparable fiscal year 2003 funding level is $894,000 and the budget request includes $850,000. In fiscal year 2004, 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 $994,000 for evaluation activities. The comparable fiscal year 2003 funding level is $994,000 and the budget request includes $1,000,000 for such activities.

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 recommends $8,717,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The comparable fiscal year 2003 funding level is $8,660,000 and the budget request includes $8,717,000 for this purpose.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of 48 agencies. At the recommended level, the center would serve approximately 102 persons with deaf-blindness at its headquarters facility and provide field services to approximately 1,850 individuals and families.

National Institute on Disability and Rehabilitation Research

The Committee recommends $109,285,000 for the National Institute on Disability and Rehabilitation Research [NIDRR]. The comparable fiscal year 2003 funding level is $109,285,000 and the budget request includes $110,000,000 for authorized activities.

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 is disappointed by NIDRR's actions to adjust fiscal year 2002 program performance targets downward after the end of the fiscal year. These actions diminish the value of the program performance measurement process. If such actions are required in the future, the Committee expects NIDRR to highlight and fully explain in all appropriate documents the need for adjusting a performance target after it has been established.

Assistive Technology

The Committee recommends $26,824,000 for assistive technology. The comparable fiscal year 2003 funding level is $26,824,000 and the budget request proposes to eliminate funding for this program. However, under the PAIR program, the administration proposes to fund Protection and Advocacy activities previously funded through this program at $2,680,000.

The Assistive Technology Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. It provides grants to States to develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

The Committee recommendation includes $26,824,000 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 not less than the amount they received in fiscal year 2003.

The budget request proposes to eliminate State Tech Act funding in fiscal year 2004, at a time when States are operating in a new policy landscape that includes the Olmstead decision, final section 508 standards and the Ticket to Work and Work Incentives Improvement Act. The Committee expects funds to be allocated under Title I, consistent with the way in which they were allocated during implementation of the fiscal year 2003 bill.

The Committee recommendation does not include additional resources for title III programs, as requested by the administration. The Committee will review the program funding level in the fiscal year 2005 budget, once appropriated funds have been awarded through a grant competition. The Committee will ensure that sufficient resources are available to continue this important program, once it becomes more clear how funds have been expended under this program. Loan programs offer individuals with disabilities attractive options that significantly enhance their ability to purchase assistive technology devices and services.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2003	$15,399,000
Budget estimate, 2004	14,000,000
Committee recommendation	16,500,000

The Committee recommends $16,500,000 for the American Printing House for the Blind [APH]. The comparable fiscal year 2003 funding level is $15,399,000 and the budget request includes $14,000,000 for this purpose.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides almost 51 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchase and acquisition consistent with the purpose of the Act to Promote the Education of the Blind.

The Committee commends the APH for continuing to develop a more complete system for measuring the impact of services provided.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2003	$53,669,000
Budget estimate, 2004	50,781,000
Committee recommendation	53,800,000

The Committee recommends $53,800,000 for the National Technical Institute for the Deaf [NTID]. The comparable fiscal year 2003 funding level is $53,669,000 and the budget request includes $50,781,000 for this purpose.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a resi-

dential 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, $367,000 is for construction. At the discretion of the Institute, funds may be used for the Endowment Grant program.

GALLAUDET UNIVERSITY

Appropriations, 2003	$97,798,000
Budget estimate, 2004	94,446,000
Committee recommendation	100,800,000

The Committee recommends $100,800,000 for Gallaudet University. The comparable fiscal year 2003 funding level is $97,798,000 and the budget request includes $94,446,000 for the university.

Gallaudet University is a private, nonprofit institution offering undergraduate, and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing-impaired and who are deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares 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 information technology infrastructure and campus security, continue investments in faculty and staff, and further develop honors and interpreting programs and support. Funds also are available, at the discretion of the University, for the Endowment Grant program.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 2003	$2,106,254,000
Budget estimate, 2004	1,591,032,000
Committee recommendation	2,093,990,000

The Committee recommendation includes a total of $2,093,990,000 for vocational and adult education, consisting of $1,325,826,000 for vocational education, $587,217,000 for adult education and $180,947,000 for other activities. The comparable funding level in fiscal year 2003 is $2,106,254,000 and the budget request includes $1,591,032,000 for this account.

VOCATIONAL EDUCATION

The Committee recommends $1,325,826,000 for vocational education. The comparable fiscal year 2003 funding level is $1,325,826,000 and the budget request is $1,000,000,000 for these activities. The Committee recommendation is based on current law, which is in effect for these program through September 30,2004 because of the GEPA authority.

Basic Grants.—The Committee recommends $1,192,200,000 for basic grants. The comparable fiscal year 2003 funding level is $1,192,200,000 and the budget request includes $1,000,000,000 for this purpose.

Under current law, funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

Tech-Prep Education.—The Committee recommends $107,298,000 for tech-prep programs. The comparable fiscal year 2003 funding level is $107,298,000 and the budget request proposes to eliminate funding for this program. 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.

National Programs, Research.—The Committee recommends $11,922,000 for national research programs and other national activities. The comparable fiscal year 2003 funding level is $11,922,000 and the budget request proposes to eliminate funding for this program. The National Research Center for Career and Technical Education and the National Dissemination Center for Career and Technical Education are the only federally funded centers charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by these Centers inform technical assistance to reform and improve vocational education instruction in schools and colleges. Resources made available through this program also are used to support a variety of activities to identify and promote effective research-based programs and practice in vocational education.

Vocational training tied to real economic opportunities and rooted in endangered traditional crafts is a significant need in rural Hawaiian and part-Hawaiian communities. The Committee urges the Department to fund programs that support the development of mentoring programs pairing secondary students with individuals who have succeeded in commercially developing traditional Hawai-

ian arts and crafts. These mentoring programs can provide young Hawaiian and Part-Hawaiian students with training in important crafts while also teaching them how to successfully turn these skills into economic gain.

Tech-Prep Education Demonstration Program.—The Committee recommendation includes $4,968,000 for this program. The comparable fiscal year 2003 funding level is $4,968,000 and the budget request proposes to eliminate 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 Committee recommends $9,438,000 to continue activities authorized by section 118 of the Carl Perkins Act. The comparable fiscal year 2003 funding level is $9,438,000 and the budget request proposes 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.

ADULT EDUCATION

The Committee recommends $587,217,000 for adult education. The comparable fiscal year 2003 funding level is $587,217,000 and the budget request includes $591,032,000 for this purpose. The Committee recommendation is based on current law, which is in effect for these program through September 30, 2004 because of the GEPA authority.

Adult Education State Programs.—For adult education State programs, the Committee recommends $571,262,000. The comparable fiscal year 2003 funding level is $571,262,000 and the budget request includes $584,300,000 for authorized activities. Under current law, 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, $69,545,000 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.

National Activities.—The Committee recommends $9,223,000 for national leadership activities. The comparable funding level for fiscal year 2003 is $9,438,000 and the budget request does not include

funds within this program for this purpose. Under current law, the Department supports applied research, development, dissemination, evaluation and program improvement activities to assist States in their efforts to improve the quality of adult education programs.

National Institute for Literacy.—The Committee recommends $6,732,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act. The comparable fiscal year 2003 funding level is $6,517,000 and the budget request includes $6,732,000 for this purpose. Under current law, the Institute provides leadership and coordination for national literacy efforts by conducting research and demonstrations on literacy, establishing and maintaining a national center for adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

The Committee recognizes and continues to support the unique mandate of the National Institute for Literacy to serve as a national resource for adult education and literacy programs. The Committee supports the focus on adult literacy that has been provided through NIFL programs, such as the Bridges to Practice initiative that informs and trains adult educators on proper assessments and interventions for low literate adults who have learning disabilities, and the Equipped for the Future initiative that works to improve the quality and results of adult learning programs by focusing instruction and assessment on the skills and knowledge adults need to accomplish their goals as citizens, parents, and workers.

Smaller Learning Communities

The Committee recommends $160,947,000 for smaller learning communities. The comparable fiscal year 2003 funding level is $160,947,000 and the budget request does not include any funds for this purpose. This program supports competitive grants to local educational agencies to enable them to create smaller learning communities in large schools. Funds may be used to study, research, develop and implement strategies for creating smaller learning communities, as well as professional development for staff. Two types of grants are made under this program: 1-year planning grants, which help LEAs plan smaller learning communities and 3-year implementation grants, which help create or expand such learning environments.

Community Technology Centers

The Committee recommends $20,000,000 for community technology centers. The comparable funding level for fiscal year 2003 is $32,264,000 and the budget request proposes to eliminate funding for this program. 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.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2003	$13,363,072,000
Budget estimate, 2004	14,518,500,000
Committee recommendation	14,174,115,000

The Committee recommends an appropriation of $14,174,115,000 for student financial assistance. The comparable fiscal year 2003 funding level is $13,363,072,000 and the budget request includes $14,518,500,000 for this purpose.

Federal Pell Grant Program

For Pell grant awards in the 2004–2005 academic year, the Committee recommends $12,176,683,000 to maintain the record maximum Pell Grant award level of $4,050.

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 Committee has made significant gains in supporting increases in funding for the Pell Grant Program. Since fiscal year 2000, the maximum Pell grant has been increased from $3,300 to the current recommendation of $4,050. Also, the number of students receiving Pell grant awards will have increased by more than 500,000 over the past 4 years.

The Committee has not included bill language requested by the administration that would allow the Secretary to establish the Pell grant maximum award after enactment of the appropriations bill.

Federal Supplemental Educational Opportunity Grants

The Committee recommends $760,028,000 for Federal supplemental educational opportunity grants [SEOG]. The comparable fiscal year 2003 funding level is $760,028,000 and the budget request includes $725,000,000. 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 $1,004,428,000 for the Federal Work-Study Program. The comparable fiscal year 2003 funding level is $1,004,428,000 and the administration request includes $1,011,000,000 for authorized activities. This program provides grants to more than 3,300 institutions to help an estimated 1 million undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings.

Institutions also must use at least 7 percent of their grants for community-service jobs.

The Committee strongly supports continued funding for the work colleges program authorized in section 448 of the Higher Education Act of 1965. These funds help support comprehensive work-service learning programs at seven work colleges, and cooperative efforts among the work colleges to expose other institutions of higher education to the work college concept. Of the amount recommended by the Committee, $4,500,000 is available for this program.

Federal Perkins Loans

The Committee bill includes $99,350,000 for Federal Perkins loans capital contributions. The comparable fiscal year 2003 funding level is $99,350,000 and the budget request does not include any funds for this purpose. The amount recommended, when combined with institutional revolving funds, would maintain the 2004 loan volume at the current estimated level of $1,200,000,000. At this funding level roughly 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 also recommends $67,061,000 for Loan Cancellations. The comparable funding level for fiscal year 2003 is $67,061,000 and the budget request includes $67,500,000 for this activity. 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 recommends $66,565,000. The comparable funding level for fiscal year 2003 is $66,565,000 and the budget proposes to eliminate funding for this program.

The leveraging educational assistance partnership program provides a Federal match to States as an incentive for providing need-based grant and work-study assistance to eligible postsecondary students. When the appropriation exceeds $30,000,000, amounts above this threshold must be matched by States on a 2:1 basis. Federally supported grants and job earnings are limited to $5,000 per award year for full-time students.

The Committee recognizes the important role that the LEAP program plays in maintaining a Federal-State partnership for ensuring that postsecondary education is available to all academically-qualified Americans. The Committee notes that a recent Advisory Committee on Student Financial Aid report recommended that

Federal policy should encourage a far more substantial State and institutional commitment to need-based grant aid. The Committee notes that this important program leverages almost $1,000,000,000 in State spending for need-based student grant programs. Therefore, it is the Committee's intent to continue this important program.

Loan Forgiveness for Child Care Providers

The Committee does not recommend additional resources for this demonstration Program. The comparable fiscal year 2003 funding level is $994,000 and the budget request did not include any funds for this activity. 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.

STUDENT AID ADMINISTRATION

Appropriations, 2003	$104,703,000
Budget estimate, 2004	152,010,000
Committee recommendation	104,703,000

The Committee recommends $104,703,000 in discretionary resources for the new Student Aid Administration account. The comparable fiscal year 2003 discretionary funding level is $104,703,000 and the budget request includes $152,010,000 in such funding. However, the budget request assumes enactment of the proposal to rescind $795,000,000 in mandatory budget authority available in Section 458 of the Higher Education Act and to provides these funds through discretionary appropriations.

Funds appropriated for the Student Aid Administration account, in addition to mandatory funding available through Section 458 of the Higher Education Act, will support the Department's student aid management expenses. The Office of Student Financial Assistance and Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs.

The Committee does not agree with the administration's legislative proposal to fund this new account solely through annual appropriations. The Committee notes the Higher Education Act is up for reauthorization and a change of this magnitude should be considered during that process.

The Committee is aware that the Department has successfully implemented a system for facilitating and authenticating the use of electronic signatures on Federal student loan applications through the use of the Federal PIN number provided to applicants for Federal student financial assistance. The Committee understands that this PIN system could also be used for other forms of government-sponsored student financial assistance and that the use of a single PIN for Federal and State-sponsored assistance will simplify the financial aid application process for students and schools. The Committee urges the Department and the Social Security Administration to work cooperatively and promptly to allow State government agencies to utilize this PIN system, as appro-

priate, for facilitating and authenticating electronic signatures on documents relevant to the application for and awarding of student financial aid administered by State government agencies.

HIGHER EDUCATION

Appropriations, 2003	$2,093,455,000
Budget estimate, 2004	1,904,438,000
Committee recommendation	1,974,247,000

The Committee recommends an appropriation of $1,974,247,000 for higher education programs. The comparable fiscal year 2003 funding level is $2,093,455,000 and the budget request includes $1,904,438,000 for such activities.

Aid for Institutional Development

The Committee recommends $487,519,000 for aid for institutional development authorized by titles III and V of the Higher Education Act. The comparable funding level for fiscal year 2003 is $472,323,000 and the budget request includes $470,299,000 for authorized activities.

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 $81,467,000 for the part A strengthening institutions program. The comparable fiscal year 2003 funding level is $81,467,000 and the budget request includes $76,275,000 for this activity. 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 $93,551,000 for institutions at which Hispanic students make up at least 25 percent of enrollment. The comparable fiscal year 2003 funding level is $92,396,000 and the budget request includes $93,551,000 for these institutions. 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 recommends $224,086,000 for part B grants. The com-

parable fiscal year 2003 funding level is $214,015,000 and the budget request includes $224,086,000 for authorized activities. The part B strengthening historically black colleges and universities [HBCU] program makes formula grants to HBCUs that may be used to purchase equipment, construct and renovate facilities, develop faculty, support academic programs, strengthen institutional management, enhance fundraising activities, provide tutoring and counseling services to students, and conduct outreach to elementary and secondary school students. The minimum allotment is $500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

Strengthening Historically Black Graduate Institutions.—The Committee recommends $53,415,000 for the part B, section 326 program. The comparable fiscal year 2003 funding level is $53,415,000 and the budget request includes $53,302,000 for such activities. 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 $11,000,000 for this program. The comparable funding level for fiscal year 2003 is $8,180,000 and the budget request includes $4,048,000 for authorized activities. 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 educational facilities; student services; and the purchase of library and other educational materials. As initial funding cycles expire, the Committee encourages the Department to use simplified application forms to permit participating institutions to obtain continuation funding for successful programs funded under this program.

Strengthening Tribally Controlled Colleges and Universities

The Committee recommends $24,000,000 for strengthening tribal colleges and universities [TCUs]. The comparable funding level for fiscal year 2003 is $22,850,000 and the budget request includes $19,037,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum and student services. In fiscal year 2001, the Committee supported the establishment of a competitive grant program to assist institutions in addressing long overdue and high-priority infrastructure and facilities requirements. The funds provided are to be used to support continuation of existing basic grants and new planning or implementation grant awards. The remaining funds shall be available for grants for renovation and construction of facilities to help address urgently needed facilities repair and expansion.

International Education and Foreign Language Studies

The bill includes a total of $100,795,000 for international education and foreign language programs. The comparable fiscal year 2003 funding level is $107,795,000 and the budget request includes $102,500,000 for such activities.

Domestic Programs.—The Committee recommends $86,240,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA. The comparable fiscal year 2003 funding level is $93,240,000 and the budget request includes $88,000,000 for authorized activities. 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 $12,916,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The comparable fiscal year 2003 funding level is $12,916,000 and the budget request is $13,000,000 for these programs. 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 $1,639,000 for the Institute for International Public Policy. The comparable funding level for fiscal year 2003 is $1,639,000 and the budget request includes $1,500,000 for authorized activities. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 50 percent is required.

Fund for the Improvement of Postsecondary Education

The Committee recommends $32,201,000 for the Fund for the Improvement of Postsecondary Education [FIPSE]. The comparable fiscal year 2003 funding level is $171,068,000 and the budget request includes $39,138,000. 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 $25,587,000, the full amount requested for the comprehensive program. The Committee rejects the budget request to consolidate the Demonstration Projects to Ensure Quality Higher Education for Students with Disabilities program within the FIPSE program.

Minority Science and Engineering Improvement

The Committee recommends $8,942,000 for the Minority Science and Engineering Improvement program [MSEIP]. The comparable fiscal year 2003 funding level is $8,942,000 and the budget request includes $8,500,000 for this program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Interest Subsidy Grants

The Committee recommends $2,000,000 for interest subsidy grants. The comparable fiscal year 2003 funding level is $2,980,000 and the budget request includes $2,000,000 for these grants. This appropriation is required to meet the Federal commitment to pay interest subsidies on 52 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.

Tribally Controlled Postsecondary Vocational Institutions

The Committee recommends $7,500,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. The comparable fiscal year 2003 funding level is $6,955,000 and the budget request includes $6,500,000 for this purpose. This program provides grants for the operation and improvement of two tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students: United Tribes Technical College in Bismarck, North Dakota, and Crownpoint Institute of Technology in Crownpoint, New Mexico.

Federal TRIO Programs

The Committee recommends $840,000,000 for Federal TRIO Programs. The comparable fiscal year 2003 funding level is $827,089,000 and the budget request includes $802,500,000 for authorized activities.

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 op-

portunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

The Committee urges the Department to use a funding allocation strategy in making awards under TRIO that balances the need to fund a larger number of grantees with the need for projects to improve the quality of student services and expand to serve all eligible students.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]

The Committee recommends $300,000,000 for GEAR UP. The comparable fiscal year 2003 funding level is $293,082,000 and the budget request includes $285,000,000 for this purpose. 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 has provided funds above the fiscal year 2003 level and the budget request for the Department to fund a new grant competition under the GEAR UP program. The Committee believes that grants should not be fully-funded, but instead should be awarded on an annual basis from the fiscal year 2004 and subsequent appropriations during the period of the grant, contingent upon grantee performance. The Committee notes that grants were awarded using this approach during the first 2 years of the program. The Committee expects the Department to consult with it prior to the announcement of this new grant competition.

Byrd Honors Scholarships

The Committee recommends $41,000,000 for the Byrd honors scholarship program. The comparable fiscal year 2003 funding level is $40,734,000 and the budget request includes $41,001,000.

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 2004, and continue support for the 2001, 2002, and 2003 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 $9,935,000 for the Javits Fellowships program. The comparable fiscal year 2003 funding level is

$9,935,000 and the budget request includes $10,000,000 for this program.

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 2004 appropriation support fellowships for the 2005–2006 academic year.

Graduate Assistance in Areas of National Need [GAANN]

The Committee recommends $30,798,000 for graduate assistance in areas of national need. The comparable fiscal year 2003 funding level is $30,798,000 and the budget request includes $31,000,000 for GAANN. 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 2002, the Secretary designated the following areas of national need: biology, chemistry, computer and information sciences, engineering, geological and related sciences, mathematics and physics. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

Teacher Quality Enhancement Grants

The Committee recommends $89,415,000 for the teacher quality enhancement grants program. The comparable fiscal year 2003 funding level is $89,415,000 and the budget request includes $90,000,000. The program was established to support initiatives that best meet 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 budget request includes bill language that would allow the Department to fund awards under the three program areas at the discretion of the Department, instead of as mandated by the Higher Education Act. The Committee has not provided the requested authority.

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. Part-

nerships 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 Access Means Parents in Schools

The Committee recommends an appropriation of $16,194,000 for the Child Care Access Means Parents in School [CCAMPIS] program. The comparable fiscal year 2003 funding level is $16,194,000 and the budget request includes $15,000,000 for this program. CCAMPIS 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 $6,954,000 for this program. The comparable fiscal year 2003 funding level is $6,954,000. The budget proposes to continue funding this authorized program under FIPSE. 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 does not recommend additional funding for the Underground Railroad program. The comparable fiscal year 2003 funding level is $2,235,000 and the administration also proposes to eliminate funding for this activity. The program was authorized by the Higher Education Amendments of 1998 and was funded for the first time in fiscal year 1999. Grants are provided to research, display, interpret, and collect artifacts relating to the history of the underground railroad. Educational organizations receiving funds must demonstrate substantial private support through a public-private partnership, create an endowment fund that provides for ongoing operation of the facility, and establish a network of satellite centers throughout the United States to share information and teach people about the significance of the Underground Railroad in American history.

GPRA/Higher Education Act Program Evaluation

The Committee recommends $994,000 for data collection associated with the Government Performance and Results Act data col-

lection and to evaluate programs authorized by the Higher Education Act. The comparable fiscal year 2003 funding level is $994,000 and the budget request includes $1,000,000 for these activities. These funds are used to comply with the Government Performance and Results Act, which requires the collection of data and evaluation of Higher Education programs and the performance of recipients of Higher Education funds.

Thurgood Marshall Legal Educational Opportunity Program

The Committee does not recommend additional funds for this program. The comparable fiscal year 2003 funding level is $4,968,000 and the administration also proposes to eliminate funding for this program. Federal funds are 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 comparable fiscal year 2003 funding level is $994,000 and the budget request did not include funds for this activity. Funds appropriated in fiscal year 2003 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. Unlike most other Federal student aid programs, scholarships are provided without consideration of expected family contributions.

National Security Education Trust Fund

The budget request includes a legislative proposal that would transfer the administration of this program from the Department of Defense to the Department of Education. Legislation authorizing such a transfer has not been enacted effecting such a change, so the Committee defers action on this proposal.

HOWARD UNIVERSITY

Appropriations, 2003	$238,440,000
Budget estimate, 2004	237,474,000
Committee recommendation	238,440,000

The Committee recommends an appropriation of $238,440,000 for Howard University. The comparable fiscal year 2003 funding level is $238,440,000 and the budget request includes $237,474,000 for this purpose. 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 59 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee recommends, within the funds provided, not less than $3,573,000 shall be for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends $30,177,000 for the Howard University Hospital. The comparable fiscal year 2003 funding level is $30,177,000 and the budget request includes $30,374,000 for this purpose. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 2003	$757,000
Budget estimate, 2004	774,000
Committee recommendation	774,000

Federal Administration.—The Committee bill includes $774,000 for Federal administration of the CHAFL program. The comparable fiscal year 2003 funding level is $757,000 and the budget request includes $774,000 for such expenses.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2004. 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, 2003	$207,000
Budget estimate, 2004	210,000
Committee recommendation	210,000

Federal Administration.—The Committee recommends $210,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program. The comparable fiscal year 2003 funding level is $207,000 and the budget request includes $210,000 for this activity.

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.

INSTITUTE OF EDUCATION SCIENCE

Appropriations, 2003	$447,956,000
Budget estimate, 2004	375,915,000
Committee recommendation	452,956,000

The bill includes $452,956,000 for the Institute of Education Sciences. The comparable fiscal year 2003 funding level is $447,956,000 and the budget request includes $375,915,000. This account supports education research, data collection and analysis activities, and the assessment of student progress.

Research, Development and Dissemination

The Committee recommends $144,090,000 for education research, development and national dissemination activities. The comparable

fiscal year 2003 amount is $139,090,000 and the budget request includes $185,000,000 for these activities. Funds are available for obligation for 2 fiscal years. These funds support research, development, and dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee has provided $24,362,000 for the National Research and Development Centers program in recognition of the need for the Department of Education to implement the Education Sciences Reform Act of 2002. The funding is sufficient to provide continued funding for current centers' awards as requested by the administration and an additional $5,000,000 to begin awarding new research and development centers in fiscal year 2004 in accordance with the requirements of Section 133(c) of Public Law 107–279. The Committee expects the Department to implement the law by addressing the topics required in the statute, with particular attention to rural education.

The Committee strongly supports the premise that developing, identifying and implementing scientifically based research is critical to the success of the No Child Left Behind Act [NCLB] and to the increased effectiveness generally of education programs and interventions. The Committee recognizes the current scarcity of educational interventions that have been proven effective in research that meets the rigorous standards set out in the NCLB. In particular, the Committee believes that a greater focus must be placed on the use of randomized controlled trials, longitudinal studies, and other research that meets the standards set by the National Research Council.

The Committee requests a report within 90 days of enactment of this Act, which includes a detailed description of the Department's specific plans for the Department's research agenda.

The Committee is concerned about the potential for duplication that can result from multiple Federal agencies developing and publicizing lists or registries of science-based programs and best practices. In particular, the Committee notes that SAMHSA's Center for Substance Abuse Prevention has the expertise and an established process for identifying promising, effective and model substance abuse prevention programs, strategies and activities. The Committee urges IES to avoid such duplication by determining whether other Federal agencies already provide such information, and then identifying an approach for working with such organizations to ensure that the user community is best served. The Committee requests that the IES provide the Committee with a letter report within 90 days of enactment of this bill on the steps taken to avoid such duplication on this issue as well as its procedures for ensuring that no future duplication takes place.

Regional Educational Laboratories

The Committee recommends $67,061,000 to continue support for the regional educational laboratories. The comparable fiscal year 2003 funding level is $67,061,000 and the budget request includes no funds for this purpose. Funding supports a network of 10 lab-

oratories that are responsible for promoting the use of broad-based systemic strategies to improve student achievement.

Statistics

The Committee recommends $89,415,000 for data-gathering and statistical-analysis activities of the National Center for Education Statistics [NCES]. The comparable fiscal year 2003 funding level is $89,415,000 and the budget request includes $95,000,000 for this purpose.

The NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. The NCES also provides technical assistance to State and local education agencies and postsecondary institutions.

Assessment

The Committee recommends $94,767,000 for assessment. The comparable fiscal year 2003 funding level is $94,767,000 and the budget request includes $95,915,000 for authorized activities.

These funds provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure the educational achievement of American students. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. Beginning in 2002, the Department will pay for State participation in biennial reading and mathematics assessments in grades 4 and 8.

Within the funds appropriated, the Committee recommends $4,532,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP. The comparable fiscal year 2003 amount is $4,532,000 and the budget request includes $5,090,000 for NAGB.

Multi-Year Grants and Contracts

The Committee recommends $57,623,000 to continue multi-year grants and contracts to comprehensive regional assistance centers, Eisenhower regional mathematics and science consortia, the Eisenhower Math and Science Clearinghouse and regional technology in education consortia [R*TECs]. The administration requested no funds for this purpose.

Within the funds appropriated, the Committee recommends: $27,818,000 for the comprehensive regional assistance centers program, which funds 15 university-based or nonprofit centers that offer technical assistance to States, school districts, and schools on a variety of topics; $14,902,000 for Eisenhower regional mathematics and science consortia, which disseminate exemplary mathematics and science education instruction materials and provide technical assistance for the implementation of teaching methods and assessment tools; $4,968,000 for the Eisenhower Math and Science Clearinghouse; and $9,935,000 for R*TECs, which are regional centers that help States, local educational agencies, teachers, school library and media personnel, administrators, and other

education entities successfully integrate technologies into K–12 classrooms, library media centers, and other educational settings, including adult literacy centers.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2003	$409,863,000
Budget estimate, 2004	434,494,000
Committee recommendation	409,863,000

The Committee recommends $409,863,000 for program administration. The comparable fiscal year 2003 funding level is $409,863,000 and the budget request includes $434,494,000 for this purpose.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor approximately 170 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

The Committee continues to be concerned about the delay applicants are experiencing in receiving awards under competitive grant programs. It is the Committee's strong belief that every action should be taken to reduce the time it takes for applicants to learn whether their program has been renewed or whether they have been funded for the first time, while still maintaining a strong peer and grant review framework.

The Committee also is very concerned about the growth in administrative staff in positions that do not appear to contribute to the overall mission of the Department. In particular, staffing levels for communications-related activities appear to have increased significantly in the past year. The Committee expects that funds provided for program administration will be utilized efficiently in efforts to improve the administration and oversight of competitive and formula grant programs; monitor and report on program performance; provide high quality technical assistance, as needed, to help implement effective programs and to prevent, identify, and reduce fraud, waste, and abuse in Department programs. The Committee requests that the Department provide a report on the staffing levels at the Department over the past 5 years, that includes a breakdown by office, program and grade. Further, the report should identify steps the Department has taken or planned for increasing the efficiency of its administrative operations and improving the effectiveness of efforts to meet its program administration responsibilities. The Committee requests this report not later than 90 days after the enactment of the 2004 appropriations bill.

The Committee has included $13,644,000, requested by the administration, to support costs associated with the relocation of staff from the Mary E. Switzer and ROB–3 buildings to permanent space at Potomac Center Plaza. These funds are available until expended.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2003	$85,715,000
Budget estimate, 2004	91,275,000
Committee recommendation	91,275,000

The Committee bill includes $91,275,000 for the Office for Civil Rights [OCR]. The comparable fiscal year 2003 amount is $85,715,000 and the budget request includes $91,275,000 for this purpose.

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, 2003	$40,734,000
Budget estimate, 2004	48,137,000
Committee recommendation	44,137,000

The Committee recommends $44,137,000 for the Office of the Inspector General. The comparable fiscal year 2003 amount is $40,734,000 and the budget request includes $48,137,000 for authorized activities.

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).

The Committee bill includes a provision which adjusts the availability of $2,244,000,000 for the Education for the Disadvantaged

account by making these funds available on July 1, 2003 instead of October 1, 2003. This provision does not change the total amount available for the 2003–2004 school year. This provision shall become effective immediately upon enactment. The Committee has included bill language to ensure that this adjustment shall not trigger an additional rescission under section 601 of Division N of Public Law 108–7 (sec. 305).

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME BOARD

Appropriations, 2003	$67,571,000
Budget estimate, 2004	65,279,000
Committee recommendation	65,279,000

The Committee recommends authority to expend $65,279,000 from the Armed Forces Home Trust Fund to operate and maintain the Armed Forces Retirement Home—Washington, and the Armed Forces Retirement Home—Gulfport. This amount is equal to the budget request.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

Appropriations, 2003	$353,888,000
Budget estimate, 2004	364,663,000
Committee recommendation	350,187,000

The Committee recommends $350,187,000 for fiscal year 2004 for the domestic volunteer service programs of the Corporation for National and Community Service. The comparable funding level for fiscal year 2003 is $353,888,000 and the budget request includes $364,663,000 for this program.

VISTA

The Committee recommends $94,287,000 for fiscal year 2004 for the Volunteers in Service to America [VISTA] Program. The comparable funding level for fiscal year 2003 is $93,674,000 and the budget request includes $94,287,000 for this program.

VISTA, created in 1964 by the Johnson Administration under the Economic Opportunity Act, is a program which provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

Special Volunteer Programs

The Committee recommends $4,935,000 for fiscal year 2004 for the Special Volunteer programs. The comparable funding level for fiscal year 2003 is $9,935,000 and the budget request includes $20,000,000 for this program.

These funds will be used to carry out Part C of Title I of the Domestic Volunteer Service Act of 1973, which authorizes grants to volunteer organizations to encourage and enable persons from all age groups to perform volunteer service in agencies, institutions, and situations of need. Grants are awarded to organizations that

strengthen and support volunteer efforts, with a particular emphasis on anti-poverty efforts.

The Committee commends the CNCS for its stated goal of recruiting new Senior Corps volunteers and strongly supports this effort. The Committee is aware that one of the most important factors in the decision to continue volunteering is the quality of the first volunteer experience and the ongoing presence of the volunteer organization. For this reason, the Committee to urge the Corporation to coordinate this newly funded program with the Senior Corps direct service programs. No funds have been included for the proposed Parent Drug Corps.

National Senior Volunteer Corps

The Committee recommends $216,619,000 for fiscal year 2004 for the National Senior Volunteer Corps programs. The comparable funding level for fiscal year 2003 is $215,933,000 and the budget request includes $212,147,000 for this program.

The Committee recognizes the valuable contributions of seniors participating in the Foster Grandparent [FGP], Retired and Senior Volunteer Program [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. Remaining funds should be used to begin new FGP, RSVP, and SCP programs in geographic areas currently underserved. The Committee expects these projects to be awarded via a nationwide competition among potential community-based sponsors.

The Committee has included $397,000 for senior demonstration programs. The comparable funding level for fiscal year 2003 is $397,000 and the budget request did not include funds for this program.

Foster Grandparent Program

The Committee recommends $110,775,000 for fiscal year 2004 for the Foster Grandparent Program. The comparable funding level for fiscal year 2003 is $110,775,000 and the budget request includes $106,700,000 for this program.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program not only involves seniors in their communities, but it also provides a host of services to children.

Senior Companion Program

The Committee recommends $46,563,000 for fiscal year 2004 for the Senior Companion Program. The comparable funding level for fiscal year 2003 is $46,260,000 and the budget request includes $46,563,000 for this program.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services

to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

Retired and Senior Volunteer Program

The Committee recommends $58,884,000 for fiscal year 2004 for the Retired and Senior Volunteer Program. The comparable funding level for fiscal year 2003 is $58,501,000 and the budget request includes $58,884,000 for this program.

This program involves persons age 55 and over in volunteer opportunities in their communities such as tutoring youth, responding to natural disasters, teaching parenting skills to teen parents, and mentoring troubled youth.

Program Administration

The Committee recommends $34,346,000 for fiscal year 2004 for program support administration. The comparable funding level for fiscal year 2003 is $34,346,000 and the budget request includes $38,229,000 for this program.

The Committee is disappointed by the Corporation's continued consolidation of State Offices. Contrary to the administration's repeated assurances that there is no plan to reduce the number of State offices, the Corporation has pursued a concerted effort to consolidate State Director positions through attrition. Many of these consolidations, such as the one between Iowa and Nebraska, have created extreme geographic distances for Directors to traverse in order to fulfill their oversight responsibilities. For that reason, the Committee expects the Corporation to submit a 5-year plan in the fiscal year 2005 budget justification detailing the number, location of State offices, and staffing plans of each.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2004	$380,000,000
Appropriations, 2005	390,000,000
Budget estimate, 2006	.....
Committee recommendation	400,000,000

The Committee recommends $400,000,000 be made available for the Corporation for Public Broadcasting [CPB], an advance appropriation for fiscal year 2006. The comparable funding level for fiscal year 2005 is $390,000,000 and the budget request does not include advance funds for this program.

In addition, the Committee recommends $55,000,000 be made available in fiscal year 2004 for the conversion to digital broadcasting. The comparable funding level for fiscal year 2003 is $48,427,000 and the budget request includes $60,000,000 out of the funds appropriated in 2002 for fiscal year 2004.

The Committee notes that less than half of the Nation's 356 public television stations met the May 1, 2003 deadline for transmitting a digital broadcast signal. Station waivers extended the deadline to May 1, 2004. However, even of those stations that did meet the deadline, many will be transmitting at low power, reaching only a portion of their analog service area. The majority of these stations are seeking digital production equipment to remedy the situation. To date, Federal funding for this conversion totals

$206,427,000 out of the total estimated cost of $1,700,000,000. The Committee recognizes that there remains a great need for federally matched funding of digital broadcast equipment beyond, as well as for, basic transmission capability. The Committee is concerned that public television stations' ability to deliver full universal digital service to communities will be delayed if such funding is not made available.

In addition, the Committee recommends $10,000,000 be made available in fiscal year 2004 for the replacement project of the interconnection system. There were no funds provided in fiscal year 2003 for this purpose and the budget request includes $20,000,000 out of the funds appropriated in 2002 for fiscal year 2004.

The current interconnection system is entirely satellite based. This satellite is currently nearing the end of its useful life, and while satellite technology is currently the most cost-effective method for distribution in a point-to-multipoint system, terrestrial technology is far more economical when data is distributed between single points. The Next Generation Interconnection System will utilize a combination of satellite and terrestrial technologies for a more flexible system. In addition, a portion of the provided funds will be used to upgrade existing ground station and transmit/receive equipment to be compatible with the new system.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 2003	$41,156,000
Budget estimate, 2004	42,885,000
Committee recommendation	43,385,000

The Committee recommends $43,385,000 for fiscal year 2004 for the Federal Mediation and Conciliation Service [FMCS]. The comparable funding level for fiscal year 2003 is $41,156,000 and the budget request includes $42,885,000 for this program.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

The Committee continues to support the FMCS program to prevent youth violence and is especially pleased with the initiative to train educators in conflict resolution. The Committee is also impressed with the development of a CD–ROM that will address conflict resolution among preschool and elementary age children. The Committee has included $500,000 for the continuation of these innovative programs for youth violence prevention.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 2003	$7,131,000
Budget estimate, 2004	7,774,000
Committee recommendation	7,774,000

The Committee recommends $7,774,000 for fiscal year 2004 for the Federal Mine Safety and Health Review Commission. The comparable funding level for fiscal year 2003 is $7,131,000 and the budget request includes $7,774,000 for this program.

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 review of the Commission's administrative law judge decisions. A number of vacant positions on the Commission have resulted in the absence of a quorum. Consequently, parties seeking such a review must either be put on hold until the quorum has been filled or appeal their cases to the appropriate Federal circuit court. The Committee is concerned that the Commission's current inability to consider and decide cases is adversely affecting the Commission's ability to meet its goals.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

Appropriations, 2003	$243,889,000
Budget estimate, 2004	242,024,000
Committee recommendation	243,889,000

The Committee recommends $243,889,000 for fiscal year 2004 for the Institute of Museum and Library Services. The comparable funding level for fiscal year 2003 is $243,889,000 and the budget request includes $242,024,000 for this program.

Office of Museum Services Operations Grants

The Committee recommends $15,828,000 for operations grants. These funds support grants to museums for building increased public access, expanding educational services, reaching families and children, and using technology more effectively in support of these goals. In addition, non-competitive grants are awarded for technical assistance in four types of assessments: Institutional, Collections Management, Public Dimension, and Governance.

Museum Conservation Programs

The Committee recommends $3,607,000 for Conservation programs. These funds support grants to allow museums to survey collections, perform training, research, treatment and environmental improvements. In addition, grantees may receive additional funds to develop an education component that relates to their conservation project. In addition, non-competitive grants are awarded for technical assistance in conservation efforts.

Museum National Leadership Projects

The Committee recommends $5,663,000 for National Leadership projects. The National Leadership Grants encourage innovation in meeting community needs, widespread and creative use of new technologies, greater public access to museum collections, and an extended impact of Federal dollars through collaborative projects.

Office of Museum Services Administration

The Committee recommends $3,539,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

Office of Library Services State Grants

The Committee recommends $150,435,000 for State grants. Funds are provided to States by formula to carry out 5-year State

plans. These plans must set goals and priorities for the State consistent with the purpose of the act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. Within the total recommended, $3,055,000 has been provided for library services to Native Americans and Native Hawaiians.

Library National Leadership Projects

The Committee recommends $11,009,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide.

The Committee commends the administration for proposing an Initiative to Recruit and Educate Librarians and has included $9,935,000 for this purpose. The Nation is facing an impending retirement wave of librarians. The Bureau of Labor Statistics reports that 57 percent of current librarians are 45 and older and 50 percent of librarians are expected to leave the profession in the next 10 years. In addition, current librarians are being asked to take on expanded duties as information technology advances and our society experiences an ever-increasing need for the dissemination of public safety and public health data.

Office of Library Services Administration

The Committee recommends $5,663,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

MEDICARE PAYMENT ADVISORY COMMISSION

Appropriations, 2003	$8,529,000
Budget estimate, 2004	9,000,000
Committee recommendation	9,000,000

The Committee recommends $9,000,000 for fiscal year 2004 for the Medicare Payment Advisory Commission. The comparable funding level for fiscal year 2003 is $8,529,000 and the budget request includes $9,000,000 for this program.

The Medicare Payment Advisory Commission [MedPAC] was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105–33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

Appropriations, 2003	$1,003,000
Budget estimate, 2004	1,000,000
Committee recommendation	1,000,000

The Committee recommends $1,000,000 for fiscal year 2004 for the National Commission on Libraries and Information Science. The comparable funding level for fiscal year 2003 is $1,003,000 and the budget request includes $1,000,000 for this program.

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.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 2003	$2,839,000
Budget estimate, 2004	2,830,000
Committee recommendation	3,339,000

The Committee recommends $3,339,000 for fiscal year 2004 for the National Council on Disability. The comparable funding level for fiscal year 2003 is $2,839,000 and the budget request includes $2,830,000 for this program.

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.

The Committee strongly supports the Americans with Disabilities Act and is concerned that recent court decisions have undermined the congressionally intended degree of civil rights protections afforded individuals with disabilities. The Committee has included additional resources to allow the Council to continue to seek input and develop approaches addressing these decisions and ensuring that people with disabilities are adequately protected from discrimination.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 2003	$237,429,000
Budget estimate, 2004	243,073,000
Committee recommendation	246,073,000

The Committee recommends $246,073,000 for fiscal year 2004 for the National Labor Relations Board [NLRB]. The comparable funding level for fiscal year 2003 is $237,429,000 and the budget request includes $243,073,000 for this program.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

The Committee is disappointed that, for the past 2 years, the administration has repeatedly underestimated the funding necessary to process the increase in case intakes occurring as a result of the economic downturn. The Committee has repeatedly included additional funds to reduce the backlog but progress on that front has been stymied by the increase in cases. The backlog at the end of fiscal year 2001 was approximately 970 cases and grew to 1,496 cases by the end of fiscal year 2002. It is estimated that the backlog will be 2,346 cases by the end of fiscal year 2003. The Committee is concerned about the impact this backlog has on workplace conditions. The Committee has again included additional funds to address this serious situation, however, the Committee encourages the administration to develop more accurate estimates on which to base their request.

NATIONAL MEDIATION BOARD

Appropriations, 2003	$11,241,000
Budget estimate, 2004	11,421,000
Committee recommendation	11,421,000

The Committee recommends $11,421,000 for fiscal year 2004 for the National Mediation Board. The comparable funding level for fiscal year 2003 is $11,241,000 and the budget request includes $11,421,000 for this program.

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, 2003	$9,610,000
Budget estimate, 2004	10,115,000
Committee recommendation	9,610,000

The Committee recommends $9,610,000 for fiscal year 2004 for the Occupational Safety and Health Review Commission. The comparable funding level for fiscal year 2003 is $9,610,000 and the budget request includes $10,115,000 for this program.

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, 2003	$123,194,000
Budget estimate, 2004	119,000,000
Committee recommendation	119,000,000

The Committee recommends $119,000,000 for fiscal year 2004 for the Dual Benefits Payments Account. The comparable funding level

for fiscal year 2003 is $123,194,000 and the budget request includes $119,000,000 for this program.

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, 2003	$150,000
Budget estimate, 2004	150,000
Committee recommendation	150,000

The Committee recommends $150,000 for fiscal year 2004 for interest earned on unnegotiated checks. The comparable funding level for fiscal year 2003 is $150,000 and the budget request includes $150,000 for this program.

LIMITATION ON ADMINISTRATION

Appropriations, 2003	$99,350,000
Budget estimate, 2004	99,820,000
Committee recommendation	99,350,000

The Committee recommends $99,350,000 for fiscal year 2004 for the administration of railroad retirement/survivor benefit programs. The comparable funding level for fiscal year 2003 is $99,350,000 and the budget request includes $99,820,000 for this program.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

The Committee is concerned by the administration's lack of a consistent policy on the payment of commercial rent by trust fund agencies. The Committee requests that the Office of Management and Budget clarify its policy in the fiscal year 2004 budget. In the meantime, the Committee has included language to prohibit funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

The Committee encourages the RRB to continue to use the Department of the Treasury to process railroad retirement benefit payments versus contracting with a non-governmental disbursement agent thereby incurring $2,100,000 in cost savings.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2003	$6,322,000
Budget estimate, 2004	6,600,000
Committee recommendation	6,322,000

The Committee recommends $6,322,000 for fiscal year 2004 for the Office of the Inspector General. The comparable funding level

for fiscal year 2003 is $6,322,000 and the budget request includes $6,600,000 for this program.

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, 2003	$20,400,000
Budget estimate, 2004	21,658,000
Committee recommendation	21,658,000

The Committee recommends an appropriation of $21,658,000 for payments to Social Security trust funds. The comparable fiscal year 2003 funding level is $20,400,000 and the budget request includes $21,658,000 for this purpose. 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.

SUPPLEMENTAL SECURITY INCOME

Appropriations, 2003	$24,025,392,000
Budget estimate, 2004	26,402,000,000
Committee recommendation	26,410,000,000

The Committee recommends an appropriation of $26,410,000,000 for supplemental security income. This is in addition to the $11,080,000,000 appropriated last year as an advance for the first quarter of fiscal year 2004. The comparable fiscal year 2003 funding level is $24,025,392,000 and the budget request includes $26,402,000,000. The Committee also recommends an advance appropriation of $12,590,000,000 for the first quarter of fiscal year 2005 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 6.7 million persons will receive SSI benefits each month during fiscal year 2004. 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 $100,000,000 for beneficiary services. The comparable funding level in fiscal year 2003 is $45,728,000 and the budget request includes $100,000,000 for these services. This amount is available for payments to Employment Networks for successful outcomes or milestone payments under the Ticket to Work program and for reimbursement of State vocational rehabilitation agencies and alternate public or private providers.

Research and Demonstration Projects

The Committee recommendation includes $38,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. The comparable fiscal year 2003 funding level is $38,000,000 and the budget request includes $30,000,000 for authorized activities.

This amount will support SSA's efforts to strengthen its policy evaluation capability and focus on research of: program issues, the impact of demographic changes on future workloads and effective return-to-work strategies for disabled beneficiaries.

The Committee commends the administration on their stated goal of preventing and ending homelessness for people with disabilities within 10 years. The Committee believes that increasing the Social Security Administration's outreach and application assistance to homeless people as well as others who are economically disadvantaged is an important part of this effort. The Committee is aware that SSA operated an effective outreach program in the early 1990's, where grants were awarded to local non-profits to provide SSI outreach and application assistance. In light of the ongoing need for SSI outreach and application assistance, the Committee has included an additional $8,000,000 to provide and to administer a competitive demonstration grants demonstration program, targeted toward providing outreach and application assistance to homeless persons and other underserved populations.

Administration

The Committee recommendation includes $3,034,000,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. The comparable fiscal year 2003 amount is $2,825,000,000 and the budget request includes $3,034,000,000 for such activities.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2003	$7,885,137,000
Budget estimate, 2004	8,530,000,000
Committee recommendation	8,530,000,000

The Committee recommends a program funding level of $8,530,000,000 for the limitation on administrative expenses. The comparable fiscal year 2003 funding level is $7,885,137,000 and the budget request includes $8,530,000,000 for this purpose.

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 Committee recommendation includes $8,410,000,000 for routine operating expenses of the agency, as well as the resources derived from the user fees which are discussed below.

The budget request includes bill language earmarking not less than $1,446,000,000 of funds available within this account for program integrity activities, including continuing disability reviews, SSI non-disability redeterminations of eligibility and overpayment workloads. The Committee bill does not include such an earmark. However, it is the Committee's expectation that the Social Security Administration will stay current in processing continuing disability reviews, conducting redeterminations and undertaking other authorized activities in order to ensure that its program stewardship obligations are met. The Committee notes savings in fiscal year 2002 of roughly $3,000,000,000 associated with the increased payment accuracy achieved by the processing of continuing disability reviews.

The Committee concurs in the budget request, by providing a significant increase of 8.2 percent over the comparable fiscal year 2003 level for the administrative expenses of the Social Security Administration. This investment in SSA is recommended to continue addressing the significant challenges the agency faces in improving the disability claims process and eliminating the backlog in this workload; efficiently processing increasing claims volumes, including special workloads; enhancing service quality and options and program stewardship; and investing in staff. The Committee is aware that the SSA has developed a Service Delivery Budget, which is a multi-year plan for addressing these challenges. The Committee expects to receive a copy of this Budget as soon as possible in order to make a more informed assessment of current and future funding needs.

The Committee is pleased that SSA officials have continued to educate adjudicators at all levels of the SSA process about the April 1999 CFS ruling (99–2p). The Committee encourages SSA to continue these educational efforts, as many SSA employees remain unfamiliar with or misinformed about CFS and the functional limitations it imposes. Finally, the Committee encourages SSA to continue examining obstacles to benefits for persons with CFS, to assess the impact of the ruling on CFS patients' access to benefits, and to keep medical information updated throughout all levels of the application and review process.

Social Security Advisory Board

The Committee has included not less than $1,800,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2004.

User Fees

In addition to other amounts provided, the Committee recommends $120,000,000 for administrative activities funded from user fees that were authorized in fiscal year 1998.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2003	$82,460,000
Budget estimate, 2004	90,000,000
Committee recommendation	82,460,000

The Committee recommends $82,460,000 for activities for the Office of the Inspector General. The comparable fiscal year 2003 funding level is $82,460,000 and the budget request includes $90,000,000 for this office. This includes a general fund appropriation of $20,863,000 together with an obligation limitation of $61,597,000 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 of SSNs has risen dramatically. The Committee encourages the SSA IG to expand its efforts to stop the inappropriate sale and misuse of SSNs.

U.S. INSTITUTE OF PEACE

Appropriations, 2003	$16,256,000
Budget estimate, 2004	17,200,000
Committee recommendation	17,200,000

The Committee recommends $17,200,000 for fiscal year 2004 for the U.S. Institute of Peace. The comparable funding level for fiscal year 2003 is $16,256,000 and the budget request includes $17,200,000 for this program.

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.

TITLE V—GENERAL PROVISIONS

The Committee recommendation retains provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (amended) (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug unless the Secretary of HHS determines such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of State and local grant funds (sec. 507); limit use of funds for abortion (sec. 508 and sec. 509); restrict human embryo research (sec. 510); limit the use of funds for promotion of legalization of controlled substances included last year (sec. 511); limits use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 512); and prohibits the use of funds to promulgate regulations regarding the individual health identifier (sec. 513).

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation [1]	Amount of bill	Committee allocation [1]	Amount of bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the Budget Resolution for 2004: Subcommittee on Labor-HHS-Education.				
Discretionary	137,601	137,601	134,932	[1] 134,932
Mandatory	318,766	318,766	318,694	[1] 318,694
Projection of outlays associated with the recommendation:				
2004	.....	.....	.....	[2] 294,613
2005	.....	.....	.....	69,579
2006	.....	.....	.....	19,903
2007	.....	.....	.....	3,751
2008 and future years	.....	.....	.....	575
Financial assistance to State and local governments for 2004	NA	44,993	NA	16,217

[1] Includes outlays from prior-year budget authority.
[2] Excludes outlays from prior-year budget authority.

NA: Not applicable.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill "which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session."

The following items are identified pursuant to this requirement: Workforce Investment Act, $5,115,588,000;

Title VII and Title VIII of the Public Health Services Act, $423,765,000; National Cord Blood Stem Cell Bank Program, $10,000,000; Universal Newborn Hearing Screening, $9,935,000; Abstinence Education, $73,044,000; Organ Transplantation, $24,828,000; Rural Hospital Flexibility Grants, $39,740,000; Denali Commission, $40,000,000; Family Planning, $283,350,000; State Offices of Rural Health, $8,445,000; Birth Defects and Developmental Disabilities, $110,639,000; Infant Hearing, $6,240,000; Tuberculosis Prevention, $137,627,000; Sexually Transmitted Diseases, $169,572,000; Infertility, $30,200,000; Adolescent Family Life, $31,241,000; Office of Minority Health, $48,740,000; Office of Disease Prevention and Health Promotion, $7,620,000; Child Care and Development Block Grant, $2,099,729,000; Head Start, $6,815,570,000; Native American Programs, $45,457,000; Refugee

and Entrant Assistance Programs, $393,829,000; Community Services $692,792,000; Alzheimer's Disease Demonstration Grants to States, $12,412,000; Individual with Disabilities Education Act, $11,027,464,000; Assistive Technology Act of 1998, $26,824,000; Volunteers in Service to America, $94,287,000; Special Volunteer Programs, $4,935,000; National Senior Volunteer Corps, $110,775,000; Institute of Museum and Library Services, $243,889,000;

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on June 26, 2003, the Committee ordered reported an original Labor, Health and Human Services, Education Appropriations bill, 2004, subject to amendment and subject to the budget allocations, by a recorded vote of 25–4, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Stevens	Ms. Mikulski
Mr. Cochran	Mr. Reid
Mr. Specter	Mrs. Murray
Mr. Domenici	Ms. Landrieu
Mr. Bond	
Mr. McConnell	
Mr. Burns	
Mr. Shelby	
Mr. Gregg	
Mr. Bennett	
Mr. Campbell	
Mr. Craig	
Mrs. Hutchison	
Mr. DeWine	
Mr. Brownback	
Mr. Byrd	
Mr. Inouye	
Mr. Hollings	
Mr. Leahy	
Mr. Harkin	
Mr. Kohl	
Mr. Dorgan	
Mrs. Feinstein	
Mr. Durbin	
Mr. Johnson	

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."

With respect to this bill, it is the opinion of the Committee that it is necessary to dispense with these requirements in order to expedite the business of the Senate.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
TITLE I					
DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training, current year	186,778	188,000	188,000	+1,222	.....
Advance from prior year	(707,372)	(712,000)	(712,000)	(+4,628)	.....
Fiscal year 2005	712,000	712,000	712,000	.....	.....
Adult Training	898,778	900,000	900,000	+1,222	.....
Youth Training	994,459	1,000,965	1,000,965	+6,506	.....
Dislocated Worker Assistance [1]	307,152	258,432	307,152	.....	+48,720
Advance from prior year	(842,488)	(848,000)	(848,000)	(+5,512)	.....
Fiscal year 2005	848,000	848,000	848,000	.....	.....
Dislocated Worker Assistance	1,155,152	1,106,432	1,155,152	.....	+48,720
Federally Administered Programs:					
Dislocated Worker Assistance Nat'l reserve [1]	64,188	64,608	64,608	+420	.....
Advance from prior year	(210,622)	(212,000)	(212,000)	(+1,378)	.....
Fiscal year 2005	212,000	212,000	212,000	.....	.....
Dislocated Worker Assistance Nat'l Reserve	276,188	276,608	276,608	+420	.....
Trade Health Assistance Administration	29,805	.....	.....	−29,805	.....
Total, Dislocated Worker Assistance	1,431,340	1,383,040	1,431,760	+420	+48,720
Native Americans	55,636	55,000	55,636	.....	+636
Migrant and Seasonal Farmworkers	76,823	.....	76,823	.....	+76,823

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Job Corps:					
Operations	794,800	844,667	830,000	+35,200	−14,667
Advance from prior year	(587,158)	(591,000)	(591,000)	(+3,842)	
Fiscal year 2005	591,000	591,000	591,000		
Construction and Renovation	27,371	30,216	20,216	−7,155	−10,000
Advance from prior year	(99,350)	(100,000)	(100,000)	(+650)	
Fiscal year 2005	100,000	100,000	100,000		
Subtotal, Job Corps, program level	1,513,171	1,565,883	1,541,216	+28,045	−24,667
National Activities:					
Pilots, Demonstrations and Research	75,855	35,000	35,000	−40,855	
Responsible Reintegration of Youthful Offender	54,642		54,642		+54,642
Evaluation	9,039	9,098	9,039		−59
Youth Opportunity Grants	44,211			−44,211	
Denali Commission			7,000	+7,000	+7,000
Other	15,409	3,000	3,507	−11,902	+507
Subtotal, National activities	199,156	47,098	109,188	−89,968	+62,090
Subtotal, Federal activities	2,150,779	1,944,589	2,059,471	−91,308	+114,882
Current Year	1,217,974	1,041,589	1,149,471	−68,503	+107,882
Fiscal year 2005	903,000	903,000	903,000		
Total, Workforce Investment Act	5,199,168	4,951,986	5,115,588	−83,580	+163,602
Current Year	2,706,363	2,488,986	2,645,588	−60,775	+156,602
Fiscal year 2005	2,463,000	2,463,000	2,463,000		
Women in Apprenticeship	993			−993	
Subtotal, National activities, TES	200,149	47,098	109,188	−90,961	+62,090

Subtotal, Training and Employment Services	5,200,161	4,951,986	5,115,588	−84,573	+163,602
Current Year	(2,737,161)	(2,488,986)	(2,652,588)	(−84,573)	(+163,602)
Fiscal year 2005	(2,463,000)	(2,463,000)	(2,463,000)	.....	.....
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS	442,306	440,200	442,306	.....	+2,106
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES	972,200	1,338,200	1,338,200	+366,000	.....
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation:					
State Operations	2,624,318	2,640,002	2,634,924	+10,606	−5,078
National Activities	9,935	10,500	10,500	+565	.....
Subtotal, Unemployment Compensation	2,634,253	2,650,502	2,645,424	+11,171	−5,078
Employment Service:					
Allotments to States:					
Federal Funds	23,300	23,452	23,300	.....	−152
Trust Funds	768,257	773,283	768,257	.....	−5,026
Subtotal	791,557	796,735	791,557	.....	−5,178
ES National Activities	50,351	78,546	64,351	+14,000	−14,195
Subtotal, Employment Service	841,908	875,281	855,908	+14,000	−19,373
Federal Funds	23,300	23,452	23,300	.....	−152
Trust Funds	818,608	851,829	832,608	+14,000	−19,221
One-Stop Career Centers/Labor Market Information	99,350	101,000	99,350	.....	−1,650
Work Incentives Grants	19,870	20,000	19,870	.....	−130
Total, State Unemployment & Employment Srvcs	3,595,381	3,646,783	3,620,552	+25,171	−26,231
Federal Funds	142,520	144,452	142,520	.....	−1,932
Trust Funds	3,452,861	3,502,331	3,478,032	+25,171	−24,299
ADVANCES TO THE UI AND OTHER TRUST FUNDS [1]	463,000	467,000	467,000	+4,000	.....
PROGRAM ADMINISTRATION					
Adult Employment and Training	42,326	38,700	38,700	−3,626	.....
Trust Funds	4,243	6,854	6,854	+2,611	.....
Youth Employment and Training	38,691	39,333	39,333	+642	.....
Employment Security	6,009	5,997	5,997	−12	.....
Trust Funds	47,596	58,634	54,230	+6,634	−4,404

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Apprenticeship Services	20,699	20,932	20,932	+233	.....
Executive Direction	8,230	8,469	8,469	+239	.....
Trust Funds	2,037	2,053	2,053	+16	.....
Welfare to Work	4,680	2,393	2,393	−2,287	.....
Subtotal, Program Administration	174,511	183,365	178,961	+4,450	−4,404
Federal Funds	120,635	115,824	115,824	−4,811	.....
Trust Funds	53,876	67,541	63,137	+9,261	−4,404
Total, Employment and Training Administration	10,847,559	11,027,534	11,162,607	+315,048	+135,073
Federal Funds	7,340,822	7,457,662	7,621,438	+280,616	+163,776
Current Year	(4,877,822)	(4,994,662)	(5,158,438)	(+280,616)	(+163,776)
Fiscal year 2005	(2,463,000)	(2,463,000)	(2,463,000)	.....	.....
Trust Funds	3,506,737	3,569,872	3,541,169	+34,432	−28,703
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
Enforcement and Compliance	91,526	106,679	100,000	+8,474	−6,679
Policy, Regulation and Public Service	20,441	17,385	17,000	−3,441	−385
Program Oversight	4,316	4,541	4,316	.....	−225
Total, EBSA	116,283	128,605	121,316	+5,033	−7,289
PENSION BENEFIT GUARANTY CORPORATION					
Program Adm. subject to limitation (TF)	12,965	16,553	16,553	+3,588	.....
Termination services not subject to limitation (NA)	(179,844)	(212,219)	(212,219)	(+32,375)	.....
Total, PBGC	12,965	16,553	16,553	+3,588	.....
Total, PBGC (Program level)	(192,809)	(228,772)	(228,772)	(+35,963)	.....

EMPLOYMENT STANDARDS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement of Wage and Hour Standards	155,867	161,294	161,294	+5,427	.....
Office of Labor-Management Standards	34,279	40,631	37,119	+2,840	−3,512
Federal Contractor EEO Standards Enforcement	78,033	80,043	80,043	+2,010	.....
Federal Programs for Workers' Compensation	96,692	98,161	96,692	.....	−1,469
Trust Funds	2,016	2,056	2,016	.....	−40
Program Direction and Support	14,226	15,568	14,897	+671	−671
Total, ESA salaries and expenses	381,113	397,753	392,061	+10,948	−5,692
Federal Funds	379,097	395,697	390,045	+10,948	−5,652
Trust Funds	2,016	2,056	2,016	.....	−40
SPECIAL BENEFITS					
Federal employees compensation benefits	160,000	160,000	160,000	.....	.....
Longshore and harbor workers' benefits	3,000	3,000	3,000	.....	.....
Total, Special Benefits	163,000	163,000	163,000	.....	.....
SPECIAL BENEFITS FOR DISABLED COAL MINERS[2]					
Benefit payments	402,089	390,848	390,848	−11,241	.....
Administration	6,088	6,152	6,152	+64	.....
Subtotal, Black Lung, fiscal year 2004 program level	408,177	397,000	397,000	−11,177	.....
Less funds advanced in prior year	−108,000	−97,000	−97,000	+11,000	.....
Total, Black Lung, current request, fiscal year 2004	300,177	300,000	300,000	−177	.....
New advances, 1st quarter fiscal year 2005	97,000	88,000	88,000	−9,000	.....
Total, Special Benefits for Disabled Coal Miners	397,177	388,000	388,000	−9,177	.....
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND					
Program Benefits	(758,000)	(385,000)	(385,000)	(−373,000)	.....
Administrative Expenses	104,867	55,074	55,074	−49,793	.....
Total, Energy Emp Occupational Illness Comp Fund	104,867	55,074	55,074	−49,793	.....
BLACK LUNG DISABILITY TRUST FUND					
Benefit payments and interest on advances	979,371	986,901	986,901	+7,530	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Employment Standards Adm. S&E	31,987	32,004	32,004	+17	.....
Departmental Management S&E	22,952	23,401	23,401	+449	.....
Departmental Management, Inspector General	334	338	338	+4	.....
Subtotal, Black Lung Disability	1,034,644	1,042,644	1,042,644	+8,000	.....
Treasury Adm. Costs	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	1,035,000	1,043,000	1,043,000	+8,000	.....
Total, Employment Standards Administration	2,081,157	2,046,827	2,041,135	−40,022	−5,692
Federal Funds	2,079,141	2,044,771	2,039,119	−40,022	−5,652
Current year	1,982,141	1,956,771	1,951,119	−31,022	−5,652
Fiscal year 2005	97,000	88,000	88,000	−9,000	.....
Trust Funds	2,016	2,056	2,016	.....	−40
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Safety and Standards	16,014	14,497	16,494	+480	+1,997
Federal Enforcement	162,973	165,281	167,862	+4,889	+2,581
State Programs	90,547	91,747	93,263	+2,716	+1,516
Technical Support	20,102	21,721	21,721	+1,619	.....
Compliance Assistance:					
Federal Assistance	61,321	67,447	67,447	+6,126	.....
State Consultation Grants	53,204	52,521	53,204	.....	+683
Training Grants	11,102	4,000	11,175	+73	+7,175
Subtotal, Compliance Assistance	125,627	123,968	131,826	+6,199	+7,858
Safety and Health Statistics	25,894	22,369	22,369	−3,525	.....

Executive Direction and Administration	9,153	10,425	9,789	+636	−636
Total, OSHA	450,310	450,008	463,324	+13,014	+13,316
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	118,877	113,424	117,396	−1,481	+3,972
Metal/Non-Metal Enforcement	63,495	66,377	66,377	+2,882	.....
Standards Development	2,363	2,301	2,379	+16	+78
Assessments	4,854	4,125	4,264	−590	+139
Educational Policy and Development	27,733	30,536	30,536	+2,803	.....
Technical Support	28,489	24,691	24,691	−3,798	.....
Program evaluation and information resources (PEIR)	.....	14,168	13,923	+13,923	−245
Program Administration	17,210	11,145	11,145	−6,065	.....
Mine Mapping	9,935	.....	.....	−9,935	.....
Total, Mine Safety and Health Administration	272,956	266,767	270,711	−2,245	+3,944
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	147,330	149,605	156,515	+9,185	+6,910
Labor Market Information (Trust Funds)	71,561	75,110	75,110	+3,549	.....
Prices and Cost of Living	159,671	167,602	167,602	+7,931	.....
Compensation and Working Conditions	75,925	80,169	76,285	+360	−3,884
Productivity and Technology	9,860	10,404	10,339	+479	−65
Executive Direction and Staff Services	27,886	29,372	29,372	+1,486	.....
Total, Bureau of Labor Statistics	492,233	512,262	515,223	+22,990	+2,961
Federal Funds	420,672	437,152	440,113	+19,441	+2,961
Trust Funds	71,561	75,110	75,110	+3,549	.....
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Office of Disability Employment Policy	47,178	47,333	47,333	+155	.....
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	26,296	28,260	26,296	.....	−1,964
Departmental IT Crosscut	51,142	48,565	48,565	−2,577	.....
Departmental Management Crosscut	3,500	23,500	10,000	+6,500	−13,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Legal Services	77,175	81,975	80,000	+2,825	−1,975
Trust Funds	308	317	314	+6	−3
International Labor Affairs	147,053	12,270	108,000	−39,053	+95,730
Administration and Management	33,673	32,391	32,391	−1,282	.....
Adjudication	25,306	26,315	25,800	+494	−515
Women's Bureau	9,608	8,626	8,926	−682	+300
Civil Rights Activities	5,930	6,158	6,158	+228	.....
Chief Financial Officer	7,850	5,159	5,159	−2,691	.....
Total, Salaries and expenses	387,841	273,536	351,609	−36,232	+78,073
Federal Funds	387,533	273,219	351,295	−36,238	+78,076
Trust Funds	308	317	314	+6	−3
VETERANS EMPLOYMENT AND TRAINING					
State Administration:					
Grants	.....	162,415	.....	.....	−162,415
Disabled Veterans Outreach Program	82,078	.....	83,481	+1,403	+83,481
Local Veterans Employment Program	77,744	.....	78,934	+1,190	+78,934
Subtotal, State Administration	159,822	162,415	162,415	+2,593	.....
Federal Administration	27,489	29,028	29,028	+1,539	.....
National Veterans Training Institute	.....	2,000	2,000	+2,000	.....
Homeless Veterans Program	18,131	19,000	19,000	+869	.....
Veterans Workforce Investment Programs	7,377	7,550	7,550	+173	.....
Total, Veterans Employment and Training	212,819	219,993	219,993	+7,174	.....
Federal Funds	25,508	26,550	26,550	+1,042	.....
Trust Funds	187,311	193,443	193,443	+6,132	.....

OFFICE OF THE INSPECTOR GENERAL					
Program Activities	56,291	60,896	59,291	+3,000	−1,605
Trust Funds	5,561	5,899	5,561	.....	−338
Total, Office of the Inspector General	61,852	66,795	64,852	+3,000	−1,943
Federal funds	56,291	60,896	59,291	+3,000	−1,605
Trust funds	5,561	5,899	5,561	.....	−338
Total, Departmental Management	662,512	560,324	636,454	−26,058	+76,130
Federal Funds	469,332	360,665	437,136	−32,196	+76,471
Trust Funds	193,180	199,659	199,318	+6,138	−341
WORKING CAPITAL FUND					
Working capital fund	.....	20,000	9,700	+9,700	−10,300
Total, Title I, Department of Labor	14,983,153	15,076,213	15,284,356	+301,203	+208,143
Federal Funds	11,196,694	11,212,963	11,450,190	+253,496	+237,227
Current Year	(8,636,694)	(8,661,963)	(8,899,190)	(+262,496)	(+237,227)
Fiscal year 2005	(2,560,000)	(2,551,000)	(2,551,000)	(−9,000)	.....
Trust Funds	3,786,459	3,863,250	3,834,166	+47,707	−29,084
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION					
HEALTH RESOURCES AND SERVICES					
Community health centers	1,504,806	1,627,164	1,627,164	+122,358	.....
Free Clinics Medical Malpractice	.....	.....	10,000	+10,000	+10,000
National Health Service Corps:					
Field placements	45,948	45,305	45,948	.....	+643
Recruitment	125,140	167,542	125,140	.....	−42,402
Subtotal, National Health Service Corps	171,088	212,847	171,088	.....	−41,759
Health Professions					
Consolidated Health Professions	.....	.....	423,765	+423,765	+423,765
Training for Diversity:					
Centers of excellence	34,088	.....	.....	−34,088	.....
Health careers opportunity program	36,152	.....	.....	−36,152	.....
Faculty loan repayment	1,321	.....	.....	−1,321	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Scholarships for disadvantaged students	47,795	9,900		−47,795	−9,900
Subtotal, Training for Diversity	119,356	9,900		−119,356	−9,900
Training in Primary Care Medicine and Dentistry	92,432			−92,432	
Interdisciplinary Community-Based Linkages:					
Area health education centers	33,141			−33,141	
Health education and training centers	4,371			−4,371	
Allied health and other disciplines	11,922			−11,922	
Geriatric programs	27,818			−27,818	
Quentin N. Burdick program for rural training	6,954			−6,954	
Subtotal, Interdisciplinary Comm. Linkages	84,206			−84,206	
Health Professions Workforce Info & Analysis	819	1,000		−819	−1,000
Public Health Workforce Development:					
Public health, preventive med. & dental pgms	10,405			−10,405	
Health administration programs	1,222			−1,222	
Subtotal, Public Health Workforce Development	11,627			−11,627	
Nursing Programs:					
Advanced Education Nursing	50,174	26,548		−50,174	−26,548
Nurse education, practice, and retention	26,824	24,202		−26,824	−24,202
Nursing workforce diversity	9,935	20,564		−9,935	−20,564
Loan repayment and scholarship program	19,870	26,900		−19,870	−26,900
Comprehensive geriatric education	2,980			−2,980	
Nursing faculty loan program	2,980			−2,980	
Subtotal, Nursing programs	112,763	98,214		−112,763	−98,214

Childrens Hospital Graduate Medical Education	290,102	199,258	.....	−290,102	−199,258
Subtotal, Health Professions	711,305	308,372	423,765	−287,540	+115,393
Other HRSA Programs:					
Hansen's Disease Services	18,024	17,570	17,570	−454	.....
Maternal & Child Health Block Grant	729,965	750,831	731,565	+1,600	−19,266
Abstinence Education	54,642	73,044	73,044	+18,402	.....
Healthy Start	98,346	98,729	98,346	.....	−383
Universal Newborn Hearing	9,935	.....	9,935	.....	+9,935
Organ Transplantation	24,828	24,924	24,828	.....	−96
Cord Blood Stem Cell Bank	.....	.....	10,000	+10,000	+10,000
Bone Marrow Program	21,891	22,013	21,891	.....	−122
Rural outreach grants	58,410	37,752	39,850	−18,560	+2,098
Rural Health Research	10,630	5,984	9,935	−695	+3,951
Telehealth	26,686	5,594	3,973	−22,713	−1,621
Rural Hospital Flexibility Grants	39,740	29,921	39,740	.....	+9,819
Rural Access to Emergency Devices	12,419	2,009	8,000	−4,419	+5,991
State Offices of Rural Health	8,445	3,990	8,445	.....	+4,455
Denali Commission	27,321	.....	40,000	+12,679	+40,000
Emergency medical services for children	19,373	.....	20,000	+627	+20,000
Poison control	22,354	.....	22,354	.....	+22,354
Traumatic Brain Injury	9,438	7,479	9,438	.....	+1,959
Black lung clinics	5,961	6,000	6,000	+39	.....
Trauma Care	3,476	.....	3,476	.....	+3,476
Payment to Hawaii, treatment of Hansen's	2,032	2,045	2,045	+13	.....
Other HRSA programs—Current Year	1,203,916	1,087,885	1,200,435	−3,481	+112,550
Ryan White AIDS Programs:					
Emergency Assistance	618,693	618,881	618,693	.....	−188
Comprehensive Care Programs	1,053,393	1,077,027	1,077,027	+23,634	.....
AIDS Drug Assistance Program (ADAP) (NA)	(714,326)	(739,000)	(739,000)	(+24,674)	.....
Early Intervention Program	198,374	193,981	198,374	.....	+4,393
Pediatric HIV/AIDS	73,551	70,917	73,551	.....	+2,634
AIDS Dental Services	13,405	13,484	13,405	.....	−79
Education and Training Centers	35,549	35,259	35,549	.....	+290
Subtotal, Ryan White AIDS programs	1,992,965	2,009,549	2,016,599	+23,634	+7,050
Evaluation Tap Funding (NA)	(25,000)	.....	(25,000)	.....	(+25,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Subtotal, Ryan White AIDS program level	2,017,965	2,009,549	2,041,599	+23,634	+32,050
Family Planning	273,350	264,808	283,350	+10,000	+18,542
Health Care and Other Facilities	294,700			−294,700	
Buildings and Facilities	248	250	248		−2
Radiation Exposure Compensation Act	1,987	4,006	1,987		−2,019
National Practitioner Data Bank	19,500	17,000	17,000	−2,500	
User Fees	−19,500	−17,000	−17,000	+2,500	
Health Care Integrity and Protection Data Bank	5,600	4,000	4,000	−1,600	
User Fees	−5,600	−4,000	−4,000	+1,600	
Community Access Program	119,219			−119,219	
Program Management	156,974	151,115	146,686	−10,288	−4,429
Total, Health resources and services	6,430,558	5,665,996	5,881,322	−549,236	+215,326
Total, Health resources & services program level	6,455,558	5,665,996	5,906,322	−549,236	+240,326
HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM:					
Liquidating account	(7,000)	(4,000)	(4,000)	(−3,000)	
Program management	3,889	3,389	3,389	−500	
Total, HEAL	3,889	3,389	3,389	−500	
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:					
Post-fiscal year 1988 claims	85,918	66,000	66,000	−19,918	
HRSA administration	2,972	2,991	2,972		−19
Total, Vaccine Injury Compensation Trust Fund	88,890	68,991	68,972	−19,918	−19
Total, Health Resources and Services Admin	6,523,337	5,738,376	5,953,683	−569,654	+215,307
Total, HRSA program level	6,555,337	5,742,376	5,982,683	−572,654	+240,307

CENTERS FOR DISEASE CONTROL					
Birth Defects/Developmental Disabilities/Disability and Health	98,040	87,462	110,639	+12,599	+23,177
Chronic Disease Prevention and Health Promotion	789,972	834,047	801,844	+11,872	−32,203
Environmental Health	182,829	150,227	184,329	+1,500	+34,102
Epidemic Services and Response	77,494	76,158	127,494	+50,000	+51,336
Health Statistics	.....	72,639	.....	.....	−72,639
Evaluation Tap Funding	(125,899)	(51,982)	(127,634)	(+1,735)	(+75,652)
Program level	125,899	124,621	127,634	+1,735	+3,013
HIV/AIDS, STD and TB Prevention	1,186,388	1,281,176	1,239,388	+53,000	−41,788
Immunization	636,586	620,506	641,686	+5,100	+21,180
Evaluation Tap Funding	(14,000)	.....	(14,000)	.....	(+14,000)
Program level	650,586	620,506	655,686	+5,100	+35,180
Infectious Disease Control	359,225	331,640	372,760	+13,535	+41,120
Injury Prevention and Control	148,414	144,796	152,409	+3,995	+7,613
Occupational Safety and Health [3]	231,485	246,329	240,485	+9,000	−5,844
Evaluation Tap Funding	(41,900)	.....	(41,900)	.....	(+41,900)
Program level	273,385	246,329	282,385	+9,000	+36,056
Preventive Health and Health Services Block Grant	134,089	134,966	134,966	+877	.....
Public Health Improvement	124,434	113,677	116,789	−7,645	+3,112
Evaluation Tap Funding	(28,600)	.....	(28,600)	.....	(+28,600)
Program level	153,034	113,677	145,389	−7,645	+31,712
Buildings and Facilities	266,258	114,000	250,000	−16,258	+136,000
Office of the Director	49,426	59,707	59,707	+10,281	.....
Total, Centers for Disease Control	4,284,640	4,267,330	4,432,496	+147,856	+165,166
Evaluation Tap Funding (NA)	(210,399)	(51,982)	(212,134)	(+1,735)	(+160,152)
Total, Centers for Disease Control program level	4,495,039	4,319,312	4,644,630	+149,591	+325,318
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	4,592,348	4,770,519	4,770,519	+178,171	.....
National Heart, Lung, and Blood Institute	2,793,733	2,867,995	2,897,595	+103,862	+29,600
National Institute of Dental & Craniofacial Research	371,636	382,396	386,396	+14,760	+4,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
National Institute of Diabetes and Digestive and Kidney Diseases	1,622,730	1,670,007	1,683,007	+60,277	+13,000
Juvenile diabetes	(100,000)	(150,000)	(150,000)	(+50,000)	.....
Subtotal, NIDDK	1,722,730	1,820,007	1,833,007	+110,277	+13,000
National Institute of Neurological Disorders & Stroke	1,456,476	1,468,926	1,510,926	+54,450	+42,000
National Institute of Allergy and Infectious Diseases	3,606,139	4,235,255	4,185,255	+579,116	−50,000
Global HIV/AIDS Fund Transfer [4]	100,000	100,000	150,000	+50,000	+50,000
Subtotal, NIAID	3,706,139	4,335,255	4,335,255	+629,116	.....
National Institute of General Medical Sciences	1,847,000	1,923,133	1,917,033	+70,033	−6,100
National Institute of Child Health & Human Development	1,205,927	1,245,371	1,251,185	+45,258	+5,814
National Eye Institute	633,148	648,299	657,199	+24,051	+8,900
National Institute of Environmental Health Sciences	614,239	630,774	637,074	+22,835	+6,300
NIEHS/Superfund (NA)	(76,074)	.....	.....	(−76,074)	.....
National Institute on Aging	993,598	994,411	1,031,411	+37,813	+37,000
National Institute of Arthritis and Musculoskeletal and Skin Diseases	486,143	502,778	505,000	+18,857	+2,222
National Institute on Deafness and Other Communication Disorders	370,382	380,377	384,577	+14,195	+4,200
National Institute of Nursing Research	130,584	134,579	135,579	+4,995	+1,000
National Institute on Alcohol Abuse and Alcoholism	416,051	430,121	431,521	+15,470	+1,400
National Institute on Drug Abuse	961,721	995,614	997,614	+35,893	+2,000
National Institute of Mental Health	1,341,014	1,382,114	1,391,114	+50,100	+9,000
National Human Genome Research Institute	464,995	478,072	482,372	+17,377	+4,300
National Institute of Biomedical Imaging and Bioengineering	278,279	282,109	289,300	+11,021	+7,191
National Center for Research Resources	1,138,821	1,053,926	1,186,483	+47,662	+132,557
National Center for Complementary and Alternative Medicine	113,407	116,202	117,902	+4,495	+1,700
National Center on Minority Health and Health Disparities	185,714	192,724	192,824	+7,110	+100
John E. Fogarty International Center	63,465	64,266	65,900	+2,435	+1,634
National Library of Medicine	300,135	316,040	311,835	+11,700	−4,205

Evaluation Tap Funding	(8,200)	.....	(8,200)	.....	(+8,200)
Subtotal, NLM	308,335	316,040	320,035	+11,700	+3,995
Office of the Director	266,232	317,983	323,483	+57,251	+5,500
Buildings and Facilities	628,687	80,000	89,500	−539,187	+9,500
Total, N.I.H. appropriations	26,982,604	27,663,991	27,982,604	+1,000,000	+318,613
Global HIV/AIDS Fund Transfer	−100,000	−100,000	−150,000	−50,000	−50,000
Evaluation Tap Funding	(8,200)	.....	(8,200)	.....	(+8,200)
Total, N.I.H., Program Level	(26,890,804)	(27,563,991)	(27,840,804)	(+950,000)	(+276,813)
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES					
Mental Health:					
Programs of Regional and National Significance	244,443	211,757	237,667	−6,776	+25,910
Mental Health Performance Partnership	437,140	433,000	415,290	−21,850	−17,710
Evaluation Tap Funding	.....	.....	(21,850)	(+21,850)	(+21,850)
Children's Mental Health	98,052	106,694	98,052	.....	−8,642
Grants to States for the Homeless (PATH)	43,073	50,055	47,073	+4,000	−2,982
Protection and Advocacy	33,779	32,500	35,779	+2,000	+3,279
Subtotal, Mental Health	856,487	834,006	833,861	−22,626	−145
Subtotal, Mental Health (program level)	856,487	834,006	855,711	−776	+21,705
Substance Abuse Treatment:					
Programs of Regional and National Significance	317,278	556,816	327,071	+9,793	−229,745
Substance Abuse Performance Partnership	1,691,732	1,785,000	1,724,732	+33,000	−60,268
Evaluation Tap Funding	(62,200)	.....	(79,200)	(+17,000)	(+79,200)
Subtotal, Substance Abuse Treatment	2,009,010	2,341,816	2,051,803	+42,793	−290,013
Program level	2,071,210	2,341,816	2,131,003	+59,793	−210,813
Substance Abuse Prevention:					
Programs of Regional and National Significance	197,111	148,186	194,306	−2,805	+46,120
Program Management and Buildings and Facilities	73,983	69,307	77,570	+3,587	+8,263
Evaluation Tap funding (NA)	(12,000)	(16,000)	(16,000)	(+4,000)	.....
Program level	85,983	85,307	93,570	+7,587	+8,263

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
St. Elizabeths	949	.....	.....	−949	.....
Total, Substance Abuse and Mental Health	3,137,540	3,393,315	3,157,540	+20,000	−235,775
Evaluation Tap funding	74,200	16,000	117,050	+42,850	+101,050
Total, SAMHS program level	(3,211,740)	(3,409,315)	(3,274,590)	(+62,850)	(−134,725)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	.....	.....	.....	.....	.....
Evaluation Tap funding (NA)	(247,695)	(221,000)	(245,695)	(−2,000)	(+24,695)
Health Coverage Data Improvement (CPS)	.....	(10,000)	.....	.....	(−10,000)
Portion for reducing medical errors (non-add)	(55,000)	(84,000)	(84,000)	(+29,000)	.....
Subtotal including Evaluation Tap funds	(247,695)	(221,000)	(245,695)	(−2,000)	(+24,695)
Health Insurance and Expenditure Surveys:					
Federal Funds	.....	.....	.....	.....	.....
Evaluation Tap funding (NA)	(53,300)	(55,300)	(55,300)	(+2,000)	.....
Program Support	.....	.....	.....	.....	.....
Evaluation Tap funding (NA)	(2,700)	(2,700)	(2,700)	.....	.....
Total, AHRQ	(303,695)	(279,000)	(303,695)	.....	(+24,695)
Federal Funds	.....	.....	.....	.....	.....
Evaluation Tap funding (NA)	(303,695)	(279,000)	(303,695)	.....	(+24,695)
Total, Public Health Service program level	41,456,615	41,313,994	42,046,402	+589,787	+732,408
Federal Funds	40,928,121	41,063,012	41,526,323	+598,202	+463,311
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
GRANTS TO STATES FOR MEDICAID					
Medicaid current law benefits	148,726,168	166,706,067	166,706,067	+17,979,899	.....

State and local administration	9,142,049	9,067,320	9,067,320	−74,729	.....
Vaccines for Children	823,938	980,196	980,196	+156,258	.....
Subtotal, Medicaid program level	158,692,155	176,753,583	176,753,583	+18,061,428	.....
Less funds advanced in prior year	−46,601,937	−51,861,386	−51,861,386	−5,259,449	.....
Total, Grants to states for medicaid	112,090,218	124,892,197	124,892,197	+12,801,979	.....
New advance, 1st quarter	51,861,386	58,416,275	58,416,275	+6,554,889	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental medical insurance	80,905,000	94,518,000	94,518,000	+13,613,000	.....
Hospital insurance for the uninsured	225,000	197,000	197,000	−28,000	.....
Federal uninsured payment	168,000	168,000	168,000	.....	.....
Program management	164,700	201,100	201,100	+36,400	.....
Total, Payments to Trust Funds, current law	81,462,700	95,084,100	95,084,100	+13,621,400	.....
PROGRAM MANAGEMENT					
Research, Demonstration, Evaluation: Regular Program	73,712	63,400	67,400	−6,312	+4,000
Medicare Operations	1,666,680	1,776,889	1,776,889	+110,209	.....
H.R. 3103 funding (NA)	(720,000)	(720,000)	(720,000)	.....	.....
Subtotal, Medicare Operations program level	(2,386,680)	(2,496,889)	(2,496,889)	(+110,209)	.....
Revitalization plan	.....	65,000	30,000	+30,000	−35,000
State Survey and Certification	252,743	247,647	252,743	.....	+5,096
Federal Administration	571,756	580,571	580,571	+8,815	.....
Total, Program management, Limitation on new BA	2,564,891	2,733,507	2,707,603	+142,712	−25,904
Total, Program management, program level	(3,284,891)	(3,453,507)	(3,427,603)	(+142,712)	(−25,904)
Total, Center for Medicare and Medicaid Services	247,979,195	281,126,079	281,100,175	+33,120,980	−25,904
Federal funds	245,414,304	278,392,572	278,392,572	+32,978,268	.....
Current year	(193,552,918)	(219,976,297)	(219,976,297)	(+26,423,379)	.....
New advance, 1st quarter, fiscal year 2005	(51,861,386)	(58,416,275)	(58,416,275)	(+6,554,889)	.....
Trust Funds	2,564,891	2,733,507	2,707,603	+142,712	−25,904
ADMINISTRATION FOR CHILDREN AND FAMILIES					
PAYMENTS TO STATES FOR CHILD SUPPORT AND FAMILY SUPPORT PROGRAMS					
Payments to territories	23,000	23,000	23,000	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Repatriation	1,000	1,000	1,000		
Subtotal, Welfare payments	24,000	24,000	24,000		
Child Support Enforcement:					
State and local administration	3,541,800	4,035,270	4,084,270	+542,470	+49,000
Federal incentive payments	461,000	454,000	454,000	−7,000	
Hold Harmless payments					
Access and visitation	10,000	12,000	10,000		−2,000
Subtotal, Child Support Enforcement	4,012,800	4,501,270	4,548,270	+535,470	+47,000
Total, Payments, fiscal year 2004 program level	4,036,800	4,525,270	4,572,270	+535,470	+47,000
Less funds advanced in previous years	−1,100,000	−1,100,000	−1,100,000		
Total, Payments, current request	2,936,800	3,425,270	3,472,270	+535,470	+47,000
Plus New advance, 1st quarter, fiscal year 2005	1,100,000	1,200,000	1,200,000	+100,000	
LOW INCOME HOME ENERGY ASSISTANCE					
Formula grants	1,688,950	1,700,000	2,000,000	+311,050	+300,000
Emergency allocation:					
Non-emergency funding		300,000			−300,000
Contingent emergency funding					
Total, Low income home energy assistance	1,688,950	2,000,000	2,000,000	+311,050	
REFUGEE AND ENTRANT ASSISTANCE					
Transitional and Medical Services	219,853	200,193	180,000	−39,853	−20,193
Victims of Trafficking	9,935	10,000	9,935		−65
Social Services	150,139	153,121	140,000	−10,139	−13,121
Preventive Health	4,804	4,835	4,804		−31

Targeted Assistance	49,155	49,477	49,155	.....	−322
Unaccompanied minors	34,227	34,000	34,227	.....	+227
Victims of Torture	9,935	10,000	9,935	.....	−65
Total, Refugee and entrant assistance	478,048	461,626	428,056	−49,992	−33,570
CHILD CARE AND DEVELOPMENT BLOCK GRANT	2,086,344	2,099,729	2,099,729	+13,385	.....
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	.....	.....
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth and Families:					
Head Start, current funded	5,267,533	5,415,570	5,415,570	+148,037	.....
Advance from prior year	(1,400,000)	(1,400,000)	(1,400,000)	.....	.....
Fiscal year 2004	1,400,000	1,400,000	1,400,000	.....	.....
Subtotal, Head Start, program level	6,667,533	6,815,570	6,815,570	+148,037	.....
Consolidated Runaway, Homeless Youth Prog	89,978	88,043	89,978	.....	+1,935
Maternity Group Homes	.....	10,000	.....	.....	−10,000
Prevention grants to reduce abuse of runaway youth	15,399	14,999	15,399	.....	+400
Child Abuse State Grants	21,870	22,013	21,870	.....	−143
Child Abuse Discretionary Activities	33,845	26,301	26,301	−7,544	.....
Abandoned Infants Assistance	12,126	12,086	12,126	.....	+40
Child Welfare Services	290,088	291,986	290,088	.....	−1,898
Child Welfare Training	7,449	7,470	7,449	.....	−21
Adoption Opportunities	27,227	27,343	27,227	.....	−116
Adoption Incentive (no cap adjustment)	42,720	43,000	42,720	.....	−280
Adoption Awareness	12,822	12,906	12,822	.....	−84
Compassion Capital Fund	34,772	100,000	34,772	.....	−65,228
Social Services and Income Maintenance Research	28,749	5,982	25,812	−2,937	+19,830
Evaluation tap funding	(6,000)	.....	(6,000)	.....	(+6,000)
Program level	34,749	5,982	31,812	−2,937	+25,830
Community Based Resource Centers	33,200	33,403	33,200	.....	−203
Disabled voter services	15,000	.....	15,000	.....	+15,000
Developmental Disabilities Program:					
State Councils	71,135	69,800	73,515	+2,380	+3,715
Protection and Advocacy	36,263	35,000	38,644	+2,381	+3,644
Developmental Disabilities Special Projects	12,403	11,642	11,642	−761	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Developmental Disabilities University Affiliated	24,962	24,000	26,962	+2,000	+2,962
Subtotal, Developmental disabilities	144,763	140,442	150,763	+6,000	+10,321
Native American Programs	45,457	45,119	45,457		+338
Community Services:					
Grants to States for Community Services	645,762	494,964	645,762		+150,798
Community Initiative Program:					
Economic Development	32,546	32,436	32,546		+110
Individual Development Account Initiative	24,828	24,912	24,828		−84
Rural Community Facilities	7,203		7,203		+7,203
Subtotal, Community Initiative Program	64,577	57,348	64,577		+7,229
National Youth Sports	16,889			−16,889	
Community Food and Nutrition	7,281		7,281		+7,281
Subtotal, Community Services	734,509	552,312	717,620	−16,889	+165,308
Domestic Violence Hotline	2,562	3,000	3,000	+438	
Battered Women's Shelters	126,403	124,423	126,403		+1,980
Early Learning Fund	33,779		33,779		+33,779
Faith-Based Center	1,490	1,400	1,400	−90	
Mentoring Children of Prisoners	9,935	50,000	9,935		−40,065
Independent Living Training Vouchers	41,727	60,000	41,727		−18,273
Promoting Responsible Fatherhood		20,000			−20,000
Program Direction	171,873	179,584	179,584	+7,711	
Total, Children and Families Services Programs	8,645,276	8,687,382	8,780,002	+134,726	+92,620
Current Year	(7,245,276)	(7,287,382)	(7,380,002)	(+134,726)	(+92,620)
Fiscal year 2005	(1,400,000)	(1,400,000)	(1,400,000)		

Evaluation Tap funding	6,000	.....	6,000	.....	+6,000
PROMOTING SAFE AND STABLE FAMILIES	305,000	305,000	305,000	.....	.....
Discretionary Funds	99,350	199,978	99,350	.....	−100,628
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION					
Foster Care	4,884,500	4,974,200	4,974,200	+89,700	.....
Adoption Assistance	1,584,500	1,699,700	1,699,700	+115,200	.....
Independent living	140,000	140,000	140,000	.....	.....
Total, Payments to States	6,609,000	6,813,900	6,813,900	+204,900	.....
Less Advances from Prior Year	−1,754,000	−1,745,600	−1,745,600	+8,400	.....
Total, payments, current request	4,855,000	5,068,300	5,068,300	+213,300	.....
New Advance, 1st quarter	1,745,600	1,767,700	1,767,700	+22,100	.....
Total, Administration for Children & Families	25,640,368	26,914,985	26,920,407	+1,280,039	+5,422
Current year	(21,394,768)	(22,547,285)	(22,552,707)	(+1,157,939)	(+5,422)
Fiscal year 2005	(4,245,600)	(4,367,700)	(4,367,700)	(+122,100)	.....
ADMINISTRATION ON AGING					
Grants to States:					
Supportive Services and Centers	355,673	357,000	355,673	.....	−1,327
Preventive Health	21,919	21,562	21,919	.....	+357
Title VII	18,559	17,681	18,559	.....	+878
Family Caregivers	149,025	141,500	149,025	.....	+7,525
Native American Caregivers Support	6,209	.....	6,209	.....	+6,209
Subtotal, Caregivers	155,234	141,500	155,234	.....	+13,734
Nutrition:					
Congregate Meals	384,592	390,000	387,292	+2,700	−2,708
Home Delivered Meals	180,985	178,500	180,985	.....	+2,485
Nutrition Services Incentive Program	148,697	149,670	148,697	.....	−973
Subtotal, Nutrition	714,274	718,170	716,974	+2,700	−1,196
Subtotal, Grants to States	1,265,659	1,255,913	1,268,359	+2,700	+12,446
Grants to Indians	27,495	25,729	27,495	.....	+1,766
Aging Research, Training and Special Projects	29,336	16,843	17,843	−11,493	+1,000
Aging Network Support Activities	13,286	13,373	13,373	+87	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Alzheimer's Initiative	13,412	11,500	12,412	−1,000	+912
White House Conference on Aging	.....	2,842	2,842	+2,842	.....
Program Administration	17,869	17,501	17,869	.....	+368
Total, Administration on Aging	1,367,057	1,343,701	1,360,193	−6,864	+16,492
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT:					
Federal Funds	159,811	172,541	168,106	+8,295	−4,435
Trust Funds	5,813	5,851	5,851	+38	.....
Evaluation tap funding (ASPE) (NA)	(21,552)	(21,552)	(21,552)	.....	.....
Subtotal	(187,176)	(199,944)	(195,509)	(+8,333)	(−4,435)
Adolescent Family Life (Title XX)	30,922	31,241	31,241	+319	.....
Minority health	56,224	47,010	48,740	−7,484	+1,730
Office of Women's Health	28,658	28,908	29,721	+1,063	+813
Minority HIV/AIDS	49,675	50,000	50,000	+325	.....
IT Security and Innovation Fund	19,870	18,400	15,000	−4,870	−3,400
Total, General Departmental Management	350,973	353,951	348,659	−2,314	−5,292
Federal Funds	345,160	348,100	342,808	−2,352	−5,292
Trust Funds	5,813	5,851	5,851	+38	.....
OFFICE OF THE INSPECTOR GENERAL:					
Federal Funds	36,808	39,497	39,497	+2,689	.....
HIPAA funding (NA)	(160,000)	(160,000)	(160,000)	.....	.....
Total, Inspector General program level	(196,808)	(199,497)	(199,497)	(+2,689)	.....
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	30,131	30,936	30,936	+805	.....

Trust Funds	3,292	3,314	3,314	+22	.....
Total, Office for Civil Rights	33,423	34,250	34,250	+827	.....
POLICY RESEARCH:					
Federal Funds	2,483	2,499	.....	−2,483	−2,499
Evaluation Tap funding (NA)	(18,000)	(21,000)	(23,499)	(+5,499)	(+2,499)
Total, Policy Research	20,483	23,499	23,499	+3,016	.....
MEDICAL BENEFITS FOR COMMISSIONED OFFICERS:					
Retirement payments	218,984	234,000	234,000	+15,016	.....
Survivors benefits	14,102	15,001	15,001	+899	.....
Dependents' medical care	76,931	54,391	80,867	+3,936	+26,476
Military services credits	.....	.....	.....	.....	.....
Comm. Corps Medicare Elig. Healthcare Accrual	.....	12,973	.....	.....	−12,973
Total, Medical benefits for comm. officers	310,017	316,365	329,868	+19,851	+13,503
PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND	1,887,247	1,896,149	1,856,040	−31,207	−40,109
Total, Office of the Secretary	2,620,951	2,642,711	2,608,314	−12,637	−34,397
Federal Funds	2,611,846	2,633,546	2,599,149	−12,697	−34,397
Trust Funds	9,105	9,165	9,165	+60	.....
Total, Title II, Dept of Health & Human Services	318,535,692	353,090,488	353,515,412	+34,979,720	+424,924
Federal Funds	315,961,696	350,347,816	350,798,644	+34,836,948	+450,828
Current year	(259,854,710)	(287,563,841)	(288,014,669)	(+28,159,959)	(+450,828)
Fiscal year 2005	(56,106,986)	(62,783,975)	(62,783,975)	(+6,676,989)	.....
Trust Funds	2,573,996	2,742,672	2,716,768	+142,772	−25,904
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs):					
Basic Grants:					
Advance from prior year	(4,011,272)	(4,255,272)	(2,011,272)	(−2,000,000)	(−2,244,000)
Forward funded	5,092,533	5,158,199	5,158,199	+65,666	.....
Current funded	3,477	3,500	3,500	+23	.....
Subtotal, Basic grants current year approp	5,096,010	5,161,699	5,161,699	+65,689	.....
Subtotal, Basic grants total funds available	(9,107,282)	(9,416,971)	(7,172,971)	(−1,934,311)	(−2,244,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Basic Grants Fiscal Year 2005 Advance	2,011,272	2,011,272	1,945,583	−65,689	−65,689
Subtotal, Basic grants, program level	7,107,282	7,172,971	7,107,282		−65,689
Concentration Grants:					
Advance from prior year	(1,365,031)	(1,365,031)	(1,365,031)		
Fiscal Year 2005 Advance	1,365,031	1,365,031	1,365,031		
Subtotal, Concentration Grants program level	1,365,031	1,365,031	1,365,031		
Targeted Grants:					
Advance from prior year	(1,018,499)	(1,670,239)	(1,670,239)	(+651,740)	
Fiscal Year 2005 Advance	1,670,239	3,018,499	1,670,239		−1,348,260
Subtotal, Targeted Grants program level	1,670,239	3,018,499	1,670,239		−1,348,260
Education Finance Incentive Grants:					
Advance from prior year	(793,499)	(1,541,759)	(1,541,759)	(+748,260)	
Fiscal Year 2005 Advance	1,541,759	793,499	2,207,448	+665,689	+1,413,949
Subtotal, Education Finance Incentive Grants	1,541,759	793,499	2,207,448	+665,689	+1,413,949
Subtotal, Grants to LEAs, program level	11,684,311	12,350,000	12,350,000	+665,689	
Even Start	248,375	175,000	175,000	−73,375	
Reading First:					
State Grants	798,500	855,000	805,000	+6,500	−50,000
Advance from prior year	(195,000)	(195,000)	(195,000)		
Fiscal Year 2005 Advance	195,000	195,000	195,000		
Subtotal, Reading First State Grants	993,500	1,050,000	1,000,000	+6,500	−50,000
Early Reading First	74,512	100,000	85,000	+10,488	−15,000

Literacy through School Libraries	12,419	27,500	12,419	.....	−15,081
State Agency Programs:					
Migrant	395,413	396,000	395,413	.....	−587
Neglected and Delinquent/High Risk Youth	48,682	48,000	48,682	.....	+682
Subtotal, State Agency programs	444,095	444,000	444,095	.....	+95
Evaluation	8,842	9,500	8,842	.....	−658
Comprehensive School Reform Demonstration	233,473	.....	.....	−233,473	.....
Migrant Education:					
High School Equivalency Program	23,347	13,000	13,000	−10,347	.....
College Assistance Migrant Program	15,399	15,000	15,000	−399	.....
Subtotal, Migrant Education	38,746	28,000	28,000	−10,746	.....
Total, Education for the disadvantaged	13,738,273	14,184,000	14,103,356	+365,083	−80,644
Current Year	(6,954,972)	(6,800,699)	(6,720,055)	(−234,917)	(−80,644)
Fiscal year 2005	(6,783,301)	(7,383,301)	(7,383,301)	(+600,000)	.....
Subtotal, forward funded	(6,816,976)	(6,632,199)	(6,582,294)	(−234,682)	(−49,905)
IMPACT AID					
Basic Support Payments	1,025,292	867,500	1,025,292	.....	+157,792
Payments for Children with Disabilities	50,668	40,000	50,668	.....	+10,668
Facilities Maintenance (Sec. 8008)	7,948	8,000	7,948	.....	−52
Construction (Sec. 8007)	44,708	45,000	44,708	.....	−292
Payments for Federal Property (Sec. 8002)	59,610	55,000	59,610	.....	+4,610
Total, Impact aid	1,188,226	1,015,500	1,188,226	.....	+172,726
SCHOOL IMPROVEMENT PROGRAMS					
State Grants for Improving Teacher Quality	1,780,825	1,700,000	1,700,000	−80,825	.....
Advance from prior year	(1,150,000)	(1,150,000)	(1,150,000)	.....	.....
Fiscal year 2005	1,150,000	1,150,000	1,150,000	.....	.....
Subtotal, State Grants for Improving Teacher Quality, program level	2,930,825	2,850,000	2,850,000	−80,825	.....
Early Childhood Educator Professional Development	14,902	15,000	14,902	.....	−98
Mathematics and Science Partnerships	100,344	12,500	100,344	.....	+87,844
State Grants for Innovative Education (Education Block Grant)	97,498	100,000	60,000	−37,498	−40,000
Advance from prior year	(285,000)	(285,000)	(285,000)	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Fiscal year 2005	285,000	285,000	285,000	.....	.....
Subtotal, Education Block Grant, program level	382,498	385,000	345,000	−37,498	−40,000
Educational Technology:					
Educational Technology State Grants	695,947	700,500	695,947	.....	−4,553
Preparing Tomorrow's Teachers to Use Technology	62,094	.....	.....	−62,094	.....
Subtotal, Educational Technology	758,041	700,500	695,947	−62,094	−4,553
21st Century Community Learning Centers	993,500	600,000	1,000,000	+6,500	+400,000
State Assessments/Enhanced Assessment Instruments	384,484	390,000	390,000	+5,516	.....
Javits gifted talented education	11,177	.....	11,177	.....	+11,177
Foreign language assistance	16,144	.....	17,144	+1,000	+17,144
Education for Homeless Children & Youth	54,642	50,000	60,000	+5,358	+10,000
Training and Advisory Services (Civil Rights)	7,286	7,334	7,286	.....	−48
Education for Native Hawaiians	30,798	18,300	36,000	+5,202	+17,700
Alaska Native Education Equity	30,798	14,200	36,000	+5,202	+21,800
Rural Education	167,653	.....	167,653	.....	+167,653
Total, School improvement programs	5,883,092	5,042,834	5,731,453	−151,639	+688,619
Current Year	(4,448,092)	(3,607,834)	(4,296,453)	(−151,639)	(+688,619)
Fiscal year 2005	(1,435,000)	(1,435,000)	(1,435,000)	.....	.....
Subtotal, forward funded	(4,274,893)	(3,553,000)	(4,173,944)	(−100,949)	(+620,944)
INDIAN EDUCATION					
Grants to Local Educational Agencies	96,502	97,133	96,502	.....	−631
Federal Programs:					
Special Programs for Indian Children	19,870	20,000	19,870	.....	−130
National Activities	5,201	5,235	5,201	.....	−34

Subtotal, Federal Programs	25,071	25,235	25,071	.....	−164
Total, Indian Education	121,573	122,368	121,573	.....	−795
INOVATION AND IMPROVEMENT					
Troops-to-Teachers	28,812	25,000	.....	−28,812	−25,000
Transition to Teaching	41,727	49,400	41,727	.....	−7,673
National Writing Project	16,890	.....	18,890	+2,000	+18,890
Teaching of Traditional American History	99,350	100,000	120,000	+20,650	+20,000
School Leadership	12,419	.....	12,419	.....	+12,419
Advanced Credentialing	9,935	.....	9,935	.....	+9,935
Charter Schools Grants	198,700	220,000	220,000	+21,300	.....
Credit Enhancement for Charter School Facilities	24,838	100,000	.....	−24,838	−100,000
Voluntary Public School Choice	25,831	25,000	28,000	+2,169	+3,000
Magnet Schools Assistance	109,285	110,000	109,285	.....	−715
Choice Incentive Fund	.....	75,000	.....	.....	−75,000
Fund for the Improvement of Education (FIE):					
Current funded	398,133	59,000	165,877	−232,256	+106,877
Forward funded	74,513	.....	.....	−74,513	.....
Subtotal, FIE	472,646	59,000	165,877	−306,769	+106,877
Ready to Learn	22,850	22,000	24,000	+1,150	+2,000
Dropout Prevention Programs	10,929	.....	.....	−10,929	.....
Ellender Fellowships/Close Up	1,490	.....	.....	−1,490	.....
Advanced Placement Fees	23,347	22,000	24,000	+653	+2,000
Total, Innovation and Improvement	1,099,049	807,400	774,133	−324,916	−33,267
Current Year	(1,099,049)	(807,400)	(774,133)	(−324,916)	(−33,267)
Fiscal year 2005	.....	.....	.....	.....	.....
Subtotal, forward funded	(74,513)	.....	.....	(−74,513)	.....
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Safe and Drug Free Schools and Communities:					
State Grants	138,949	92,017	422,017	+283,068	+330,000
Advance from prior year	(330,000)	(330,000)	(330,000)	.....	.....
Fiscal year 2005	330,000	330,000	.....	−330,000	−330,000
State Grants, program level	468,949	422,017	422,017	−46,932	.....
National Programs	155,180	172,233	155,180	.....	−17,053

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Community Service for Expelled or Susp'd Students	49,675	.....	.....	−49,675	.....
Alcohol Abuse Reduction	24,838	.....	30,000	+5,162	+30,000
Mentoring Programs	17,386	100,000	28,700	+11,314	−71,300
Character education	24,838	25,000	24,838	.....	−162
Elementary and Secondary School Counseling	32,289	.....	34,000	+1,711	+34,000
Carol E. White Physical Education for Progress	59,610	.....	70,000	+10,390	+70,000
Civic Education	28,812	27,000	28,812	.....	+1,812
State Grants for Incarcerated Youth Offenders	23,348	.....	25,000	+1,652	+25,000
Physical Education Initiative	.....	10,000	.....	.....	−10,000
Total, Safe Schools and Citizenship Education	884,925	756,250	818,547	−66,378	+62,297
Current Year	(554,925)	(426,250)	(818,547)	(+263,622)	(+392,297)
Fiscal year 2005	(330,000)	(330,000)	.....	(−330,000)	(−330,000)
Subtotal, forward funded	(211,972)	(92,017)	(447,017)	(+235,045)	(+355,000)
ENGLISH LANGUAGE ACQUISITION					
Current funded	194,726	124,000	123,741	−70,985	−259
Forward funded	490,789	541,000	541,259	+50,470	+259
Total, English Language Acquisition	685,515	665,000	665,000	−20,515	.....
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B advance funded	5,672,000	5,072,000	5,402,000	−270,000	+330,000
Part B advance from prior year	(5,072,000)	(5,672,000)	(5,672,000)	(+600,000)	.....
Grants to States Part B current year	3,202,398	4,456,533	4,456,533	+1,254,135	.....
Subtotal, Grants to States, program level	8,874,398	9,528,533	9,858,533	+984,135	+330,000
Preschool Grants	387,465	390,000	390,000	+2,535	.....

Grants for Infants and Families	434,159	447,000	447,000	+12,841	.....
Subtotal, State grants, program level	9,696,022	10,365,533	10,695,533	+999,511	+330,000
IDEA National Activities (current funded):					
State Program Improvement Grants	51,364	44,000	44,000	−7,364	.....
Research and Innovation	77,210	78,380	77,210	.....	−1,170
Technical Assistance and Dissemination	53,133	53,481	53,133	.....	−348
Personnel Preparation	91,899	90,000	91,899	.....	+1,899
Parent Information Centers	26,328	26,000	26,328	.....	+328
Technology and Media Services	37,961	32,710	39,361	+1,400	+6,651
Subtotal, IDEA special programs	337,895	324,571	331,931	−5,964	+7,360
Total, Special education	10,033,917	10,690,104	11,027,464	+993,547	+337,360
Current Year	(4,361,917)	(5,618,104)	(5,625,464)	(+1,263,547)	(+7,360)
Fiscal year 2005	(5,672,000)	(5,072,000)	(5,402,000)	(−270,000)	(+330,000)
Subtotal, Forward funded	(4,075,386)	(5,337,533)	(5,337,533)	(+1,262,147)	.....
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants [5]	2,533,492	2,584,162	2,584,162	+50,670	.....
Client Assistance State grants	12,068	11,897	12,068	.....	+171
Training	39,371	42,629	39,371	.....	−3,258
Demonstration and training programs	20,895	24,492	20,895	.....	−3,597
Migrant and seasonal farmworkers	2,335	.....	2,335	.....	+2,335
Recreational programs	2,579	.....	2,579	.....	+2,579
Protection and advocacy of individual rights (PAIR)	16,890	17,880	16,890	.....	−990
Projects with industry	21,928	.....	21,928	.....	+21,928
Supported employment State grants	37,904	.....	37,904	.....	+37,904
Independent living:					
State grants	22,151	22,296	22,151	.....	−145
Centers	69,545	69,500	69,545	.....	+45
Services for older blind individuals	27,818	25,000	27,818	.....	+2,818
Subtotal, Independent living	119,514	116,796	119,514	.....	+2,718
Program Improvement	894	850	894	.....	+44
Evaluation	994	1,000	994	.....	−6
Helen Keller National Center for Deaf/Blind	8,660	8,717	8,717	+57	.....
National Inst. Disability and Rehab. Research (NIDRR)	109,285	110,000	109,285	.....	−715

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Assistive Technology	26,824	.....	26,824	.....	+26,824
Subtotal, discretionary programs	420,141	334,261	420,198	+57	+85,937
Total, Rehabilitation services	2,953,633	2,918,423	3,004,360	+50,727	+85,937
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	15,399	14,000	16,500	+1,101	+2,500
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID:					
Operations	52,109	49,414	53,433	+1,324	+4,019
Endowment	.....	1,000	.....	.....	−1,000
Construction	1,590	367	367	−1,223	.....
Total, NTID	53,699	50,781	53,800	+101	+3,019
GALLAUDET UNIVERSITY					
Operations	97,798	93,446	100,800	+3,002	+7,354
Endowment	.....	1,000	.....	.....	−1,000
Total, Gallaudet University	97,798	94,446	100,800	+3,002	+6,354
Total, Special Institutions for Persons with Disabilities	166,896	159,227	171,100	+4,204	+11,873
VOCATIONAL AND ADULT EDUCATION					
Vocational Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded [6]	401,200	209,000	401,200	.....	+192,200
Advance from prior year	(791,000)	(791,000)	(791,000)	.....	.....
Fiscal year 2005	791,000	791,000	791,000	.....	.....
Subtotal, Basic State Grants, program level	1,192,200	1,000,000	1,192,200	.....	+192,200

Tech-Prep Education State Grants	107,298	.....	107,298	.....	+107,298
National Programs	11,922	.....	11,922	.....	+11,922
Tech-Prep Education Demonstration	4,968	.....	4,968	.....	+4,968
Occupational and Employment Information Program	9,438	.....	9,438	.....	+9,438
Subtotal, Vocational Education	1,325,826	1,000,000	1,325,826	.....	+325,826
Adult Education:					
State Grants, current funded	571,262	584,300	571,262	.....	−13,038
National Programs:					
National Leadership Activities	9,438	.....	9,223	−215	+9,223
National Institute for Literacy	6,517	6,732	6,732	+215	.....
Subtotal, National programs	15,955	6,732	15,955	.....	+9,223
Subtotal, Adult education	587,217	591,032	587,217	.....	−3,815
Smaller Learning Communities, current funded	8,047	.....	8,047	.....	+8,047
Smaller Learning Communities, forward funded	152,900	.....	152,900	.....	+152,900
Community Technology Centers	32,264	.....	20,000	−12,264	+20,000
Total, Vocational and adult education	2,106,254	1,591,032	2,093,990	−12,264	+502,958
Current Year	(1,315,254)	(800,032)	(1,302,990)	(−12,264)	(+502,958)
Fiscal year 2005	(791,000)	(791,000)	(791,000)	.....	.....
Subtotal, forward funded	(1,274,943)	(800,032)	(1,274,943)	.....	(+474,911)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(4,050)	(4,000)	(4,050)	.....	(+50)
Pell Grants—Regular Program	11,364,646	12,715,000	12,176,683	+812,037	−538,317
Federal Supplemental Educational Opportunity Grants	760,028	725,000	760,028	.....	+35,028
Federal Work Study	1,004,428	1,011,000	1,004,428	.....	−6,572
Federal Perkins Loans:					
Capital Contributions	99,350	.....	99,350	.....	+99,350
Loan Cancellations	67,061	67,500	67,061	.....	−439
Subtotal, Federal Perkins loans	166,411	67,500	166,411	.....	+98,911
LEAP program	66,565	.....	66,565	.....	+66,565
Loan Forgiveness for Child Care	994	.....	.....	−994	.....
Total, Student Financial Assistance	13,363,072	14,518,500	14,174,115	+811,043	−344,385

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
STUDENT AID ADMINISTRATION					
Administrative Costs	104,703	947,010	104,703	.....	−842,307
Fed Direct Student Loan Reclassification (Leg prop)	.....	−795,000	.....	.....	+795,000
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	81,467	76,275	81,467	.....	+5,192
Hispanic Serving Institutions	92,396	93,551	93,551	+1,155	.....
Strengthening Historically Black Colleges (HBCUs)	214,015	224,086	224,086	+10,071	.....
Strengthening historically black graduate insts	53,415	53,302	53,415	.....	+113
Strengthening Alaska & Hawaiian-Serving Insts	8,180	4,048	11,000	+2,820	+6,952
Strengthening Tribal Colleges	22,850	19,037	24,000	+1,150	+4,963
Subtotal, Aid for Institutional development	472,323	470,299	487,519	+15,196	+17,220
International Education and Foreign Language:					
Domestic Programs	93,240	88,000	86,240	−7,000	−1,760
Overseas Programs	12,916	13,000	12,916	.....	−84
Institute for International Public Policy	1,639	1,500	1,639	.....	+139
Subtotal, International Education & Foreign Lang	107,795	102,500	100,795	−7,000	−1,705
Fund for the Improvement of Postsec. Ed. (FIPSE)	171,068	39,138	32,201	−138,867	−6,937
Minority Science and Engineering Improvement	8,942	8,500	8,942	.....	+442
Interest Subsidy Grants	2,980	2,000	2,000	−980	.....
Tribally Controlled Postsec Voc/Tech Institutions	6,955	6,500	7,500	+545	+1,000
Federal TRIO Programs	827,089	802,500	840,000	+12,911	+37,500
GEAR UP	293,082	285,000	300,000	+6,918	+15,000
Byrd Honors Scholarships	40,734	41,001	41,000	+266	−1
Javits Fellowships	9,935	10,000	9,935	.....	−65
Graduate Assistance in Areas of National Need	30,798	31,000	30,798	.....	−202

Teacher Quality Enhancement Grants	89,415	90,000	89,415	.....	−585
Child Care Access Means Parents in School	16,194	15,000	16,194	.....	+1,194
Demonstration in Disabilities/Higher Education	6,954	.....	6,954	.....	+6,954
Underground Railroad Program	2,235	.....	.....	−2,235	.....
GPRA data/HEA program evaluation	994	1,000	994	.....	−6
Thurgood Marshall Scholarships	4,968	.....	.....	−4,968	.....
B.J. Stupak Olympic Scholarships	994	.....	.....	−994	.....
Total, Higher education	2,093,455	1,904,438	1,974,247	−119,208	+69,809
NATIONAL SECURITY EDUCATION TRUST FUND (proposed leg[7]	.....	8,000	.....	.....	−8,000
HOWARD UNIVERSITY					
Academic Program	204,690	203,500	204,690	.....	+1,190
Endowment Program	3,573	3,600	3,573	.....	−27
Howard University Hospital	30,177	30,374	30,177	.....	−197
Total, Howard University	238,440	237,474	238,440	.....	+966
College Housing and Academic Facilities Loans Program (CHAFL)	757	774	774	+17	.....
HBCU Capital Financing Program Federal Adm	207	210	210	+3	.....
INSTITUTE OF EDUCATION SCIENCES					
Research and Statistics:					
Research	139,090	185,000	144,090	+5,000	−40,910
Regional Educational Laboratories	67,061	.....	67,061	.....	+67,061
Statistics	89,415	95,000	89,415	.....	−5,585
Assessment:					
National Assessment	90,235	90,825	90,235	.....	−590
National Assessment Governing Board	4,532	5,090	4,532	.....	−558
Subtotal, Assessment	94,767	95,915	94,767	.....	−1,148
Subtotal, Research and statistics	390,333	375,915	395,333	+5,000	+19,418
Multi-year Grants and Contracts	57,623	.....	57,623	.....	+57,623
Total, IES	447,956	375,915	452,956	+5,000	+77,041
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION	409,863	434,494	409,863	.....	−24,631

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
OFFICE FOR CIVIL RIGHTS	85,715	91,275	91,275	+5,560	.....
OFFICE OF THE INSPECTOR GENERAL	40,734	48,137	44,137	+3,403	−4,000
Total, Departmental management	536,312	573,906	545,275	+8,963	−28,631
Total: Elementary and Secondary Education Act programs	23,851,487	22,593,352	23,640,858	−210,629	+1,047,506
Adjustment for mandatory VR proposal	.....	84,490	.....	.....	−84,490
Total, Title III, Department of Education	55,646,255	55,807,855	57,189,922	+1,543,667	+1,382,067
Current Year	(40,634,954)	(40,796,554)	(42,178,621)	(+1,543,667)	(+1,382,067)
Fiscal year 2005	(15,011,301)	(15,011,301)	(15,011,301)	.....	.....
TITLE IV—RELATED AGENCIES					
ARMED FORCES RETIREMENT HOME					
Operations and Maintenance	61,839	63,296	63,296	+1,457	.....
Capital Program	5,732	1,983	1,983	−3,749	.....
Total, AFRH	67,571	65,279	65,279	−2,292	.....
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE [8]					
Volunteers in Service to America (VISTA)	93,674	94,287	94,287	+613	.....
Special Volunteers programs	9,935	20,000	4,935	−5,000	−15,065
National Senior Volunteer Corps:					
Foster Grandparents Program	110,775	106,700	110,775	.....	+4,075
Senior Companion Program	46,260	46,563	46,563	+303	.....
Retired Senior Volunteer Program	58,501	58,884	58,884	+383	.....
Senior Demonstration Program	397	.....	397	.....	+397
Subtotal, Senior Volunteers	215,933	212,147	216,619	+686	+4,472

Program Administration	34,346	38,229	34,346	.....	−3,883
Total, Domestic Volunteer Service Programs	353,888	364,663	350,187	−3,701	−14,476
CORPORATION FOR PUBLIC BROADCASTING:					
Fiscal year 2006 (current) with fiscal year 2005 comparable	390,000	.....	400,000	+10,000	+400,000
Fiscal year 2005 advance with fiscal year 2004 comparable (NA)	(380,000)	(390,000)	(390,000)	(+10,000)	.....
Fiscal year 2004 advance with fiscal year 2003 comparable (NA)	(362,627)	(380,000)	(380,000)	(+17,373)	.....
Digitalization program, current funded	48,427	.....	55,000	+6,573	+55,000
Funds provided in Public Law 107–116	.....	(60,000)	.....	.....	(−60,000)
Interconnection, current funded	.....	.....	10,000	+10,000	+10,000
Funds provided in Public Law 107–116	.....	(20,000)	.....	.....	(−20,000)
Subtotal, fiscal year 2004 appropriation	48,427	.....	65,000	+16,573	+65,000
Subtotal, fiscal year 2004 comparable	48,427	80,000	65,000	+16,573	−15,000
FEDERAL MEDIATION AND CONCILIATION SERVICE	41,156	42,885	43,385	+2,229	+500
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	7,131	7,774	7,774	+643	.....
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	243,889	242,024	243,889	.....	+1,865
MEDICARE PAYMENT ADVISORY COMMISSION	8,529	9,000	9,000	+471	.....
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE	1,003	1,000	1,000	−3	.....
NATIONAL COUNCIL ON DISABILITY	2,839	2,830	3,339	+500	+509
NATIONAL LABOR RELATIONS BOARD	237,429	243,073	246,073	+8,644	+3,000
NATIONAL MEDIATION BOARD	11,241	11,421	11,421	+180	.....
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	9,610	10,115	9,610	.....	−505
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	131,142	127,000	127,000	−4,142	.....
Less Income Tax Receipts on Dual Benefits	−7,948	−8,000	−8,000	−52	.....
Subtotal, Dual Benefits	123,194	119,000	119,000	−4,194	.....
Federal Payment to the RR Retirement Account	150	150	150	.....	.....
Limitation on Administration	99,350	99,820	99,350	.....	−470
Inspector General	6,322	6,600	6,322	.....	−278
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	20,400	21,658	21,658	+1,258	.....
SUPPLEMENTAL SECURITY INCOME					
Federal benefit payments	31,795,664	34,198,000	34,198,000	+2,402,336	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2003 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2004—Continued

[In thousands of dollars]

Item	2003 comparable	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2003 comparable	Budget estimate
Beneficiary services	45,728	100,000	100,000	+54,272	.....
Research and demonstration	38,000	30,000	38,000	.....	+8,000
Administration	2,825,000	3,034,000	3,034,000	+209,000	.....
Subtotal, SSI program level	34,704,392	37,362,000	37,370,000	+2,665,608	+8,000
Less funds advanced in prior year	−10,790,000	−11,080,000	−11,080,000	−290,000	.....
Subtotal, regular SSI current year	23,914,392	26,282,000	26,290,000	+2,375,608	+8,000
Plus User Fee Activities	111,000	120,000	120,000	+9,000	.....
Total, SSI, current request	24,025,392	26,402,000	26,410,000	+2,384,608	+8,000
New advance, 1st quarter, fiscal year 2005	11,080,000	12,590,000	12,590,000	+1,510,000	.....
Total, SSI, current request	35,105,392	38,992,000	39,000,000	+3,894,608	+8,000
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	3,736,783	4,192,200	4,192,200	+455,417	.....
HI/SMI Trust Funds	1,210,554	1,182,000	1,182,000	−28,554	.....
Social Security Advisory Board	1,800	1,800	1,800	.....	.....
SSI	2,825,000	3,034,000	3,034,000	+209,000	.....
Subtotal, regular LAE	7,774,137	8,410,000	8,410,000	+635,863	.....
User Fee Activities (SSI)	111,000	120,000	120,000	+9,000	.....
TOTAL, Limitation on Administrative Expenses	7,885,137	8,530,000	8,530,000	+644,863	.....
OFFICE OF THE INSPECTOR GENERAL					
Federal Funds	20,863	25,000	20,863	.....	−4,137
Trust Funds	61,597	65,000	61,597	.....	−3,403

Total, Office of the Inspector General	82,460	90,000	82,460	.....	−7,540
Adjustment: Trust fund transfers from general revenues	−2,936,000	−3,154,000	−3,154,000	−218,000	.....
Total, Social Security Administration	40,157,389	44,479,658	44,480,118	+4,322,729	+460
Federal funds	35,146,655	39,038,658	39,042,521	+3,895,866	+3,863
Current year	(24,066,655)	(26,448,658)	(26,452,521)	(+2,385,866)	(+3,863)
New advances, 1st quarter	(11,080,000)	(12,590,000)	(12,590,000)	(+1,510,000)	.....
Trust funds	5,010,734	5,441,000	5,437,597	+426,863	−3,403
UNITED STATES INSTITUTE OF PEACE	16,256	17,200	17,200	+944	.....
Total, Title IV, Related Agencies	41,825,374	45,722,492	46,178,097	+4,352,723	+455,605
Federal Funds	36,700,439	40,166,072	40,625,828	+3,925,389	+459,756
Current Year	(25,230,439)	(27,576,072)	(27,635,828)	(+2,405,389)	(+59,756)
Fiscal year 2005 Advance	(11,080,000)	(12,590,000)	(12,590,000)	(+1,510,000)	.....
Fiscal year 2006 Advance	(390,000)	.....	(400,000)	(+10,000)	(+400,000)
Trust Funds	5,124,935	5,556,420	5,552,269	+427,334	−4,151
SUMMARY					
Federal Funds	419,505,084	457,534,706	460,064,584	+40,559,500	+2,529,878
Current year	(334,356,797)	(364,598,430)	(366,728,308)	(+32,371,511)	(+2,129,878)
2005 advance	(84,758,287)	(92,936,276)	(92,936,276)	(+8,177,989)	.....
2006 advance	(390,000)	.....	(400,000)	(+10,000)	(+400,000)
Trust Funds	11,485,390	12,162,342	12,103,203	+617,813	−59,139
Grand Total	430,990,474	469,697,048	472,167,787	+41,177,313	+2,470,739

[1] Two year availability.
[2] Transferred from SSA to DOL (Public Law 107–275).
[3] Includes Mine Safety and Health.
[4] GP transfers $100,000,000 to Global HIV/AIDS fund.
[5] Fiscal year 2004 request assumes current law increase required by the Rehab Act.
[6] Fiscal year 2004 request assumes passage of proposed legislation renaming these State grant programs.
[7] In fiscal years 2002 and 2003, $8,000,000 provided for this program in Defense Appropriations Acts.
[8] Appropriations for Americorps are provided in the VA-HUD bill.

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