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SENATE

REPORT
109–287

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2007

R E P O R T

OF THE

COMMITTEE ON APPROPRIATIONS
U.S. SENATE

ON

S. 3708

JULY 20, 2006.—Ordered to be printed

Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill, 2007 (S. 3708)

Calendar No. 526

109TH CONGRESS, 2d Session | SENATE | REPORT 109–287

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2007

JULY 20, 2006.—Ordered to be printed

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

REPORT

[To accompany S. 3708]

The Committee on Appropriations reports the bill (S. 3708) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2007, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amount of budget authority

Total of bill as reported to the Senate	$605,536,272,000
Amount of 2006 appropriations	609,531,301,000
Amount of 2007 budget estimate	601,083,544,000
Amount of House allowance [1]	604,990,972,000
Bill as recommended to Senate compared to—	
2006 appropriations	−3,995,029,000
2007 budget estimate	+4,452,728,000
House allowance	+545,300,000

[1] H.R. 5647 as reported to the House.

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2007, the Committee recommends total budget authority of $605,536,272,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, $142,800,000,000 is current year discretionary funding, including offsets.

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 $5,089,620,000 for job training programs, an increase of $677,215,000 over the budget request, but $27,846,000 below the comparable 2006 level. This includes $1,629,788,000 for the Office of Job Corps, and $1,476,064,000 for Dislocated Worker Assistance.

Worker Protection.—The Committee bill includes $1,620,700,000 to ensure the health and safety of workers, including $249,789,000 for the National Labor Relations Board, $491,167,000 for the Occupational Safety and Health Administration and $300,436,000 for the Mine Safety and Health Administration. The recommendation is an increase of $76,300,000 over the 2006 level.

Child Labor.—The Committee bill includes $72,516,000 for activities designed to end abusive child labor. This is $60,153,000 above the budget request, but the same as the 2006 level.

National Institutes of Health.—A total of $28,550,667,000 is recommended to fund biomedical research at the 27 Institutes and

Centers that comprise the NIH. This represents an increase of $220,820,000 over the fiscal year 2006 level and $200,664,000 over the budget request.

Health Centers.—The recommendation includes $1,926,076,000 for health centers, $145,000,000 over the fiscal 2006 level.

Substance Abuse.—The Committee bill provides $3,336,812,000 for substance abuse prevention and treatment programs. Included in this amount is $2,130,757,000 for substance abuse treatment, $196,729,000 for substance abuse prevention and $911,805,000 for mental health programs.

Low-income Home Energy Assistance State Grants.—The Committee recommends $2,161,170,000 for heating and cooling assistance for low-income individuals and families, $379,170,000 above the budget request and $1,485,000 more than the 2006 comparable level.

Head Start.—The Committee recommendation includes $6,788,571,000 for the Head Start Program. This represents an increase of $3,709,000 over the 2006 comparable level.

Persons With Disabilities.—To promote independent living in home and community-based settings. This includes $27,655,000 for the Office of Disability Employment Policy at the Department of Labor, $15,720,000 for Disabled Voter Services and $10,000,000 for Real Choice Systems Change Grants through the Center for Medicaid and Medicare Services.

Education for the Disadvantaged.—The Committee has provided $14,447,189,000 in grants to enhance educational opportunities for disadvantaged children.

Educator Professional Development.—The Committee recommends $3,470,374,000 for various professional development programs administered by the Department of Education.

English Language Acquisition.—The Committee recommends $669,007,000 for bilingual education.

Student Financial Aid.—The Committee recommends $14,488,458,000 for student financial assistance. The Pell Grant Program continues its current maximum grant award of $4,050.

Higher Education Initiatives.—The Committee bill provides $2,002,692,000 for initiatives to provide greater opportunities for higher education, including $828,178,000 for Federal TRIO programs and $303,423,000 for GEAR UP.

Education for Individuals With Disabilities.—The Committee bill provides $11,400,112,000 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.

Rehabilitation Services.—The bill recommends $3,248,312,000 for rehabilitation services. 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 includes $2,941,563,000. This recommendation includes $217,592,000 for senior volunteer programs, $432,311,000 for community service employment for

older Americans, $350,595,000 for supportive services and centers, $156,167,000 for family caregiver support programs and $715,070,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends $1,039,828,000. The Committee recommendation also includes not less than $30,000,000 for the Medicare insurance counseling program.

Corporation for Public Broadcasting.—The Committee bill recommends an advance appropriation for fiscal year 2009 of $400,000,000 for the Corporation for Public Broadcasting. In addition, the Committee bill includes $29,700,000 for conversion to digital broadcasting and $36,000,000 for the replacement project of the interconnection system in fiscal year 2007 funding.

REPROGRAMMING AND TRANSFER AUTHORITY

The Committee has included bill language delineating permissible transfer authority in general provisions for each of the Departments of Labor, Health and Human Services, and Education, as well as specifying reprogramming authority in a general provision applying to all funds provided under this act.

COMPARISONS TO HOUSE BILL

The comparisons in this report are to the House reported version of the bill. The Committee has initiated an original Senate bill, since the House of Representatives has not yet taken action on H.R. 5647 as reported by the House Appropriations Committee.

TITLE I

DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2006 [1]	$3,524,708,000
Budget estimate, 2007	2,910,803,000
House allowance	3,443,899,000
Committee recommendation	3,459,832,000

[1] Excludes $125,000,000 in emergency supplemental appropriations pursuant to Public Law 109–148.

The Committee recommends $3,459,832,000 for this account in 2007 which provides funding primarily for activities under the Workforce Investment Act [WIA]. This is $64,876,000 less than the comparable 2006 level, $15,933,000 more than the House allowance, and $549,029,000 over the administration request. The Committee recommendation does not include the $325,000,000 rescission of prior year funds proposed by the House, for which there was no budget 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 2007 will support the program from July 1, 2007 through June 30, 2008.

Beginning with the fiscal year 2000 appropriation, budget constraints required that a portion of this account's funding be advance appropriated, yet still available for the forward-funded program year. This practice will continue in this year's appropriation.

Pending reauthorization of the Workforce Investment Act the Committee is acting on a current law request, deferring without prejudice proposed legislative language under the jurisdiction of the authorizing committees.

The Committee recommendation retains language from last year's bill requiring that the Department take no action to amend, through regulatory or other administrative action, the definition established in 20 CFR 677.220 for functions and activities under title I of the Workforce Investment Act until such time as legislation reauthorizing the Act is enacted. Similar language was included in the House bill. The Committee expects that, while the Workforce Investment Act is in the process of being altered and renewed, the Administration will refrain from unilateral changes to the administration, operation and financing of employment and training programs. Specifically, the Committee expects that no funds be uti-

lized for the proposed career advancement account initiative unless specifically authorized by law.

Adult Employment and Training.—For Adult Employment and Training Activities, the Committee recommends $800,000,000, which is $88,000,000 more than the budget request, $54,000,000 less than the House allowance, and $64,199,000 less than the program year 2006 level. This program 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 Assistance.—For Dislocated Worker Assistance, the Committee recommends $1,476,064,000, $4,161,000 more than the comparable program year 2006 level, $361,482,000 more than the budget request, and the same as the House allowance. Of the total, $1,193,264,000 is designated for State formula grants. This program 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. Also, States may use these funds to carry out additional statewide employment and training activities, which may include implementation of innovative incumbent and dislocated worker training programs, and programs such as Advanced Manufacturing Integrated Systems Technology. The recommendation includes $282,800,000 available to the Secretary for activities such as responding 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, including community college initiatives.

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, as well as to provide assistance where there have been dislocations across multiple sectors or local areas of a State.

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

The Committee is encouraged by the administration's efforts in addressing our Nation's nursing shortage. Native Hawaiians, along with other ethnic minority populations throughout rural America, feel this critical shortage much more acutely. The Department is strongly urged to work collaboratively with nursing programs amidst such populations to facilitate opportunities for summer employment of nursing students.

The Committee is aware of the economic diversification opportunity brought on by the human and natural resources released by the recently announced closure of a century old pineapple plantation on Oahu and recommends that collaboration between the Ha-

waii Department of Labor and Industrial relations and the Hawaii Farm Bureau Federation to promote and sponsor multiculturally farm food safety training. The Committee urges sensitive consideration of this and other employment challenges posed to the people of Hawaii as a result of torrential rains and devastating floods.

Community-Based Job Training Initiative.—The Committee recommendation includes $125,000,000 to carry out the Community College/Community-Based Job Training Grant initiative, compared to the $150,000,000 request. The Committee recommendation allocates $125,000,000 from National Emergency Grant funds available under section 132(a)(2)(A) of the Workforce Investment Act, as does the House bill for this initiative. The Secretary is expected to initially use resources from the National Emergency Grants account for these awards that are designated for non-emergencies under sections 171(d) and 170(b) of the Workforce Investment Act. Community Based Job Training Grant awards will also be subject to the limitations of sections 171(c)(4)(A) through 171(c)(4)(C) of the Workforce Investment Act to ensure that these grants are awarded competitively. Funds used for this initiative should strengthen partnerships between workforce investment boards, community colleges, and employers, to train workers for high growth, high demand industries in the new economy.

The Committee encourages the Employment and Training Administration to consider, in future solicitations for grant applications for the Community Based Job Training Initiative, including One Stop Career Centers, and in rural areas and other communities without community colleges, eligibility of alternative education and training providers to apply for these grants.

Youth Training.—For Youth Training, the Committee recommends $935,500,000, which is $95,000,000 more than the budget request and the same as House allowance. The purpose of Youth Training 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.

Youthbuild.—Like the House, the Committee recommendation requires that within the amount made available for youth activities, up to $50,000,000 may be dedicated toward the Youthbuild program. The Committee concurs with House bill language that all funds shall revert to the youth formula grant program if the Youth build program is not authorized for transfer to the Labor Department by April 1, 2007.

Job Corps.—The Committee recommendation continues funding the Job Corps program as an independent entity reporting to the Office of the Secretary of Labor. The budget request and House allowance recommend returning the program to the Employment and Training Administration. This program is described in a separate account in this report.

Responsible Reintegration of Youthful Offenders.—The Committee recommendation includes $60,000,000, to continue funding for the current Responsible Reintegration of Youthful Offenders program. Neither the budget request nor the House allowance included funding for this program, which was funded at $49,104,000 in program year 2006. The Responsible Reintegration of Youthful Offenders program targets critical funding to help prepare and assist young offenders to return to their communities. The program also provides support, opportunities, education and training to youth who are court-involved and on probation, in aftercare, on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings.

The Committee commends the work of the Second Chance Program of San Diego for its exemplary recidivism reduction program. The State of California is particularly in need of reentry services, as it houses 40 percent of our Nation's inmates. Second Chance is one of the STRIVE network of program affiliates previously supported by the Department. The Committee expects the Department to support Second Chance through funding to expand and replicate its recidivism prevention program.

The Committee is aware of the Ready4Work demonstration created in 2003 to strengthen local support networks, in areas of high crime, for young adults as they reenter their communities following detention and/or incarceration. The Committee expects the Department to support Public/Private Ventures through funding to ensure the effectiveness of these initiatives through the continued design, testing and study of ex-offender assistance.

Prisoner Re-entry.—The recommendation does not include separate funding for the prisoner re-entry initiative, instead expanding funding under the Responsible Reintegration of Youthful Offenders Program. The House did not include funding for this initiative for which the budget requested the current level of $19,642,000.

Native Americans.—For Native Americans, the Committee recommends $50,000,000, the same as the House allowance, compared to the budget request of $51,548,000 and the $53,696,000 enacted program year 2006 level. This program is designed to improve the economic well-being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs.

Migrant and Seasonal Farmworkers.—For Migrant and Seasonal Farmworkers, the Committee recommends $80,657,000, compared to the 2006 enacted level of $79,756,000. Authorized by the Workforce Investment Act, this program is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry. The Committee notes that for the past 3 fiscal years, this program has exceeded the goals set for it by the Department of Labor.

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

The Committee recommendation of $80,657,000 for program year 2007 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 $80,053,000. The Committee recommendation includes bill language directing that $5,000,000 of this amount be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee encourages greater emphasis on the southeast region for farmworker housing grants. The recommendation also provides that the remaining amount of $75,053,000 be used for State service area grants, including funding grantees in those States impacted by formula reductions to at least the amount they were alloted in program year 2004. Within the National Activities/Other line item, the Committee recommendation includes $604,000 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 $1,604,000 for the provision of technical assistance, a decrease of $376,000 from the program year 2006 level. Neither the budget request nor House allowance recommend funding for this activity. This includes

$1,000,000 for technical assistance to employers and unions to assist them in training, placing, and retraining women in nontraditional jobs and occupations, as authorized under the Women in Apprenticeship and Non-Traditional Occupations Act of 1992, Public Law 102–530; this amount is specified in bill language, to prevent its being diverted to other purposes. As described in the Migrant and Seasonal Farmworker section of this report, the recommendation also includes $604,000 for WIA Section 167 activities.

Pilots, Demonstrations, and Research.—The Committee recommends $44,815,000, an increase of $27,115,000 over the budget request, and $1,454,000 over the House allowance for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs.

In addition, the Committee recommends $6,875,000 to continue activities of the Denali Commission, for job training in connection with infrastructure building projects it funds in rural Alaska. Funding will allow unemployed 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. 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.

The University of Hawaii Center on the Family remains committed to the development of a socially and culturally sensitive knowledge base that expands and assesses public policies that affect the wellbeing of the growing population of multi-ethnic individuals and families residing within the State.

The Committee recommendation also includes language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
413 Hope Mission Ministries, Incorporated, Philadelphia, PA, for continuing adult-vocational and technology training programs	$100,000
ACTION Housing, Inc., Pittsburgh, PA for Project Opportunity, for a program that connects entry-level healthcare employees to advance financial literacy and improve job retention	100,000
Allegheny County Department of Economic Development, Pittsburgh, PA to create a workforce delivery system that will train available manufacturing workers to meet the workforce needs of the community	500,000
Alu Like, Inc., HI, for training and education	100,000
American Community Partnerships, Washington, DC, for the Working Together for Jobs-Philadelphia in conjunction with the Philadelphia Housing Authority to provide pre-apprenticeship training	250,000
Big Picture Company, Providence, RI, for the design and implementation of an adult education program	200,000
Bismarck State College, Bismarck, ND, for development of an instrument and control energy education training program	500,000
Brockton Area Private Industry Council, Inc., Brockton, MA, for workforce development programs	200,000
Canton Production Workforce Development Training, Jackson, MS	400,000
Carnegie Library of Pittsburgh, Pittsburgh, PA, to sustain operations of a Job and Career Education Center	100,000

	Amount
Catholic Charities, Chicago, IL, for vocational training and support programs at the St. Leo Residence for Veterans	350,000
Center for Career and Workforce Education, Indianola, MS, to focus on the training, education, and skills improvement needs of businesses and industries within the Delta region	400,000
Central Maine Community College, Precision Manufacturing Advantage, Auburn, ME to prepare unemployed and underemployed workers for precision metalworking trades	165,000
Chester County Economic Development Council Workforce Development Program, Exton, PA to train workers in bio-med and IT industries	100,000
City of Las Vegas, Las Vegas, NV for the EVOLVE career training program	500,000
City of New Haven, CT, for the Youth@Work Project	200,000
City of San Jose, CA, for job training for the homeless	300,000
Community College of Allegheny County, Pittsburgh, PA to support the region's economic development by employment training	500,000
Congreso de Latinos Unidos's Youth Works, Philadelphia, PA, program will hire at risk youth to train them in life skills, work skills, GED, and financial literacy	100,000
Cook Inlet Tribal Council, Anchorage, AK for the Alaska's People Program to provide job training and employment counseling	500,000
Crowder College, Neosho, MO to develop a workforce development program	250,000
East Boston Neighborhood Health Center, East Boston, MA, for a health-care workforce development program	200,000
Eastern Michigan University, for retraining displaced workers	500,000
Eastern Technology Council, Wayne, PA, to provide women and minority displaced workers with access to training and employment opportunities in the technology and life sciences sectors	100,000
Fay-Penn Economic Development Council located in Uniontown, PA to support the Reaching Educational Achievement with Community Help (REACH) program	100,000
Foundation for an Independent Tomorrow, FIT, Las Vegas, NV, for job training, vocational education, and support	250,000
Greater Philadelphia Marketing and Tourism Corporation, Philadelphia, PA to train tourism workforce on marketplace dynamics	100,000
Hamilton County, TN Workforce Training Initiative, to support workforce training and development	200,000
Idaho Women Work! at the Centers for New Direction at Eastern Idaho Technical College, Idaho Falls, ID, to continue and expand the Recruiting for the Information Technology Age initiative in Idaho	150,000
Impact Services Corporation, Philadelphia, PA, to support its Community Job Placement and Training Program	100,000
International Longshore and Warehouse Union Local 19, Seattle, WA, for training programs on new port security requirements	200,000
Iowa Policy Project for a study on temporary and contingent workers	400,000
ISED Ventures, Des Moines, IA, for job training and supportive services	500,000
Itawamba Community College, MS to set up a training program to work with industry to train students and faculty in highly technical operations	300,000
IUPAT District Council 21 Apprentice Training Fund, Philadelphia, PA to purchase equipment to upgrade classes for Journeypersons and to train new Apprentices	250,000
Jewish Family and Children's Service of Minneapolis, Minnetonka, MN to prepare disadvantaged people for the biosciences workforce	100,000
Lackawanna College, Scranton, PA to provide training to area residents as Computerized Numerical Controls Machinists	100,000
MAGLEV Inc., McKeesport, PA, for a training program in advanced precision fabrication	300,000
Maui Community College Remote Rural Hawaii Job Training Project, for the Remote Rural Hawaii Job Training project	1,900,000
Maui Community College Training and Educational Opportunities, HI, for training and education	1,800,000
Maui Economic Development Board, HI, for high tech training	300,000
Maui Economic Development Board, HI, for the rural computer utilization training program	300,000
Mercy Vocational High School, Philadelphia, PA to expand the certified nursing assistant training program for inner city youth	200,000
Metropolitan Career Center, Philadelphia, PA, to offer workforce training to low-income and under educated individuals	100,000
Minnesota State Colleges and State Universities, St. Paul, MN, to assist veteran-serving organizations to serve veterans in pursuing education, including programs customized for veterans' needs	150,000
Minot State University, Minot, ND, to provide training and master's degrees to Job Corps Center senior management personnel	500,000
Mississippi State University, Starkville, MS to establish a data warehouse to integrate data from state and local agencies involved in workforce development	500,000
Mississippi State University, Starkville, MS, to deploy a system for the assessment and measurement of return on investment for workforce development training	400,000
Mississippi Valley State University, Itta Bena, MS to assist in the continued development and expansion of its Automated Identification Technology (AIT)/Automatic Data Collection (ADC) Program	400,000

	Amount
National Council of La Raza in Washington, DC, to provide technical assistance on Hispanic workforce issues including capacity building, language barriers, and health care job training	500,000
Nevada Women Work!, Reno, NV, to implement the Recruiting for the Information Technology Age initiative in Nevada	150,000
Northeast Pennsylvania Labor Management Council, Wilkes-Barre, PA to assist the older, dislocated worker transition into re-employment	100,000
Northwest Washington Electrical Industry Joint Apprenticeship and Training Committee, Mount Vernon, WA, to expand training programs, including equipment purchase	125,000
Pacific Mountain Workforce Development Council, Lacey, WA, to provide training for qualified foresters and restoration professionals in Lewis County	100,000
Partnership Advancing Training for Careers in Health, Media, PA, to develop curriculum and create an incentive program to recruit health workers at all steps of the career ladder	100,000
Pennsylvania Highlands Community College, Johnstown, PA to develop community college capabilities for comprehensive workforce training	500,000
Philadelphia Convention & Visitors Bureau, Philadelphia, PA for educational and training programs for the tourism workforce	100,000
Philadelphia Shipyard Development Corporation, Philadelphia, PA, to expand the number of apprenticeship opportunities at the Aker Philadelphia Shipyard	100,000
Philadelphia Veterans Multi-Service and Education Center, Philadelphia, PA for job training for veterans at the multi-purpose center	400,000
Pittsburgh Life Sciences Greenhouse, Pittsburgh, PA to provide retraining for displaced workers and continued training for incumbent workers in the biotechnology and life sciences industries	100,000
Port Jobs, in partnership with South Seattle Community College, Seattle, WA, to create a career ladder for entry-level airport workers	100,000
Portland Community College, Portland, OR, for the Center for Business and Industry	300,000
Precision Manufacturing Institute, Erie, PA to assist regional manufacturers in a competitive world economy by developing new machining technology initiatives and training programs	100,000
Project ARRIBA, El Paso, TX, for workforce development and economic opportunities in the West Texas region	100,000
Saint Leonard's Ministries, Chicago, IL, for job training and placement for ex-offenders	250,000
Santa Maria El Mirador, Santa Fe, NM to provide an employment training program	2,000,000
Snohomish County Workforce Development Council, Everett, WA, for high tech training programs	750,000
Southwest Washington Workforce Development Council, Vancouver, WA, for a mentoring program with an emphasis on math and science	100,000
Texas Workforce Commission, Austin, TX, for the Texas Adult Technology Training Project	200,000
The Joblinks program for continuation costs	500,000
Tioga County Development Corporation, Wellsboro, PA, for a skills-based training program in a variety of production and operations procedures	100,000
Tri County Workforce Development Council, Yakima, WA, to establish an incumbent worker training program	150,000
Union Project, Pittsburgh, PA, to provide job and life skills training in an underserved urban community	100,000
University of Mississippi, Oxford, MS Center for Second Language Acquisition for English language training and instruction	400,000
University of Mississippi, Oxford, MS to develop a Southeastern Center for Human Resources Management and create a partnership between major corporations and university scholars	500,000
Vermont Department of Labor of Montpelier, VT, to provide employment resources to help women reenter society after incarceration	600,000
Vermont Technical College of Randolph, VT, to provide job training to displaced workers in Vermont	750,000
Waukesha-Ozaukee-Washington Workforce Development, Pewaukee, WI for job training programs in metal working, including technology and equipment	450,000
WHYY, Inc., Philadelphia, PA, to expand to Delaware a program for bilingual workplace and literacy skills	250,000
Wisconsin Community Action Program Association, Madison, WI, to expand support services for job training	325,000
Wisconsin Regional Training Partnership, Milwaukee, WI, to provide pre-employment certificate training and apprenticeship education	400,000
Wrightco Technologies, Inc, Claysburg, PA, to provide training, retraining and vocational skills upgrade programs in homeland security systems and communications	100,000
York College of Pennsylvania, York, PA to develop an Electrical/Computer Engineering program to provide a locally-based trained workforce to meet the needs of local small businesses and manufacturers	100,000

The bill also includes continuation funding from prior year appropriations for the following activities: the Appalachian Council; the Working for America Institute; The National Center on Education and the Economy; and the Delta Housing Development Corporation.

Evaluation.—The Committee recommends $4,921,000 to provide for the continuing evaluation of programs conducted under the Workforce Investment Act, as well as of federally-funded employment-related activities under other provisions of law.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2006	$432,311,000
Budget estimate, 2007	432,311,000
House allowance	420,000,000
Committee recommendation	432,311,000

The Committee recommends $432,311,000, the same as the budget request, the House allowance, and the program year 2006 comparable level for community service employment for older Americans. The House recommendation is $420,000,000, a reduction of $12,311,000. 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 2007 appropriation will support the program from July 1, 2007, through June 30, 2008. The Committee believes that within the title V community service employment program for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

The program provides a direct, efficient, and quick means to assist economically disadvantaged older workers because it has a proven effective network 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.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2006	$966,400,000
Budget estimate, 2007	938,600,000
House allowance	938,600,000
Committee recommendation	938,600,000

The Committee recommends $938,600,000 the same as the budget estimate and House allowance for fiscal year 2007, and a decrease of $27,800,000 below the fiscal year 2006 appropriation for Federal Unemployment Benefits and Allowances. Trade adjustment benefit payments are expected to decline from $707,000,000 in fiscal year 2006 to $679,000,000 in fiscal year 2007, while trade training in fiscal year 2007 will increase by $200,000 to $259,400,000 with an estimated 78,000 participants.

The Committee expects the Department to provide funds to the State of Alaska to mitigate negative effects on Alaskan fishermen and other Alaskan displaced workers stemming from passage of trade legislation in 2002. Funds should be provided on a flexible basis to cover costs of job training and placement programs, among other uses.

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. Additionally, the Act provides a program of Alternative Trade Adjustment Assistance for Older Workers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2006	$3,358,157,000
Budget estimate, 2007	3,435,717,000
House allowance	3,411,762,000
Committee recommendation	3,350,876,000

The Committee recommends $3,350,876,000 for this account. Included in the total availability is $3,246,346,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $104,530,000 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 $2,546,675,000. This includes $2,536,775,000 for State Operations, and $9,900,000 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 2,708,000. This contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,708,000 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 unem-

ployed; the President's budget and House allowance provide for a contingency threshold level of $2,963,000.

For the Employment Service allotments to States, the Committee recommends $688,769,000 which includes $22,016,000 in general funds together with an authorization to spend $666,753,000 from the "Employment Security Administration" account of the unemployment trust fund. This is the same as the budget request and House allowance and below the enacted level of $715,883,000 for allotments to States. These funds are available for the program year of July 1, 2007 through June 30, 2008.

The recommendation also includes $32,918,000 for Employment Service national activities, a decrease of $510,000 from the fiscal year 2006 level, as requested by the administration. The recommendation is $18,677,000 for the work opportunity tax credit program, $1,000,000 over the 2006 enacted level.

The recommendation also includes $63,000,000 for One-Stop Career Centers, compared to the budget request of $63,855,000 and House allowance of $40,000,000 and 2006 enacted level of $81,662,000. The 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 $19,514,000 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 grants, including the Disability Program Navigator initiative, intended to ensure that One-Stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities. The budget request and House allowance provide no funding for this program.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 2006	$465,000,000
Budget estimate, 2007	452,000,000
House allowance	452,000,000
Committee recommendation	452,000,000

The Committee recommends $452,000,000, the same as the budget estimate and House allowance for fiscal year 2007, and $13,000,000 less than the fiscal year 2006 level. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 2006 advances will be made to the Black Lung Disability Trust Fund.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 2007 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, 2006	$169,423,000
Budget estimate, 2007	211,554,000
House allowance	211,554,000
Committee recommendation	184,976,000

The Committee recommendation includes $90,182,000 in general funds for this account, as well as authority to expend $94,794,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $184,976,000. This level provides sufficient resources to cover built-in cost increases. It also provides a $2,000,000 increase over the request to accelerate the processing of backlogged foreign labor certificate cases. The Committee expects a progress report by August 31, 2006, detailing the status of efforts to eliminate the backlog of pending foreign labor certification applications. The Committee recommendation reflects shifting $28,578,000 in Job Corps staffing costs to a separate appropriations account.

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, the Denali Commission Act, the Women in Apprenticeship and Non-Traditional Occupations Act of 1992, 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 believes that the public workforce system is strengthened by the effective participation of all of the stakeholders in the system and urges that the Department use a portion of its discretionary funds to support that participation through grants and contracts to intergovernmental, business, labor, and community-based organizations dedicated to training and technical assistance in support of Workforce Investment Boards and their members.

The Committee is concerned that there are limited opportunities for Native Hawaiian administrators in health care organizations and encourages effective training programs to prepare Native Hawaiians with the expertise to excel in these areas.

The Committee instructs that, for the purposes of the temporary visa programs, the Department of Labor shall treat loggers as agricultural workers and not as non-agricultural workers. Presently, the Department classifies loggers as non-agricultural; however, since June 1987, it has imposed upon them the same worker protections and labor standards as H–2A agricultural workers. Employers wishing to hire logger aliens must already provide transportation, housing, and meals, and must make the same benefits available to U.S. workers based on Department policy that predates the 1986 immigration reforms. The provision applies strictly to loggers, and shall not affect any other H–2B workers.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2006	$133,550,000
Budget estimate, 2007	143,573,000
House allowance	143,573,000
Committee recommendation	143,573,000

The Committee recommendation provides $143,573,000 for this account which is $10,023,000 above the 2006 comparable level. This provides sufficient resources to cover built-in cost increases, as well as the requested program increase to develop an new E–FAST filing and acceptance system to better protect employee pension and health benefits.

The Employee Benefits Security Administration [EBSA] is responsible for the enforcement of title I of the Employee Retirement Income Security Act of 1974 [ERISA] in both civil and criminal areas. ESBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 [FERSA]. In accordance with the requirements of FERSA, the Secretary of Labor has promulgated regulations and prohibited transactions class exemptions under the fiduciary responsibility and fiduciary bonding provisions of the law governing the Thrift Savings Plan for Federal employees. In addition, the Secretary of Labor has, pursuant to the requirement of section 8477(g)(1) of FERSA, established a program to carry out audits to determine the level of compliance with the fiduciary responsibility provisions of FERSA applicable to Thrift Savings Plan fiduciaries. 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 2007 include single employer benefit payments of $5,334,000,000, multiemployer financial assistance of $93,000,000 and administrative expenses of $397,644,000. Administrative expenses are comprised of three activities: (1) Pension insurance activities, $78,614,000; (2) operational support, $125,580,000; and (3) pension plan termination expenses, $193,450,000. 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.

The 2006 budget does not recommend a discretionary limit on administrative expenditures [LAE] for PBGC. The PBGC's budget reflects—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 34.6 million participants in about 29,600 defined benefit pension plans. The multi-employer insurance program protects about 9.8 million participants in more than 1,600 plans.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2006	$411,064,000
Budget estimate, 2007	437,417,000
House allowance	418,495,000
Committee recommendation	435,371,000

The Committee recommendation includes $435,371,000 for this account. The bill contains authority to expend $2,076,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder of $433,295,000 are general funds. In addition, an amount of $33,578,000 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 the requested Enforcement of Wage and Hour Standards program increase. The $17,526,000 request for Program Direction has been reduced to $17,000,000; an addition of $2,000,000 is described in the following paragraph.

The recommendation includes $2,000,000 to continue activities for the expeditious startup of a system to resolve claims of victims for bodily injury caused by asbestos exposure. This may include contracts with individuals or entities having relevant experience to assist in jump starting the program, as described in S. 852, the Fair Act of 2005. Activities to shorten the lead-time for implementation of asbestos activities encompass procedures for the processing of claims, including procedures for the expediting of exigent health claims, and planning for promulgation of regulations.

Executive Order 11246 requires that employers doing business with the Federal Government comply with Federal laws and regulations requiring nondiscrimination and affirmative action. To facilitate enforcement of this mandate, the Department of Labor adopted a regulation in 2000 to require the Office of Federal Contract Compliance Programs [OFCCP] to distribute an Equal Opportunity Survey to all Federal contractors to obtain compliance data on employment and compensation practices. The regulation speci-

fied that the data should be used, in part, to inform OFCCP's selection of contractors for compliance reviews. The Committee is aware that in the 6 years since the regulation's adoption, OFCCP has only distributed the survey one time and to a small percentage of contractors. In addition, the Committee understands that the collected data was not analyzed nor was it used for compliance reviews, as required by the regulations of 2000. Therefore, the Committee has included $1,000,000 for the distribution, analysis and compliance utilization of the Equal Opportunity Survey.

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, 2006	$237,000,000
Budget estimate, 2007	230,000,000
House allowance	230,000,000
Committee recommendation	230,000,000

The Committee recommends $230,000,000, the same as the House allowance and budget estimate for fiscal year 2007, and $7,000,000 less than fiscal year 2006. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law. In fiscal year 2007, an estimated 152,000 injured Federal workers or their survivors will file claims; 52,000 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 admin-

istering 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, 2006	$232,250,000
Budget estimate, 2007	229,373,000
House allowance	229,373,000
Committee recommendation	229,373,000

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 already responsible for the part C claims filed after December 31, 1973. In fiscal year 2007, an estimated 36,500 beneficiaries (4,000 miners and 32,500 survivors) will receive benefits.

The Committee recommends an appropriation of $229,373,000 in fiscal year 2007 for special benefits for disabled coal miners. This is in addition to the $74,000,000 appropriated last year as an advance for the first quarter of fiscal year 2007. The recommendation is the same as the administration request and House allowance. 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 $68,000,000 for the first quarter of fiscal year 2008, 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, 2006	$96,081,000
Budget estimate, 2007	102,307,000
House allowance	102,307,000
Committee recommendation	102,307,000

The Committee recommends $102,307,000, the same as the budget estimate for fiscal year 2007, and $6,226,000 more than 2006.

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

The 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.

In 2007, the volume of incoming claims under Part B of the Energy Employees Occupational Illness Compensation Program is estimated to remain stable at about 7,500 claims from Department of Energy [DOE] employees or survivors, and private companies under contract with DOE, who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons.

The Committee expects that the administration refrain from unilateral changes to reduce the cost of benefits for current or pending cohorts of atomic weapons workers with cancer under the Energy Employees Occupational Illness Compensation Program until such time as Congress approves proposed changes. The Advisory Board on Radiation and Worker Health was created by Congress to review applications based on scientific and medical evidence, with as much independence and objectivity as possible. To ensure that the Advisory Board can retain its autonomy, the Committee has retained language from the fiscal year 2006 enacted appropriations legislation which transfers $4,500,000 in administrative funds within 30 days of enactment to the National Institute for Occupational Safety and Health for the exclusive use of the Board and its audit contractor.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2006	$1,068,000,000
Budget estimate, 2007	1,071,000,000
House allowance	1,071,000,000
Committee recommendation	1,071,000,000

The Committee recommends $1,071,000,000 for this account in 2007, an increase of $3,000,000 above the fiscal year 2006 level, and the same as the budget request and House allowance. 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 total amount available for fiscal year 2007 will provide $294,465,000 for benefits payments, and $59,535,000 for administrative expenses for the Department of Labor. Also, included is $717,000,000 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 people will be receiving black lung benefits financed through the end of the fiscal year 2007, compared to an estimated receiving benefits in fiscal year 2006.

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, 2006	$472,427,000
Budget estimate, 2007	483,667,000
House allowance	486,051,000
Committee recommendation	491,167,000

The Committee recommendation includes $491,167,000 for this account. This is an increase of $5,116,000 over the House allowance and $7,500,000 over the budget request. 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 fund the development and implementation of the OSHA Information System.

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 therefore restored the Susan Harwood training grant program to $10,116,000. 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 is dissatisfied with the lack of progress on OSHA's regulation concerning Employer Payment for Personal Protective Equipment, the public comment period for which ended over 7 years ago. This is particularly important for Hispanic workers and immigrant workers who experience a disproportionate and growing number of injuries and fatalities. The Committee expects the Secretary to report to the Committee within 30 days of enactment of this act, the definitive status of this regulation, the agency's reasons for not issuing the regulation sooner, and a timetable for its issuance.

The Committee has provided $53,357,000, the current level, for 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.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2006 [1]	$277,686,000
Budget estimate, 2007	287,836,000
House allowance	278,869,000
Committee recommendation	302,436,000

[1] Excludes $25,600,000 in emergency supplemental appropriations pursuant to Public Law 109–234.

The Committee recommendation includes $302,436,000 for this account, an increase of $14,600,000 over the budget request level, and $23,567,000 more than the House allowance.

This recommendation provides sufficient funding to offset the impact of inflation, as well as additional resources for coal mine enforcement. It deletes one-time funding of projects contained in the 2006 enacted level, but includes funding for new projects.

The Committee continues to be concerned by the over 40 percent increase in fatalities experienced in coal mines in the first 6 months of 2006. In the past 5 years, from fiscal year 2001 to fiscal year 2006, the coal enforcement division of MSHA reduced staff by 217 FTE. It was for that reason that the Committee included an additional $25,600,000 in Public Law 109–234 to recruit, hire, train and equip coal mine inspectors and restore the office to its fiscal year 2001 staffing level.

Within the funds provided for mine safety, the Committee recommends $133,395,000 for coal enforcement activities. This level is $13,000,000 above the budget request, $16,243,000 above the fiscal year 2006 regular appropriation before supplemental funds, and it is $9,357,000 below the total fiscal year 2006 appropriations level including supplemental funds. Supplemental funds remain available in 2007 and should continue to be used to support additional coal mine inspectors. The Committee expects that hiring and training should be done expeditiously in fiscal year 2006 and completed early in fiscal year 2007 and that the 2008 budget put forth by MSHA should include sufficient funds to maintain the 2001 level of staffing.

The Committee expects that progress reports on hiring will continue to be submitted to the Committee on Appropriations on a quarterly basis with additional information on the progress of the

additional inspectors through the Academy and their distribution among the district offices.

The Committee recommendation also includes bill language providing up to $2,000,000 for mine rescue and recovery activities, the same as the fiscal year 2006 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.

The Committee concurs with House report language directing MSHA to increase emphasis to ensure that all mining machinery sold by manufacturers and re-builders for use in a mine is in compliance with the MSHA approval plate that is on the machine.

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

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

The Committee recommendation also contains $1,600,000 specified in bill language for two projects not included in the budget request or House allowance.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2006	$537,099,000
Budget estimate, 2007	563,288,000
House allowance	565,288,000
Committee recommendation	563,288,000

The Committee recommends the budget request of $563,288,000 for this account, $26,189,000 more than the 2006 comparable level. This includes $79,026,000 from the "Employment Security Administration" account of the unemployment trust fund, and $484,262,000 in Federal funds. This funding level will cover the agency's built-in increases, and includes $5,000,000 which may be used to continue the Mass Layoff Statistics Program. Language contained in the fiscal year 2006 bill is retained, pertaining to the Current Employment Survey.

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

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2006	$27,655,000
Budget estimate, 2007	20,319,000
House allowance	20,319,000
Committee recommendation	27,655,000

The Committee recommends $27,655,000 for this account in 2007. This is $7,336,000 more than the President's request and the same as 2006. The Committee intends that at least 80 percent of these funds shall be used for demonstration and technical assistance grants to develop innovative and effective practices to increase the employment of youth and adults with disabilities.

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 office.

The Committee recommends that the Office of Disability Employment Policy continue and expand the existing, structured, internship program for undergraduate college students with disabilities, at no less than current appropriation levels. The Committee continues to believe that this innovative, structured internship program will provide important opportunities for undergraduate and graduate students with disabilities to pursue academic and career development opportunities within the Department of Labor and other Federal agencies.

The Committee has included $5,000,000 to continue the self-employment initiative, of which $3,000,000 is to be used to continue the national technical assistance grant. The Committee recognizes that self-employment is not an option for all persons with disabilities but believes that it can be a beneficial way to promote independence and develop assets within the disability community. The special needs of this population require more support and technical assistance in business development, as well as benefits counseling. Therefore, the Committee intends that the national technical assistance grant be used to provide expertise and help to local service providers including vocational rehabilitation agencies, one-stop training centers, and other organizations trying to promote self-employment.

The Committee is concerned by the elimination of the Youth State Alignment Grants. This program helps youth with disabilities transition from school to work by aligning the efforts of school districts, workforce investment programs, juvenile justice programs and other not-for-profit service providers. The Committee encourages ODEP to continue this important effort.

The Committee is concerned by the lack of attention to the problem of underemployment of people with disabilities. The Committee is aware that over 50 million Americans have some kind of disability, representing 17 percent of our population. Many of these individuals, particularly those with intellectual disabilities, would benefit from the social interaction and the physical demands of full-time employment, but their disability is such that they could not be employed in an occupation that is compensated highly enough to cover the medical expenses and supportive services they need to survive. While some disabilities resulting from injuries can change with time, many developmental disabilities are permanent in nature. The Committee believes that the U.S. Government would benefit from the additional tax dollars generated by the additional employment, as well as the prevention of chronic illnesses in this population that can come from the physical and emotional benefits of

work. Therefore, the Committee directs the Office of Disability Employment Policy to undertake a study on underemployment for individuals with disabilities. The study should include: the number of individuals on Federal disability benefit programs who are currently underemployed; an analysis of the types of disabilities these individuals represent; an examination of the categories of disability which would leave the individual with the capacity to work full time but without the earning potential to sustain him or herself; the estimated economic impact of full-time work for these Americans assuming they were allowed to keep all or a portion of their benefits, including an estimation of the economic impact to the Government and the benefit funds themselves; and finally an analysis of the health impact of full-time work on those populations including the cost savings to health benefit programs.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2006	$297,580,000
Budget estimate, 2007	242,091,000
House allowance	236,784,000
Committee recommendation	293,405,000

The Committee recommendation includes $293,405,000 for this account, which is $51,314,000 more than the budget request and $4,175,000 less than the 2006 comparable level. In addition, an amount of $25,255,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request and the House allowance.

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 $25,534,000 for Executive Direction, the same as the fiscal year 2006 comparable level. Within this amount the fiscal year 2006 comparable level of $4,651,000 is for the Office of Congressional and Intergovernmental Affairs.

The Committee concurs with the budget request of $6,735,000 for Civil Rights activities, an increase of $349,000 over the House allowance.

The Committee recommendation includes $10,000,000 for the Women's Bureau, an increase of $334,000 over the 2006 level. The Committee is pleased with the effectiveness of Women Work! in advancing women in the workplace. The organization's work is strategically aligned with the goals of the Women's Bureau, and has continued each year to exceed its performance measures. The Committee strongly supports continued funding for this important program and believes that Women Work!'s outstanding performance merits increased support from the Women's Bureau.

The Committee is disappointed that the Department of Labor has once again put forward a budget for the coming year that drastically reduces funding for International Labor Affairs Bureau [ILAB], in particular, those initiatives working with the International Labor Organization [ILO] to combat abusive and exploitative child labor.

The Committee is pleased by findings contained in the ILO report entitled "The End of Child Labor: Within Reach," which was released in May 2006. The report stated that child labor is in decline worldwide, in large part because of the programs advanced by this Committee. Between 2000 and 2004, the number of child laborers worldwide fell by 11 percent, from 246 million to 218 million. Moreover, the number of children and youth aged 5–17 trapped in hazardous work decreased by 26 percent, and for the age group of 5–14 years, the decline in hazardous work was even steeper, at 33 percent. It is a testament to the importance of the programs administered by the International Labor Affairs Bureau, which this Committee has consistently supported. Clearly, these programs are having a positive impact and the Committee feels strongly that reducing United States efforts to eradicate child labor or substantially changing the structure and leadership of those efforts would, at best, endanger the progress being made. At worse, withdrawing from these efforts could damage the credibility and reputation of the United States in the countries whose governments are real partners to the United States in this effort.

The Committee is aware that the administration is aggressively pursing multiple trade agreements that promise technical assistance on labor standards, including but not limited to the eradication of child labor. ILAB is the division of the U.S. Government with the mission and authority to provide that assistance. Given the aggressive trade agenda and the recent commitment to capacity building in developing nations as a form of aid, the Committee is mystified by the Department's now annual effort to eliminate these programs, this year proposing an astounding 86 percent reduction.

Therefore, the Committee recommendation includes $72,516,000 for the Bureau of International Labor Affairs. Of this amount, the Committee's recommendation includes $37,620,000 for the U.S. contribution to sustain the successful efforts of the ILO's International Program for the Elimination of Child Labor [IPEC]. Also included is $22,770,000 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 expects the Department of Labor to work with the governments of host countries to eliminate school fees that create a barrier to education.

The Committee notes that ILAB is statutorily required 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. This report is 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 once again directs the Secretary to include in the 2007 report, all former GSP recipients that have

achieved a Free Trade Agreement with the United States over the preceding year.

For the administration of ILAB programs, including FTE for Federal Administration, the Committee recommends $12,126,000. The Committee is dismayed that costs from salaries and expenses have been supplemented from out of the grant programs themselves. The Committee notes with displeasure that at times the amount deducted from grant programs has exceeded 14 percent. The Committee directs that in fiscal year 2007, no more than 7 percent may be deducted from grant programs for the administration of the grants. The Committee expects the 2008 budget submission to eliminate the need for any transfer by including sufficient funds to maintain the staff of ILAB. The Committee has included sufficient funds in the program administration line to fully maintain the 49 FTE currently assigned to the Office of the Deputy Under Secretary, the Office of Trade Agreement Implementation, the Office of International Economic Affairs and the International Child Labor Program.

The Committee concurs with the budget request and House allowance of $85,188,000 for the Office of the Solicitor, an increase of $4,737,000 over the enacted fiscal year 2006 appropriation level. The Committee notes that the Office of the Solicitor has augmented its fiscal year 2006 appropriation by $4,055,000, requiring Department of Labor agencies to pay for certain functions that previously had been performed without cost to client agencies. The Committee expects that this practice not be continued in fiscal year 2007 and future years. If additional resources are needed for the Solicitor's Office, the regular transfer authority or reprogramming procedures should be used, or the administration should submit a budget amendment or supplemental appropriations request. For future years, the President's Budget submission to Congress should adequately address the request for all functions of the Office of the Solicitor.

The Committee is concerned by communication difficulties with the Department of Labor. The Committee is responsible for providing adequate resources to fulfill the mission of the agency and overseeing the expenditure of those resources. When emergencies arise, such as coal mine disasters or the hurricanes the Committee must act quickly to ensure that resources are available and appropriately distributed. Conversely, many initiatives funded by the Committee span multiple years, multiple appropriations bills. The Committee must have a senior official available to respond in a timely manner, and possesses the needed institutional knowledge to address immediate or long term initiatives. The Office of Congressional and Inter-Governmental Affairs consistently experiences high turnover and has little experience in or knowledge of the detailed budget process and execution procedures that are most often the information needed by the Committee. Within 15 days of the adoption of this Senate Committee report, the Committee directs the Secretary to designate an individual from the Budget office to be responsible for responding to Committee staff. The individual should be experienced in budget formulation and execution.

OFFICE OF JOB CORPS

Appropriations, 2006 [1]	$1,592,758,000
Budget estimate, 2007	1,501,602,000
House allowance	1,523,000,000
Committee recommendation	1,629,788,000

[1] Excludes $16,000,000 in emergency supplemental appropriations pursuant to Public Law 109–234.

For Job Corps, the Committee recommends $1,629,788,000, $37,030,000 more than the 2006 comparable level. This includes $28,578,000 for Federal administrative expenses, for 188 full-time equivalent positions; the budget request and House allowance include these administrative costs in the ETA Program Administration account. The Senate recommendation for direct program cost is $1,601,210,000, compared to the $1,501,602,000 budget request and $1,523,000,000 House Allowance. The Committee concurs with the House in not agreeing to the proposed $75,000,000 rescission of funds previously appropriated for construction and renovation activities.

The Committee recommendation continues the Office of Job Corps as an independent entity reporting to the Office of the Secretary of Labor, retaining program functions previously administered by the Job Corps prior to its transfer from the Employment and Training Administration, and ensuring the support necessary for oversight and management responsibilities. Although the Office of the Assistant Secretary for Administration and Management will oversee the procurement process, this arrangement shall not alter the existing authorities, duties or activities of Job Corps as it existed prior to the transfer. The Office of Job Corps and the Assistant Secretary for Administration and Management are directed to maintain controls to assure the procurement activities are completely separate from program operations. The budget request and House allowance recommend returning the Job Corps program to the Employment and Training Administration.

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 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.

As a national training program, Job Corps is particularly well-suited to help meet the needs of large, multi-state employers for skilled entry-level workers. The Committee commends Job Corps

for establishing partnerships with national employers, and encourages Job Corps to continue to work with larger employers and small businesses to ensure that student training meets current labor market needs. The Committee urges Job Corps to also strengthen and expand the program in order to help meet our nation's needs for trained, entry level workers in three critical areas: health care, homeland security and national defense. In addition, Job Corps should intensify its efforts to upgrade its vocational offerings and curricula to reflect industry standards and required certifications recognized by employers.

The Committee commends the Job Corps program for establishing cost-effective national and local partnerships with the U.S. Army, Navy, and Coast Guard to recruit high quality military personnel. Job Corps students' average scores on military entrance exams exceed the national average in their education verification tier. On average, the Army recruits more than 2,000 Job Corps graduates each year. The Committee also recognizes that many Job Corps centers have developed optional military-oriented curriculum for students, and that training is providing skills that are in high demand by all military branches, including computer technology, nursing and welding. The Committee encourages the Job Corps to explore further options in developing systematic approaches to partner with the military, including developing a military-endorsed curriculum for students. The Committee expects the Job Corps to provide the Committee with a report by February 15, 2007 on the potential options, including establishing a partnership with the U.S. Department of Defense, for establishing military-oriented curriculum for students.

The Job Corps has also been widely successful in certifying hundreds of students in various homeland security fields and skills including first responder training and security training. Private security companies have built strong partnerships with Job Corps centers across the Nation to utilize these skilled and disciplined students to meet the demand for increased homeland security capacity in our local communities. The Committee expects the Job Corps to explore options to expand programs to provide high quality recruits to agencies of the U.S. Department of Homeland Security related to border security such as the Transportation Security Administration [TSA] and U.S. Customs and Border Protection. The Committee expects the Job Corps by February 15, 2007 to provide the Committee with a report on the potential options for building and strengthening these partnerships. The Committee also expects the Job Corps to provide the Committee with a report by December 31, 2006 on the development, in conjunction with the TSA, of pilot demonstration projects at multiple Job Corps sites so that the Job Corps can help to fill unmet needs, as directed and funded by Congress in the fiscal year 2005 Consolidated Appropriations Act.

The Committee commends the Job Corps for developing programs to help address the Nation's shortfall of staff in health professions, including nursing, pharmacy, and lab technician trades. The Committee supports an initiative to establish a minimum of two existing Job Corps centers as "health care magnet" centers. Each health care magnet center will be dedicated to training Job Corps students in the health sciences, including CNAs, LPNs,

health records technicians, dieticians, pharmacy technicians, healthcare facilities maintenance, and medical billing. The Columbia Basin (Washington), Keystone (Pennsylvania), and the Miami (Florida) Job Corps Centers have expressed interest in being designated health care magnet centers.

The Committee commends the work of the NJCA Foundation for Youth Opportunities [FYO] in its charitable and educational activities and programs that benefit youth, especially those at-risk. The FYO seeks to provide resources and research that helps non-profit, for profit, and Government agencies further education and training opportunities for disadvantaged youth. The Committee expects the Department to support the FYO through funding to implement programs and services that raise public awareness and support for at-risk youth.

The Committee is committed to promoting and expanding cost-effective Federal programs that have a proven record of success provide consistent and positive results and help address national labor shortages. Therefore, the Committee recommends $10,000,000 for two new Job Corps sites. In the selection process, priority should go to: (1) a site hosted by a community college in a State with an existing center no more than 250 miles apart that can be started in the short term as a satellite Job Corps center (residential or non-residential) and later converted to stand alone facility; and (2) a site in a State that currently does not have a Job Corps center.

The Committee is aware of the efforts of Indian Hills Community College [IHCC] in Ottumwa, Iowa, in forging a partnership with the existing Job Corps center in Denison, Iowa. IHCC is on the cutting edge of job training initiatives that could be the next generation of Job Corps occupational training. Indian Hills operates the only center in the Nation that is designed specifically to train technicians for the expanding agricultural biotechnology sector. The Committee appreciates IHCC's efforts as a current working partner in the Federal workforce system, a hub of a state-wide industrial new jobs training program and a leader in technical training for agricultural biotechnology.

The Committee recognizes Utah's Management and Training Corporation for operation of successful job-training programs through the Job Corps program. For more than a quarter of a century, the Management and Training Corporation has provided life-changing opportunities for young people though academic, vocational, and social skills training. The Committee appreciates Utah's Weber Basin and Clearfield, Utah Job Corps centers and their efforts toward preparing thousands of young Americans for meaningful careers.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2006	$222,091,000
Budget estimate, 2007	224,887,000
House allowance	224,440,000
Committee recommendation	224,867,000

The Committee recommendation includes $224,867,000 for this account, including $29,263,000 in general revenue funding and $195,604,000 to be expended from the "Employment Security Ad-

ministration" account of the unemployment trust fund. This is $2,718,000 more than the 2006 comparable level.

For State grants the bill provides $161,218,000, which includes funding for the Disabled Veterans Outreach Program and the Local Veterans Employment Representative Program.

For Federal administration, the Committee recommends $32,417,000, the same as the budget request and the House allowance. 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 this effective program.

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

The Committee recommendation includes $1,969,000, 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 recommendation includes $21,838,000 for the Homeless Veterans Program, the same as the budget request. Also included is $7,425,000 for the Veterans Workforce Investment Program, the same as the budget request.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2006	$71,101,000
Budget estimate, 2007	73,761,000
House allowance	73,761,000
Committee recommendation	75,761,000

The bill includes $75,761,000 for this account, $4,660,000 above the 2006 comparable level. The bill includes $5,688,000 in general funds and authority to transfer $70,073,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of $346,000 is available by transfer from the black lung disability trust fund. This level provides sufficient resources to cover built-in cost increases, as well as augmenting program accountability activities and expanding the labor racketeering program.

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:

Provide for limiting use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate in excess of Executive Level I (sec. 101)

Provide for general transfer authority (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 in accordance with Executive Order 13126 (sec. 103).

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

Require the Department of Labor to submit its fiscal year 2008 congressional budget justifications in the same format and level of detail used by the Department of Education in its fiscal year 2007 congressional budget justification (sec. 105).

Require the Labor Department to report to the Committees on Appropriations on the projects awarded under research and demonstration projects (sec. 106).

Require the Secretary to issue monthly transit subsidy of not less than $105 to each of the Department's eligible employees in the National Capital region (sec. 107).

SEC. 108. Retains a provision from the fiscal year 2006 supplemental limiting compensation from Federal funds to a rate not greater than Executive Level II for any recipient or subrecipient receiving funds under the heading, "Employment and Training Administration".

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 2006 [1]	$6,587,855,000
Budget estimate, 2007	6,333,855,000
House allowance	7,075,917,000
Committee recommendation	6,992,859,000

[1] Excludes $4,000,000 in emergency supplemental appropriations pursuant to Public Law 109–234.

The Committee provides a program level of $6,992,859,000 for the Health Resources and Services Administration [HRSA]. The Committee recommendation includes $6,967,859,000 in budget authority and an additional $25,000,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2006 comparable program level was $6,587,855,000, the budget request for fiscal year 2007 was $6,333,855,000, and the House Committee recommendation was $7,075,917,000.

Health Resources and Services Administration 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 care provider training, and health care delivery systems and facilities.

BUREAU OF PRIMARY HEALTH CARE

COMMUNITY HEALTH CENTERS

The Committee provides $1,926,076,000 for the community health centers program. The fiscal year 2006 comparable program level was $1,781,076,000 and the budget request for fiscal year 2007 was $1,962,861,000. This group of programs includes community health centers, migrant health centers, health care for the homeless, and public housing health service grants. The Committee continues to strongly support the on-gong effort to increase the number of people who have access to medical services at health centers, and notes that this program receive one of the largest increases in funding in the Committee recommendation.

Within the amount provided, $25,000,000 has been allocated to offset the rising cost of health care at existing centers and to resolve specific financial situations beyond the control of the local health center, such as unusual increases in the number of uninsured patients seeking care.

Within the amount provided, the Committee has provided $44,550,000 under the Federal Tort Claims Act for the Health Cen-

ters program. The Committee has included bill language making this funding available until expended and allowing costs associated with the health centers tort liability relief program to be paid from the fund. The Committee intends that the fund be used to pay judgments and settlements, occasional witness fees and expenses, and the administrative costs of the program, which includes the cost of evaluating claims, defending claims, and conducting settlement activities. The Committee is aware of legislation that would extend FTCA coverage to volunteer physicians and non-grantee health centers, as well as to health centers and their employees traveling to provide care in emergency-affected areas. While these proposals would extend FTCA coverage to additional providers, the Committee expects the amount provided to be adequate to cover any increased costs in fiscal year 2007.

The Committee believes that adequate funding for the technical assistance and networking functions available for health centers is critical to the successful operation and expansion of the Health Centers program. Funds are available within the amount provided to continue assistance to existing centers and support expansion to new communities.

The Committee strongly urges HRSA to assist rural communities in high-need areas of the country that have not fully participated in the Health Center expansion effort in recent years. Despite documented need, many eligible counties have not received health center grants. The focus on financial viability and regionally specific criteria, such as homeless populations and migrant workers, has sometimes held back communities outside of the targeted demographic. The Committee notes that some majority African-American areas of the rural Southeastern United States have fared particularly badly in the award of health center grants. The Committee urges HRSA to provide technical assistance and consider funding planning grants to potential new access point grantees to enable them to better compete for health center awards.

The Committee commends the efforts of health centers to deliver culturally and linguistically appropriate care and urges the Secretary to work with health centers to further enable these efforts. The Committee also urges the Department to establish centers in un-served and under-served communities and to implement strategies to increase the numbers and diversity of health professionals at community health centers.

The Committee recognizes the important role of the consolidated health centers in caring for people living with or at risk for hepatitis C. The Committee encourages HRSA to increase health centers' capacity for delivery of medical management and treatment of HCV by implementing training and technical assistance initiatives, so that health centers are able to increase hepatitis C counseling and testing, and medical management and treatment services to meet the healthcare priorities of their respective communities.

The Committee continues to be concerned that 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 recommends

that HRSA examine its regulations and applications procedures to ensure they do not unduly burden small communities 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 recognizes the importance of increasing the use of health information technology [IT] at health centers. Health centers have demonstrated improved access to services and improved patient outcomes by using electronic health records and other IT tools through their participation in various networks, projects, systems, and collaboratives. The Committee urges HRSA to ensure that health centers have adequate resources to establish and expand health IT systems to further enhance the delivery of cost-effective, quality health care services.

The Committee recognizes the service to the uninsured by Integrated Health Centers [IHCs] and Nurse-Managed Health Centers [NMHCs]. These nonprofit hospital-affiliated or university-based health centers provide much needed primary care to a diverse and disadvantaged population. These health centers are frequently the only source of primary care to their patients. The Committee encourages HRSA to explore options to include IHCs and NMHCs in new public-private safety net partnerships thereby increasing access for the medically underserved. Specifically, the Committee encourages HRSA to explore granting these health centers the ability to apply for FQHC Look-Alike status.

The Committee encourages HRSA to make funding available for service expansion awards, especially those expanding access to mental health services, with full and fair consideration given to health centers in communities affected by Hurricanes Katrina and Rita. Further, the Committee recognizes that School-Based Health Centers are effective providers of mental health services to underserved populations and encourages HRSA to give priority to applications for service expansions to such applicants.

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 $72,000,000 of the $160,000,000 appropriated in fiscal years 1997 and 1998 continues to remain available for guarantees of both loan principal and interest. The Committee notes that some health centers have successfully used funds available through the HRSA Loan Guarantee Program to meet their capital needs. To maximize the use of the loan guarantee funds, the Committee urges HRSA to increase the percentages at which loan guarantees are provided for managed care plans, networks, and facilities to the highest authorized levels.

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 $14,200,000 be provided for these activities in fiscal year 2007.

The Committee recognizes there are still few Native Hawaiian health care administrators working in Federally qualified health centers. The Committee directs that a portion of the funds appropriated for Native Hawaiian Health Care Act programs be used to develop administrative competency curriculum to prepare Native Hawaiians with the expertise necessary to succeed in these positions.

Free Clinics Medical Malpractice Coverage

The Committee provides $10,000 in 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. The fiscal year 2006 comparable level was $40,000 and the fiscal year 2007 budget request did not include funding for this program. This appropriation continues to 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.

Radiation and Exposure Screening and Education Program

The Committee provides $1,917,000 for activities authorized by the Radiation Exposure Compensation Act. The fiscal year 2006 comparable level was $1,916,000 and the budget request for fiscal year 2007 was $1,917,000. 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 Hansen's Disease Program

The Committee has included $16,705,000 for the National Hansen's Disease Program. The fiscal year 2006 comparable level was $15,894,000 and the budget request for fiscal year 2007 was $15,905,000. The program consists of inpatient, outpatient, long-term care, training, and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana, and 11 outpatient clinic sites serving approximately 3,100 patients in the continental United States and Puerto Rico. The Committee has provided an increase of $811,000 over fiscal year 2006 to maintain appropriate staffing levels at both facilities.

National Hansen's Disease Program Buildings and Facilities

The Committee provides $220,000 for buildings and facilities. The fiscal year 2006 comparable level was $220,000 and the budget request for fiscal year 2007 was $220,000 for this program. This funding provides for the repair and maintenance of buildings at the Gillis W. Long Hansen's Disease Center.

Payment to Hawaii for Hansen's Disease Treatment

The Committee provides $1,996,000 for Hansen's Disease services. The fiscal year 2006 comparable level was $1,995,000 and the budget request for fiscal year 2007 was $1,996,000. Payments are made to the State of Hawaii for the medical care and treatment of persons with Hansen's Disease in hospital and clinic facilities at

Kalaupapa, Molokai and Honolulu. Expenses above the level of appropriated funds are borne by the State of Hawaii.

Black Lung Clinics

The Committee provides $6,000,000 for black lung clinics. The fiscal year 2006 comparable level was $5,887,000 and the budget request for fiscal year 2007 was $5,891,000. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally-related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

BUREAU OF HEALTH PROFESSIONS

National Health Service Corps: Field Placements

The Committee provides $40,298,000 for field placement activities. The fiscal year 2006 comparable level was $40,270,000 and the budget request for fiscal year 2007 was $40,298,000. The funds provided for this program are used to support the activities of National Health Service Corps 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 proportion of National Health Service Corps assignees being placed at Community, Migrant, Homeless, and Public Housing Health Centers. The Committee encourages HRSA to further expand this effort to ensure that health centers have access to sufficient numbers of health professionals through the Corps.

The Committee is concerned that the current Health Professional Shortage Area [HPSA] scoring process used by HRSA disadvantages many health centers located in medically underserved areas of the country. The Committee urges HRSA to apply the same placement criteria to physicians seeking J–1 Visa Waivers and NHSC Scholars as are currently applied to NHSC Loan Repayment recipients. The Committee is concerned that the recent decline in J–1 Visa Waiver applicants is due to systemic obstacles, including HPSA scoring minimums, rather than diminishing needs in underserved communities. To ensure that the number and location of the placements meets the needs of the underserved, the Committee urges HRSA to expand eligibility for the J–1 visa waiver program.

National Health Service Corps: Recruitment

The Committee provides $85,230,000 for recruitment activities. The fiscal year 2006 comparable level was $85,171,000 and the budget request for fiscal year 2007 was $85,230,000. 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. These funds should support multi-year, rather than single-year, commitments.

The Committee understands that the Department of Labor has identified physical therapists as being one of only two types of

health professionals in significant shortage. The Committee urges HRSA to identify the health occupation of physical therapist for placement in underserved communities. Loan repayment programs would be an incentive to recruit individuals to seek this practice opportunity and to retain qualified physical therapists to address the unique needs of these communities in the areas of rehabilitation, disease management, prevention, and public health.

The Committee encourages HRSA to include doctors of optometry in the NHSC Student Loan Repayment Program with the goal of making preventive eye care services more accessible in community health centers within health professional shortage areas. The Committee requests that HRSA be prepared to report on progress towards this goal during deliberations for the fiscal year 2008 budget.

HEALTH PROFESSIONS

The Committee provides $304,082,000 for all HRSA health professions programs. The fiscal year 2006 comparable level was $294,674,000 and the budget request for fiscal year 2007 was $159,412,000.

The Committee recognizes that the determination of whether an individual is from an economically disadvantaged background has been problematic for health professions and nursing grant and cooperative agreement programs authorized by titles III, VII, and VIII of the Public Health Service Act, such as the Nursing Workforce Diversity Program. The Committee is pleased that HRSA responded to concerns and issued new guidance and methodology for the aforementioned programs on February 18, 2005 (70 FR 8381–8382). However, the Committee is concerned that despite the revisions, parental income remains a factor in the determination of whether an individual is from an economically disadvantaged background, even if the student lives with a relative other than a parent. Therefore, the Committee encourages HRSA to omit the consideration of parental income from fiscal year 2007 competitions as well as from future guidance and methodology issued for health professions and nursing grant and cooperative agreement programs authorized by titles III, VII, and VIII of the Public Health Service Act.

Training for Diversity

Centers of Excellence

The Committee provides $11,872,000 for the Centers of Excellence program. The fiscal year 2006 comparable level was $11,872,000 and the budget request for fiscal year 2007 did not include any funds for this program. 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 payment.

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 notes that at the level of funding provided, Public Law 105–392, the Health Professions Education Partnerships Act of 1998, limits funding to the original four Centers of Excellence.

Health Careers Opportunity Program

The Committee provides $3,957,000 for the Health Careers Opportunity Program. The fiscal year 2006 comparable level was $3,957,000 and the budget request for fiscal year 2007 did not include any funds for this program. This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and pre-professional school preparations.

The Committee is concerned about the reduced level of support provided to minority health professions schools through the H–COP program in recent fiscal years. For fiscal year 2007, the Committee strongly urges HRSA to give priority consideration to awarding grants to those institutions with a historic mission of training minorities in the health professions.

Faculty Loan Repayment

The Committee provides $1,288,000 for the Faculty Loan Repayment program. The fiscal year 2006 comparable level was $1,288,000 and the budget request for fiscal year 2007 did not include any funds for this program. 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 provides $46,625,000 for the Scholarships for Disadvantaged Students program. The fiscal year 2006 comparable level was $46,625,000 and the budget request for fiscal year 2007 was $9,733,000. This program provides grants to health professions schools for student scholarships to individuals who are from disadvantaged backgrounds and are enrolled as full-time students in such schools.

Training in Primary Care Medicine and Dentistry

The Committee provides $50,000,000 for Training in Primary Care Medicine and Dentistry programs. The fiscal year 2006 comparable level was $40,823,000 and the budget request for fiscal year 2007 did not include any funding for this program.

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.

The Committee has included bill language enabling HRSA to fund its family medicine activities at a level of $31,000,000.

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 has included bill language enabling HRSA to fund the pediatric dental program at a level of $5,000,000 The Committee recognizes that the approximately 40 percent of U.S. children living in low-income households have about three to five times the level of untreated dental disease compared to their more affluent peers. Recruitment and retention of pediatric dental educators is vital to pediatric dental residency programs. Pediatric dentists treat about 30 percent of the children in this country, and train all of the dentists who treat children. Additionally, rural States are disproportionately underserved by pediatric dentists, as several States have fewer than 10 pediatric dentists. The Committee encourages HRSA to develop pediatric dentistry faculty development and student loan repayment programs.

Interdisciplinary, Community-based Linkages

Area Health Education Centers

The Committee provides $28,661,000 for the Area Health Education Centers program. The fiscal year 2006 comparable level was $28,661,000 and the budget request for fiscal year 2007 did not include any funds for this program. 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.

Allied Health and Other Disciplines

The Committee provides $4,000,000 for the Allied Health and Other Disciplines program. The fiscal year 2006 comparable level was $3,957,000 and the budget request for fiscal year 2007 did not include any funds for this program. 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 recommendation is sufficient to continue the Chiropractic-Medical School Demonstration Grant and Graduate Psychology training programs at the same levels as in fiscal year 2006.

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

The Committee provides $8,000,000 for these programs. The fiscal year 2006 comparable level was $7,915,000 and the budget request for fiscal year 2007 did not include any funds for this program. 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.

Nursing Workforce Development Programs

The Committee provides $149,679,000 for the Nursing Workforce Development programs. The fiscal year 2006 comparable level was $149,576,000 and the budget request for fiscal year 2007 was $149,679,000. 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 provides $57,061,000 for the Advanced Education Nursing programs. The fiscal year 2006 comparable level was $57,021,000 and the budget request for fiscal year 2007 was $57,061,000. 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. Within the allocation, the Committee encourages HRSA to allocate funding at least at the fiscal year 2006 level for nurse anesthetist education.

Nurse Education, Practice, and Retention

The Committee provides $37,291,000 for the Nurse Education, Practice, and Retention programs. The fiscal year 2006 comparable level was $37,265,000 and the budget request for fiscal year 2007 was $37,291,000. 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 nursing workforce and empower the workforce to meet the demands of the current health care system.

Nursing Workforce Diversity

The Committee provides $16,107,000 for the Nursing Workforce Diversity program. The fiscal year 2006 comparable level was $16,096,000 and the budget request for fiscal year 2007 was $16,107,000. The goal of this program is to improve the diversity of the nursing workforce through increased educational opportunities for individuals from disadvantaged backgrounds.

Nurse Loan Repayment and Scholarship Program

The Committee provides $31,055,000 for the Nurse Loan Repayment and Scholarship programs. The fiscal year 2006 comparable level was $31,034,000 and the budget request for fiscal year 2007 was $31,055,000. 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.

Nurse Faculty Loan Program

The Committee provides $4,773,000 for the Nursing Faculty Loan program. The fiscal year 2006 comparable level was $4,770,000 and the budget request for fiscal year 2007 was $4,773,000. This program supports the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty.

Comprehensive Geriatric Education

The Committee provides $3,392,000 for Comprehensive Geriatric Education grants. The fiscal year 2006 comparable level was $3,390,000 and the budget request for fiscal year 2007 was $3,392,000. These grants prepare nursing personnel to care for the aging population.

Patient Navigator

The Committee provides $5,000,000 for Patient Navigator Grants authorized by Public Law 109–18. No funds were included in the fiscal year 2007 budget request for this program. These funds will be used to provide patient navigator services to improve health care outcomes.

Patient navigators are individuals who know the local community and can help patients navigate through the complicated health care system. They help with referrals and follow-up treatment and direct patients to programs and clinical trials that are available to help them get the treatment and care they need to fight cancer and

other chronic diseases. In addition, the patient navigator guides patients to health coverage that they may be eligible to receive. They also conduct ongoing outreach to communities with health disparities to encourage people to get screenings and early detection services.

Children's Hospitals Graduate Medical Education Program

The Committee has provided $200,000,000 for the Children's Hospitals Graduate Medical Education [GME] program. The fiscal year 2006 comparable level was $296,795,000 and the budget request for fiscal year 2007 was $99,000,000.

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 that 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.

National Practitioner Data Bank

The Committee provides $15,700,000 for the national practitioner data bank. The fiscal year 2006 comparable level was $15,700,000 and the budget request for fiscal year 2007 was $15,700,000. The Committee and the budget request 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. 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 2006 comparable level was $4,000,000 and the budget request for fiscal year 2007 was $4,000,000. The Committee and the budget request 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.

MATERNAL AND CHILD HEALTH BUREAU

Maternal and Child Health Block Grant

The Committee provides $693,000,000 for the maternal and child health [MCH] block grant. The fiscal year 2006 comparable level was $692,521,000 and the budget request for fiscal year 2007 was $693,000,000.

The Maternal and Child Health Block Grant program provides a flexible source of funding that allows States to target their most ur-

gent 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, 85 percent of appropriated funds up to $600,000,000 are distributed to States and 15 percent are set aside for special projects of regional and national significance [SPRANS]. Also according to statute, 12.75 percent of funds over $600,000,000 are to be used for community-integrated service systems [CISS] programs. The remaining funds over $600,000,000 are distributed on the same 85/15 percent split as the basic block grant.

The Committee has included bill language identifying $116,051,892 for the SPRANS set-aside. Within that total, the Committee intends that $1,536,480 be used for a first-time motherhood education program; $2,880,900 be used for epilepsy demonstration projects; $990,000 be used for a fetal alcohol syndrome demonstration program; $3,841,200 be used to continue the sickle cell newborn screening program and its locally based outreach and counseling efforts; $1,920,600 be used for newborn and child screening for heritable disorders as authorized in title XXVI of the Children's Health Act of 2000; and $4,801,500 be used to continue the oral health demonstration programs and activities in the States.

As stated above, the Committee also provides $1,536,480 for a first-time motherhood demonstration program, equally divided between urban and rural settings. Funding for urban settings should be focused on community-based doula activities. These funds may be used to improve infant health, strengthen families and provide supports to ensure family success through a community-based doula program. This approach identifies and trains indigenous community leaders to mentor pregnant women during the months of pregnancy, birth and the immediate post-partum period. Doulas provide pregnancy and childbirth education, early linkage to health care and social services, labor coaching, breastfeeding education and counseling and parenting skills while fostering parental attachment. Rural areas represent a unique challenge in supporting first-time mothers, particularly around the area of lactation support and services. Funding for the rural portion of the demonstration should be focused on the best ways of delivering supportive services, including delivery outside the hospital setting both before and after the birth of the child. Priority should be given to applications which emphasize breastfeeding initiation and retention.

As stated above, the Committee has provided $2,880,900 for the continuation of epilepsy demonstration programs to improve access to health and other services regarding seizures and to encourage early detection and treatment in children and others residing in

medically underserved and rural areas. Of the amount provided, the Committee recommends 30 percent be used to continue to fund the development and testing of a national public health awareness campaign to increase seizure recognition and improve access to care among minorities and underserved populations. The Committee encourages HRSA to conduct these programs in partnership with a national organization whose mission is to improve the lives of children and adults affected by seizure through research, education, advocacy and service.

The Committee has included $990,000 to continue the demonstration program on fetal alcohol syndrome. Each year, 40,000 children are born with fetal alcohol spectrum disorders [FASD], the leading known cause of mental retardation and birth defects. The demonstration program should continue to coordinate services between the National Organization on Fetal Alcohol Syndrome and community health centers to improve the prevention, identification, and support of individuals with fetal alcohol syndrome. In addition, funds have been included to engage and include maternal child health sites in this successful demonstration.

As stated above, the Committee provides $1,920,600 to continue the heritable disorders screening program authorized in Title XXVI of the Children's Health Act of 2000. Newborn screening is used for early identification of infants affected by certain genetic, metabolic, hormonal and or functional conditions for which there is effective treatment or intervention. Screening detects disorders in newborns that, left untreated, can cause death, disability, mental retardation and other serious illnesses. The Committee is aware that wide disparities exist in the number of conditions screened for in each State. The Committee believes that parents and healthcare providers responsible for the care of newborns should be able to provide the best chance at a healthy start on life, and therefore, encourages HRSA to consider including guidance that parents be informed in writing of the availability of additional tests that may not be required under State law.

The Committee commends HRSA for convening the Secretary's Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children to make national recommendations to standardize newborn screening programs in the United States; and for funding the Regional Genetic Service and Newborn Screening Collaboratives to address the maldistribution of genetic services and resources to bring services closer to local communities.

As stated above, the Committee has provided $4,801,500 for the continuation of oral health programs in the States. These programs will help States develop well integrated, quality oral health programs through grants, cooperative agreements, and contracts. The Committee encourages HRSA to assist States through partnerships with national associations and foundations to focus on state-based early interventions to prevent early childhood caries. As linkages continue to be made among disease transmissibility, maternal behaviors, poor birth outcomes and poor periodontal health, further program attention is warranted to avoid the need for more costly care.

The Committee recognizes the key role that Maternal and Child Health Centers for Leadership in Pediatric Dentistry Education

provide in preparing dentists with dual training in pediatric dentistry and dental public health. Dentists in the three currently funded programs concentrate on working with Federal, State, and local programs that provide services for vulnerable populations including low-income children and women and children with special health care needs. Dentists trained through these centers become future faculty and policy leaders specializing in pediatric dentistry and maternal and child health. The Committee encourages HRSA to expand this program.

The Committee reiterates its long-standing support for the continuation of funding that the Maternal and Child Health Block Grant has provided to comprehensive thalassemia treatment centers under the SPRANS program. The Committee urges HRSA to continue this program, expand it to include additional centers around the country, and to continue its existing partnership on these activities with a voluntary organization.

The most crucial need for individuals suffering from Chronic Fatigue Syndrome [CFS] is for effective, compassionate medical care. Through its demonstration grants program, HRSA has piloted effective ways of delivering health care services to those with emerging illnesses. The Committee encourages HRSA to provide demonstration grants to develop model CFS clinical centers with the goal of delivering effective, multidisciplinary clinical care to persons with CFS.

The Committee recognizes the critical role of hemophilia treatment centers in providing needed comprehensive care for persons with bleeding disorders and the expanded role of these centers in addressing the needs of women with bleeding disorders and persons with clotting disorders such as thrombophilia. The Committee urges HRSA to continue its support of this model disease management network.

The Committee encourages HRSA to consider partnering with a national non-profit voluntary organization to develop model demonstration programs to develop a national data source by which States could report State-specific rates and improve the screening, detection, and treatment of vision problems that would otherwise result in delayed learning and education in children.

The Committee is aware that HRSA has been reviewing the State Core Performance Measures for children. Last year, the Committee included report language encouraging HRSA to consider developing a National Core Performance Measure for children's vision. This is necessary to ensure care is provided to the many school-age children with significant vision problems. The Committee requests that HRSA report to the Committee on Appropriations by June 15, 2007 the status of the MCH Core Performance Measure review process, the anticipated timeline for review completion, and the steps the Administrator has taken to ensure appropriate vision screening for children entering school.

Sickle Cell Anemia Demonstration Program

The Committee provides $3,000,000 for the sickle cell anemia demonstration program. The fiscal year 2006 comparable level was $2,176,000 and the budget request for fiscal year 2007 was $2,178,000.

Traumatic Brain Injury Program

The Committee provides $8,910,000 for the traumatic brain injury program. The fiscal year 2006 comparable level was $8,904,000 and the budget request for fiscal year 2007 did not include any funding for this program. 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.

Healthy Start Initiative

The Committee provides $101,518,000 for the healthy start infant mortality initiative. The fiscal year 2006 comparable level was $101,448,000 and the budget request for fiscal year 2007 was $101,518,000.

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. The Committee urges HRSA to give preference to current and former grantees with expiring or recently expired project periods.

Universal Newborn Hearing Screening and Early Intervention

The Committee provides $10,000,000 for universal newborn hearing screening and early intervention activities. The fiscal year 2006 comparable level was $9,794,000 and the budget request for fiscal year 2007 did not include any funds for this program.

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.

Emergency Medical Services for Children

The Committee provides $20,000,000 for emergency medical services for children. The fiscal year 2006 comparable level was $19,786,000 and the budget request for fiscal year 2007 did not include funds for this program. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

The Committee continues to be pleased with the progress made for the emergency medical services for children. The 10-year Institute of Medicine study of emergency medical services for children was informative, and the Committee looks forward to its 20-year update.

Family-To-Family Health Information Centers

The Committee has not provided funding for the Family-To-Family Health Information Centers program. The budget request for fiscal year 2007 included $3,000,000 for this new initiative. The Committee notes that the Deficit Reduction Act of 2005 appropriated $3,000,000 for this activity in fiscal year 2007.

HIV/AIDS BUREAU

ACQUIRED IMMUNE DEFICIENCY SYNDROME

Ryan White AIDS Programs

The Committee provides $2,139,091,000 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 2006 comparable level was $2,061,305,000 and the budget request for fiscal year 2007 was $2,157,713,000. In the absence of the reauthorization of the Ryan White CARE Act and with the exception of the deviations noted in the following sections, the Committee intends that funds be distributed using the same methodologies used in fiscal year 2006.

Next to the Medicaid program, the Ryan White CARE Act (the CARE Act) is the largest Federal investment in the care and treatment of people living with HIV/AIDS in the United States. The CARE Act provides a wide range of community-based services, including primary and home health care, case management, substance abuse treatment, mental health services, and nutritional services.

Within the total provided, the Committee intends that Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African-Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders continue with at least the level of funding provided in fiscal year 2006.

The Committee is aware that over 30 percent of HIV-infected persons in the United States are also chronically infected with the hepatitis C virus [HCV]. Chronic hepatitis C infection may lead to cirrhosis of the liver and liver cancer, and is the leading cause of liver transplantation in the United States. In addition, chronic hepatitis C disease progresses more rapidly in HIV-infected persons, and end stage liver disease resulting from chronic hepatitis C infection is now a leading cause of death for people with HIV/AIDS. The Committee urges HRSA to provide guidance to CARE Act grantees to encourage them to proactively address HCV care and treatment among their HIV/HCV co-infected patient populations.

Emergency Assistance—Title I

The Committee provides $605,993,000, an increase of $2,417,000 over fiscal year 2006 and $2,000,000 over the budget request, 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 $1,190,518,000 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 includes bill language for $844,546,000 for AIDS medications in the AIDS Drug Assistance Program [ADAP]. The fiscal year 2006 comparable level was $789,005,000 and the budget request for fiscal year 2007 was $789,546,000. The Committee has provided this increase to address the long-standing problem of State waiting lists for HIV/AIDS medications without unfairly punishing States that have provided their own resources to make up funding shortfalls.

The Committee has included requested bill language and provided $15,000,000 over the fiscal year 2006 level for Title II to fund the initiative within Title II to enable the Secretary to target HIV care and treatment funds to areas of greatest need. It is the understanding of the Committee that the enhanced flexibility associated with these resources will be used to provide health care and treatment services to individuals in greatest need, including those newly diagnosed as a result of increased testing, and to further address the long-standing problem of State waiting lists for HIV/AIDS medications.

The Committee is aware of the success HIV therapies have had on prolonging and enhancing the quality of life for those infected with HIV/AIDS. As the infected population lives longer and becomes increasingly resistant to current treatment regimens, there is a growing need to focus on access to newer therapies for treatment experienced or "later stage" patients. The Committee encourages HRSA and State ADAPs to prioritize coverage of treatments for later stage patients so that there is parity of access to effective treatments for patients across the HIV disease spectrum. The Committee further encourages State ADAPs to provide coverage of therapies approved by the FDA for the treatment of HCV in HIV/HCV co-infected patients.

Early Intervention Services—Title III

The Committee provides $195,488,000, an increase of $2,000,000 over the fiscal year 2006 level and $23,134,000 below the budget request, 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 has provided an increase over the fiscal year 2006 level of $2,000,000

to maintain service levels provided through the existing program. The Committee has not provided funding, nor overridden existing authorities, as proposed in the fiscal year 2007 budget request for the "HIV community action grants" initiative.

Children, Youth, Women, and Families—Title IV

The Committee provides $73,294,000, an increase of $1,550,000 over the fiscal year 2006 level and $1,500,000 over the budget request, for title IV CARE Act programs for Children, Youth, Women, and Families. 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.

Title IV of the CARE Act provides a program of grants for coordinated services and access to research for women, infants, children and youth. Title IV grantees may engage in a broad range of activities to reduce mother-to-child transmission, including voluntary testing of pregnant women and treatment to reduce mother-to-child transmission. In addition, title IV grantees are required to provide individuals with information and education on opportunities to participate in HIV/AIDS clinical research. Title IV of the Ryan White CARE Act is specifically charged with linking women, children, youth and families living with HIV/AIDS to care, services and research. With a specific focus on families, Title IV grantees have taken the lead on reducing mother-to-child HIV transmission in the United States, provide family-centered HIV care and services, and closely coordinate HIV testing with expert health care and social services. Nearly 90 percent of families served under title IV are African-American and Hispanic. Title IV funds 90 lead grantees that coordinate health care services through over 650 community-based health centers, children's hospitals, academic health centers, and other health care agencies. Nearly 20 organizations funded by title IV have been faith-based organizations and have been working on the front lines of this epidemic for two decades.

The Committee expects HRSA to maximize available funds under this part to existing grantees. The Committee is concerned that previous report language to HRSA regarding the analysis of data pertaining to administrative costs in title IV has still not been followed, making it almost impossible for HRSA to impose a cap in fiscal year 2007. The Committee strongly urges HRSA to collaborate with grantees under this title to produce necessary tools for the accurate collection of expense data. Unless HRSA can produce data regarding administrative expenses with a precise definition to ensure accuracy and comparability, the agency will be unable to impose a limitation on such expenses without harming the ability of grantees to provide services for women, children, youth and families infected with HIV.

The Committee is aware of the efforts of title IV grantees to care for youth infected with HIV and urges HRSA to disseminate the effective practices and models of care developed by title IV grantees across all Ryan White CARE Act providers.

Technical assistance may be provided to title IV grantees using up to 2 percent of the funds appropriated under this section. Within this amount sufficient funds exist to maintain agreements to provide technical assistance to title IV grantees and to conduct policy analysis and research.

AIDS Education and Training Centers—Part F

The Committee provides $35,200,000, an increase of $524,000 over the fiscal year 2006 level and $500,000 over the budget request, 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.

AIDS Dental Services—Part F

The Committee provides $13,598,000, an increase of $521,000 over the fiscal year 2006 level and $512,000 over the budget request, 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.

HEALTH CARE SYSTEMS BUREAU

Organ Donation and Transplantation

The Committee provides $25,049,000 for organ donation and transplantation activities. The fiscal year 2006 comparable level was $23,033,000 and the budget request for fiscal year 2007 was $23,049,000. 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 notes that Public Law 108–216, the Organ Donation Recovery and Improvement Act of 2004 authorizes valuable new uses of these funds, including patient travel, and has provided $2,000,000 over the budget request to initiate implementation of the new law. The Committee notes that the new provisions may have a direct impact on increasing the rate of successful transplantations.

The Committee applauds HRSA for its successful "Organ Donation Breakthrough Collaborative" campaign to identify and promote best practices in organ donations for hospitals and organ procurement organizations. Improving the rate of donation nationally is

crucial to making life-saving organ transplantations more widely available for patients with diabetes, heart disease, end stage renal disease, and many other devastating illnesses. The Committee encourages HRSA to improve the allocation system with the goal of expanding the number of available organs, including pancreases for transplantation or islet extraction in patients with diabetes.

The Committee is concerned that pregnant women and their families are unaware of the benefits of umbilical cord blood in treating many congenital and genetic diseases. The Committee encourages HRSA to consider adding umbilical cord blood to organ and tissue donation education programs operated by HRSA to provide education on options for umbilical cord blood storage.

The Committee commends HRSA for its leadership in promoting increased organ and tissue donations and encourages the Division of Transplantation to continue its partnership with the pulmonary hypertension community in this important area.

C.W. Bill Young Cell Transplantation Program

The Committee provides $22,687,000 for the C.W. Bill Young Cell Transplantation Program, which is the successor of the National Bone Marrow Donor Registry. The fiscal year 2006 comparable level for the Registry was $25,145,000 and the budget request for fiscal year 2007 was $22,687,000.

The Committee is pleased that HRSA is moving forward to implement the C.W. Bill Young Cell Transplantation Program. The Committee is committed to expanding the opportunities for those in need of a bone marrow transplant. It is the Committee's expectation that those program functions that remain under the direct oversight of the Secretary, i.e. Patient Advocacy and Case Management, single point of access, and the Stem Cell Therapeutic Outcomes Database, will operate in an objective and unbiased manner, free from conflicts of interest, such that they can support use of the stem cell source material that is most appropriate for the individual patient.

National Cord Blood Inventory

The Committee has provided $3,960,000 for the National Cord Blood Inventory, which is the successor of the National Cord Blood Stem Cell Bank program. The fiscal year 2006 comparable level was $3,957,000 and the budget request for fiscal year 2007 did not request funds for this activity. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

The Committee is concerned that the establishment of the Advisory Council, required by the Stem Cell Therapeutic and Research Act of 2005, Public Law 109–129, has been delayed. The Advisory Council is intended to provide independent, scientific counsel related to all aspects of the C.W. Bill Young Cell Transplantation Program. Congress envisioned the Advisory Council would play a prominent role in developing a scientifically sound definition of a "high-quality cord blood unit." In addition, it was anticipated that the Secretary would consult with the Advisory Council regarding the accreditation requirements for cord blood banks, the standardized data requirements, and other related matters. The Committee

believes it is very important to assure the highest quality throughout the cord blood collection and storage process. Therefore, the Committee strongly urges HRSA to move forward with the creation of the Advisory Council.

Poison Control Centers

The Committee provides $23,068,000 for Poison Control Center activities. The fiscal year 2006 comparable level was $23,052,000 and the budget request for fiscal year 2007 was $13,168,000. The Poison Control Program currently supports a mix of grantees: most grantees serve entire States; a few grantees serve multi-State regions; and, in a handful of cases, more than one grantee serves a single State. The Committee is generally supportive of this current structure and instructs HRSA not to make any changes aimed at replacing existing single State grantees with multi-State providers. In allocating funds, the Committee has provided sufficient resources to continue the current approach of allocating funding to all certified centers based on service population.

Office of Pharmacy Affairs

The Committee provides $2,970,000 for the Office of Pharmacy Affairs. The budget request for fiscal year 2007 was $2,970,000 for this new program. The Office of Pharmacy Affairs promotes access to clinically and cost effective pharmacy services among safety-net clinics and hospitals that participate in the 340B Drug Pricing Program. Section 340B of the Public Health Service Act requires drug manufacturers to provide discounts or rebates to a specified set of HHS assisted programs and hospitals that meet the criteria in the Social Security Act for serving a disproportionate share of low income patients. These funds will be used to help resolve deficiencies that could not be addressed within resources available for the normal operations of the office. Specifically, these deficiencies include non-compliance with the 340B pricing requirements and errors and omissions in the office's covered entity database.

The Committee is concerned by price fluctuations in drugs currently accessed through 340b, which play a major role in the delivery of care in community health centers, title X clinics, and rural health centers. The Committee hopes that the funding for Office of Pharmacy Affairs will help to address the variability in pricing to help clinics plan for their patient load.

The Committee is also concerned by barriers to safety net pharmacies contracting with the Medicare part D prescription drug plans and the subsequent impact on low income Medicare beneficiaries' participation. The Committee urges HRSA to work with the Centers for Medicare and Medicaid Services to assess safety net participation in part D networks and expand assistance to assure that safety net pharmacies may participate on fair terms. The Committee is aware of legislation that would track and analyze the expenditures that safety net pharmacies make on behalf of their low income Medicare patients that do not count towards beneficiaries' true out-of-pocket expenditures, and supports the goal of ensuring low-income Medicare beneficiaries have continued access to prescription drugs through the Medicare program.

Trauma Care

The Committee provides $1,000,000 for the trauma/emergency medical services program. This program did not receive funding in fiscal year 2006 and the budget request for fiscal year 2007 did not include funding for this 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.

RURAL HEALTH PROGRAMS

Rural Health Policy Development Program

The Committee provides $8,737,000 for the Rural Health Policy Development Program. The fiscal year 2006 comparable level was $8,731,000 and the budget request for fiscal year 2007 was $8,737,000. The funds provide support for the Office of Rural Health Policy to be 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.

Rural Health Care Services Outreach Grants

The Committee provides $38,885,000 for rural health outreach grants. The fiscal year 2006 comparable level was $38,858,000 and the budget request for fiscal year 2007 was $10,365,000. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services.

The Committee 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 HRSA to continue its support for a demonstration project authorized in the Medicare Modernization Act 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.

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 Alliance, which is a collaboration involving Delta State University, Mis-

sissippi State University, the University of Mississippi Medical Center, and the Mississippi State Department of Health.

Rural and Community Access to Emergency Devices

The Committee provides $1,500,000 for rural and community access to emergency devices. The fiscal year 2006 comparable level was $1,484,000 and the budget request for fiscal year 2007 did not include funding for this program. This appropriation provides funding for both the rural program under section 413 of the Public Health Service Act and the community access demonstration under section 313.

The Committee is concerned that reductions in the fiscal year 2006 appropriation for this program were implemented in a manner that disproportionately impacted rural areas. The Committee expects that a portion of the fiscal year 2007 funding be used to provide defibrillators to rural communities.

Funding will be used to train additional rural and community lay rescuers and first responders to use automated external defibrillators [AEDs] and to purchase and place AEDs in public areas where cardiac arrests are likely to occur.

Rural Hospital Flexibility Grants

The Committee provides $38,538,000 for rural hospital flexibility grants. The fiscal year 2006 comparable level was $63,494,000 and the budget request for fiscal year 2007 did not include funds for this program. The Committee notes that the fiscal year 2006 level included $25,000,000 for the first year of the Delta Health Initiative, which is now funded as a separately authorized line item.

Under this program, eligible rural hospitals may convert themselves into limited service facilities termed Critical Access 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 $15,000,000 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.

Delta Health Initiative

The Committee has included $35,000,000 for the Delta Health Initiative as authorized in section 223 of this act. The Committee understands that HRSA intends to award a multi-year award in fiscal year 2006 to implement the Delta Health Initiative as described in House Report 109–337. The Committee notes that continuation of this award in fiscal year 2007 in the same manner and with the same requirements will satisfy the requirements of section 223.

State Offices of Rural Health

The Committee provides $8,141,000 for the State Offices of Rural Health. The fiscal year 2006 comparable level was $8,135,000 and the budget request for fiscal year 2007 was $8,141,000. 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.

Native and Rural Alaskan Health Care

The Committee provides $39,283,000 for the Denali Commission. The fiscal year 2006 comparable level was $39,283,000 and the budget request for fiscal year 2007 did not include funding for this program. These funds support construction and renovation of health clinics, hospitals and social service facilities in rural Alaska, as authorized by Public Law 106–113, to help remote communities in Alaska develop critically needed health and social service infrastructure for which no other funding sources are available, thereby providing health and social services 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.

Terrorism Preparedness

The Committee provides $486,606,000 for bioterrorism preparedness related activities at HRSA. Within this total, $466,210,000 is provided for hospital preparedness, $8,000,000 is provided for credentialing and guidelines development, and $12,396,000 is provided for training and curriculum development.

Within the total provided for hospital preparedness grants, the Committee approves the request for $15,000,000 to create a medical surge capacity national demonstration at the Washington Hospital Center. This funding will increase emergency care capacity for the Nation's Capital, and serve as a national demonstration center for advanced mass casualty emergency facility design, training, and care.

Family Planning

The Committee provides $283,103,000 for the title X family planning program. The fiscal year 2006 comparable level was $282,907,000 and the budget request for fiscal year 2007 was $283,103,000.

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 to individuals, regardless of age or marital status. This includes FDA-approved methods of contraception.

The Committee remains concerned that programs receiving Title X funds ought to have access to these resources as quickly as possible. The Committee 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 the regional offices should retain the au-

thority for the review, award and administration of family planning funds, in the same manner and time frame as in fiscal year 2006. 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. The Committee further expects the Office of Family Planning to spend any remaining year-end funds in section 1001 activities.

Health Care-related Facilities and Activities

The Committee provides $260,028,000 for the construction and renovation (including equipment) of health care-related facilities and other health care-related activities. No funds were provided for these purposes in fiscal year 2006 and the budget request for fiscal year 2007 did not include funding for these activities. The Committee expects HRSA to use no more than 1 percent of the funds allocated for projects for agency administrative expenses. These funds are to be used for the following projects and in the following amounts:

	Amount
ACTION Donated Dental Program/Arizona Dental Foundation, Arizona to support a community dental program	$100,000
AIDS Healthcare Foundation, Los Angeles, CA for a demonstration of residential and outpatient treatment facilities	900,000
Aims Community College, Greeley, CO, for equipment for the allied health program	100,000
Alaska Federal Health Care Access Network, Anchorage, AK, to create a regional telehealth resource center	1,000,000
Alaska Federal Health Care Access Network, Anchorage, AK, to support activities of the Alaska Telemedicine Advisory Committee	500,000
Alaska Native Medical Center in Anchorage, AK for equipment	2,000,000
Alaska Psychiatric Institute, Anchorage, AK for its Telebehavioral Health Project	400,000
Albany Medical Center, Albany, NY, for the establishment of the Patient Safety Center	500,000
Albuquerque Indian Health Center, New Mexico, for renovations and equipment	200,000
Allegheny General Hospital, Pittsburgh, PA, for construction, renovation and equipment	800,000
Allegheny Singer Research Institute, Pittsburgh, PA for equipment and renovation	800,000
Alton Memorial Hospital, Alton, IL for renovation and equipment at the Riverbend Stroke Center	100,000
Armstrong Center for Medicine and Health (ACMH), Kittanning, PA, for equipment	100,000
Association for Utah Community Health, Salt Lake City, UT, for expansion of telemedicine services	250,000
Avis Goodwin Community Health Center, Somersworth, NH, for construction, renovation and equipment	200,000
Baptist Health Care, Pensacola, FL, for construction, renovation and equipment	450,000
Barnes-Kasson County Hospital, Susquehanna, PA, for construction, renovation, and equipment	300,000
Bear River Health Department, Logan, UT, for its Medicare Reserve Corps Program	100,000
Beartooth Hospital and Health Center, Red Lodge, MT for construction, renovation and equipment	500,000
Beaver Valley Hospital, Beaver, UT, for equipment	100,000
Beloit Area Community Health Center, Beloit, WI, for renovation and equipment	500,000
Benedictine Hospital, Kingston, NY, for purchase of technology	250,000
Benefis Healthcare, Great Falls, MT, to establish a health information technology demonstration project in rural Montana	500,000
Billings Clinic Diabetes Center, Billings, MT, to create a center for diabetes prevention and treatment	250,000
Billings Clinic, Billings, MT, for construction, renovation, and equipment	1,200,000
Bloomsburg Hospital, Bloomsburg, PA for construction, renovation and equipment	300,000
Blue Mountain Health System, Lehighton, PA for equipment at the Gilbert Medical Center	100,000
Bon Secours Richmond Health System, Richmond, VA for equipment	100,000
Boone County Senior Citizen Service Corporation, Columbia, MO for equipment for the Alzheimer's Disease Demonstration Center on the Bluff's campus	1,000,000
Boston Health Care for the Homeless Program, Boston, MA, for the construction of a health care facility	175,000
Boston Medical Center, Boston, MA, for facilities and equipment for the J. Joseph Moakley Medical Services Building	350,000
Boys Town National Research Hospital, Omaha, NE, for construction, renovation and equipment	900,000
Bozeman Deaconess Hospital, Bozeman, MT, for an electronic medical record system	500,000
Brackenridge Hospital, Austin, TX, for construction, renovation, and equipment	200,000
Breast Cancer Detection Center of Alaska, Inc., Fairbanks, AK for equipment	100,000
Briar Cliff University, Sioux City, IA for facilities and equipment	100,000

	Amount
Brockton Hospital, Brockton, MA, for equipment	200,000
Brockton Neighborhood Health Center, Brockton, MA, for construction	200,000
Bucknell University, Lewisburg, PA, for a partnership with Geisinger Health System of Danville, PA for a joint teaching and training program	800,000
Bucktail Medical Center, Renovo, PA for equipment	100,000
Camillus House, Inc., Miami, FL, to expand its medical facility	200,000
Carbon Medical Services Association, Inc., East Carbon, UT, for construction, renovation, and equipment	200,000
Cardinal Stritch University, Milwaukee, WI, to establish a bachelors of science nurse degree program for nurses at Zablocki Veteran's Hospital	325,000
Care New England, Warwick, RI, for equipment	225,000
Carilion Health System, Roanoke, VA, for equipment	100,000
Caring Health Center, Inc., Springfield, MA, for equipment needed to expand urgent care and oral health programs	250,000
Carnegie Mellon University, Pittsburgh, PA, for equipment	800,000
Carolinas Medical Center, Charlotte, NC for construction, renovation and equipment	150,000
Case Western Reserve University, Cleveland, OH, for the National Flight Nursing Academy and Flight Nursing Program	200,000
Catholic Charities of Maine, St. Lewis Center Biddeford, ME, for construction, renovation, and equipment of a dental center to serve low income children	290,000
Central Carolina Allied Health Center, Sumter, SC, for construction, renovation, and equipment	175,000
Charles Drew Health Center, Omaha, NE, for construction	1,000,000
Children's Hospital at Johnson City Medical Center, Johnson City, TN for construction, renovation, and equipment	500,000
Children's Hospital Medical Center of Akron, OH, for construction, renovation and equipment	500,000
Children's Hospital of KidsPeace, Orefield, PA, for construction, renovation, and equipment	100,000
Children's Hospital of The King's Daughters Health System, Norfolk, VA, for equipment	100,000
Children's Hospital, Denver, CO for construction, renovation and equipment	1,300,000
Children's Institute of Pittsburgh, PA for construction, renovation and equipment	250,000
Children's Care Hospital, Sioux Falls, SD, for construction	140,000
Children's Health Fund/Phoenix Children's Health Project, Phoenix, AZ for equipment	100,000
Children's Home of Pittsburgh, Pittsburgh, PA, for equipment	200,000
Children's Hospital Boston, Boston, MA, for the development of comprehensive pediatric electronic medical records system	220,000
Children's Hospital Foundation at Saint Francis, Tulsa, OK for equipment	100,000
Children's Hospital of Pittsburgh, Pittsburgh, PA, for construction, renovation and equipment	500,000
Childrens Hospital of Wisconsin, Milwaukee, WI, for construction, renovation and equipment	200,000
Children's Medical Center, Dallas, TX, for equipment	250,000
CHOICE Regional Health Network, Olympia, WA, Emergency Care Center Case Coordination Program	200,000
Christiana Care Health System, Visiting Nursing Association, Newark, Delaware, for the purchase of telemonitors	250,000
CHRISTUS San Rosa Children's Hospital, San Antonio, TX, for construction, renovation, and equipment	200,000
Cincinnati Children's Hospital, Cincinnati, Ohio, for equipment	700,000
City and County of San Francisco Department of Public Health, CA, for HIV/AIDS Outpatient Services	400,000
City of Fort Wayne, IN, for training of emergency medical personnel, including equipment purchase	200,000
Clarion Hospital, Clarion, PA for equipment to implement electronic medical records	300,000
Cleveland Clinic Foundation, Cleveland, OH for equipment	500,000
Cold Spring Harbor Laboratory, Cold Spring Harbor, NY, for The Women's Cancer Genomics Center	900,000
College Misericodia, Dallas, PA, for construction, renovation, and equipment	200,000
Columbus Children's Research Institute, Columbus, OH, for construction, renovation, and equipment	150,000
Community Blood Center/Community Tissue Services, Dayton, OH, for the DataCentric (RFID and Data Warehousing Project)	700,000
Community Health Access Project, Mansfield, OH, to train community health workers	100,000
Community Health Center of Burlington, Burlington, VT, for equipment	100,000
Community Health Centers in Iowa	3,850,000
Community Health Centers of Arkansas, North Little Rock, AR, for construction, renovation and equipment	450,000
Community Medical Center Healthcare System, Scranton, PA to create and implement comprehensive Information Technology initiatives	250,000
Connie Dwyer Breast Center, Newark, NJ, for equipment	200,000
Cook Children's Medical Center, Fort Worth, TX for construction, renovation and equipment	300,000
Cooper University Hospital, Camden, NJ, for the Neurological Institute	500,000
Copper Queen Hospital, Bisbee, AZ for construction, renovation, and equipment	100,000
County of McKinley, NM for construction and expansion of a dialysis center	1,000,000
County of Riverside, CA, for the Riverside County Regional Medical Center Trauma Center Renovation	250,000
Culpeper Regional Hospital, Culpeper, VA, for construction, renovation, and equipment	100,000
CVPH Medical Center, Plattsburgh, NY, for construction, renovation and equipment	500,000

	Amount
Day Kimball Hospital, Putnam, Connecticut, for equipment	500,000
Deborah Heart and Lung Center, Brown Mills, NJ, for construction, renovation and equipment	250,000
Delaware Valley Community Health, Inc., Philadelphia, PA, for equipment	100,000
Delta Dental of Iowa, Ankeny, IA, for a dental loan repayment program	150,000
DuBois Regional Medical Center, DuBois, PA, for equipment	100,000
East Orange General Hospital, East Orange, NJ, for renovations for the Emergency Room	500,000
East Tennessee State University College of Pharmacy, Johnson City, TN for construction, renovation, and equipment	500,000
Easter Seals Iowa, for construction and enhancement of a health care center	400,000
Ed Roberts Campus in Berkeley, CA	750,000
Edward Waters College, Jacksonville, FL, for training students in HIV, tuberculosis, hypertension, and diabetes outreach	100,000
Elk Regional Health System, St. Marys, PA for equipment	200,000
Elliot Hospital and Visiting Nurse Association Telemedicine Project, Manchester, NH, for telehealth and information technology equipment	200,000
Endless Mountains Health Systems, Montrose, PA, for construction, renovation, and equipment	300,000
Enterprise Valley Medical Clinic, Enterprise, UT, for equipment	100,000
Evangelical Community Hospital, Lewisburg, PA to reduce medical errors with real time risk management	100,000
Excela Health Latrobe Hospital, Latrobe, PA, for construction, renovation, and equipment	250,000
Exempla Saint Joseph's Hospital, Denver, CO, for equipment and operations of a mobile women's clinic	250,000
Fenway Community Health Center, Boston, MA, for construction, renovation and equipment	250,000
Fish River Rural Health, Eagle Lake, ME, for construction, renovation, and equipment of a dental facility	100,000
Fletcher Allen Health Care of Burlington, VT, for construction and equipment	500,000
Forum Health, Youngstown, OH, for equipment	700,000
Fox Chase Cancer Center, Philadelphia, PA, to purchase equipment	600,000
Free Clinic of the Greater Menomonie Area, Inc, Menomonie, WI, for equipment and administration	100,000
Free Clinics of Iowa in Des Moines, to support a network of free clinics	400,000
Freeman Health System, Joplin, MO for construction, renovation, and equipment of a facility in McDonald County, Missouri	500,000
Garden State Cancer Center, Belleville, NJ, for equipment	250,000
Garfield Memorial Hospital, Garfield County, UT for construction, renovation and equipment	200,000
Geisinger Health System, Danville, PA for construction, renovation and equipment	300,000
Generations Inc., Lindenwold, NJ, for construction of Nex Generation Medical Center	300,000
Good Samaritan Health System, Lebanon, PA, for equipment	250,000
Good Samaritan Hospital, Pottsville, PA, for medical outreach	250,000
Good Shepherd Rehabilitation Hospital, Allentown, PA, for equipment	250,000
Grand View Hospital, Sellersville, PA, for construction, renovation, and equipment	250,000
Great Basin College, Elko, NV, for Elko Clinic renovations	350,000
Green River Medical Center, Green River, UT, for equipment	200,000
Greene Care Clinic, Inc., Stanardsville, VA, for rural health outreach	100,000
Gritman Medical Center, Moscow, ID for equipment to implement advanced clinical information systems	100,000
Gundersen Lutheran Hospital, LaCrosse, WI, for equipment	200,000
Hackensack University Medical Center, Hackensack, NJ, for the Ambulatory Adult Cancer Center	200,000
Halifax Regional Health System, South Boston, VA, for electronic medical records	100,000
Hancock County Municipal Government and Wellmont Health System, Sneedville, TN for construction, renovation, and equipment	500,000
Harris County Hospital District, Houston, TX, for the purchase of diabetes equipment	200,000
Hazleton General Hospital, Hazleton, PA, for equipment	250,000
Health Care Foundation of North Mississippi, Tupelo, MS, for the Children's Health Science Education Center	1,000,000
Health Federation of Philadelphia, Philadelphia, PA, for equipment	100,000
Health Work Force Institute, Seattle WA, to develop and implement a diversity recruitment and worker development initiative	500,000
Heartland Partnership, Peoria, IL, for construction of a cancer research laboratory	400,000
Helene Fuld College of Nursing, New York, NY, for construction	350,000
Heritage Valley Health System, Beaver, PA, for construction, renovation, and equipment	100,000
Hilo Medical Center, HI, for a medical robotics training lab	100,000
Holy Cross Hospital, Chicago, IL, for equipment	1,000,000
Holy Name Hospital, Teaneck, NJ, for construction, renovation and equipment	100,000
Holy Names University, Oakland, CA, for renovation and equipment of the nursing school	150,000
Holy Redeemer Health System, Huntingdon Valley, PA, for construction, renovation, and equipment	250,000
Holyoke Hospital, Holyoke, MA, for equipment	220,000
Hospital for Special Surgery, New York, NY, for expansion and modernization of its clinical facilities	500,000
House of Mercy in Des Moines, Iowa, for renovation of the medical clinic	300,000
Humility of Mary Health Partners, Youngstown, OH, for the Electronic Medical Records—Medication Administration Project	500,000

	Amount
Hunter's Hope Foundation, Orchard Park, NY, for equipment in the Krabbe's disease programs	500,000
Huntridge Teen Center, Las Vegas, NV, to purchase dental equipment and coordinate dental care	125,000
Idaho State University, Telehealth Idaho Network, to continue expanding and improving health care access	500,000
Illinois Primary Health Care Association to develop an electronic medical record system	200,000
Independence Square Foundation, Kingston, RI, for construction, renovation, and equipment of health-related facilities	250,000
Indiana University School of Medicine, Indianapolis, IN, for equipment to support the Cancer Center Translational Pathway project	1,250,000
Inova Health System, Falls Church, VA, for construction, renovation, and equipment	100,000
Intermountain Healthcare, Salt Lake City, UT for equipment to implement electronic medical records	500,000
Iowa Caregivers Association for training and support of certified nurse assistants	350,000
Iowa Central Community College, Fort Dodge, IA, for a dental program including equipment	250,000
J.C. Blair Memorial Hospital, Huntingdon, PA, for equipment	200,000
Jackson Laboratory, Research Expansion, Bar Harbor, ME, for construction, renovation, and equipment	290,000
Jackson Medical Mall Foundation, Jackson, MS, for construction, renovation, and equipment	700,000
Jackson State University, Jackson, MS, for the Southern Institute for Mental Health Research and Training	800,000
Jameson Hospital, New Castle, PA, construction, renovation, and equipment	300,000
Jefferson Regional Medical Center, Pittsburgh, PA, for electronic medical records	150,000
Jersey Shore Hospital, Jersey Shore, PA for equipment	100,000
Jewish Renaissance Medical Center, Perth Amboy, NJ, for construction, renovation and equipment	450,000
Johns Hopkins University, Baltimore, MD, for their Critical Event Preparedness and Response program	300,000
Joseph Health Services of Rhode Island, North Providence, RI for equipment	175,000
Kane Community Hospital, Kane, PA for equipment	300,000
Kansas State University, Manhattan, KS for equipment	1,300,000
Kaweah Delta Healthcare District, Visalia, CA, for Neonatal ICU equipment	200,000
Kenosha Community Health Center, Kenosha, WI, for construction, renovation and equipment	300,000
Kent County Visiting Nurses Association (VNA of Care New England), Warwick, RI, for equipment	200,000
Kent State University, Kent, OH, for the Oak Clinic Partnership for equipment	475,000
Keystone Rural Health Center, Camp Hill, PA, for equipment	100,000
Lake Erie Research Institute, Girard, PA, for equipment	100,000
Lakeland Regional Medical Center, Lakeland, FL, for construction, renovation and equipment	500,000
Lancaster Cleft Palate Clinic, Lancaster, PA for construction, renovation and equipment	200,000
Lancaster General Hospital, Lancaster, PA, for construction, renovation, and equipment	200,000
Latrobe Area Hospital, Latrobe, PA for construction, renovation and equipment	200,000
Le Bonheur Children's Medical Center, Memphis, TN for construction, renovation, and equipment	1,000,000
Lebanon College, Lebanon, NH, for construction, renovation, and equipment	500,000
Lehigh Valley Hospital and Health Network, Allentown, PA for equipment	100,000
Lehigh Valley Hospital and Health Network, Allentown, PA, for construction, renovation, and equipment	150,000
LeMoyne-Owen College, Memphis, TN, Community Health Center for construction, renovation, and equipment	400,000
LifeBridge Health of Baltimore, MD, to implement the Computerized Physician Order Entry Initiative	500,000
Lincoln County Health and Human Services Department, Newport, OR for construction, renovation and equipment	100,000
Lourdes Health System, Camden, NJ, for equipment at the Osborn Family Health Center	200,000
Lower Bucks Hospital, Bristol, PA for equipment	200,000
Magee Rehabilitation Hospital, Philadelphia, PA, for equipment	250,000
Magee Women's Research Institute, Pittsburgh, PA, for construction, renovation and expansion	500,000
Magic Valley Regional Medical Center, Twin Falls, ID for equipment	250,000
Main Line Health System, Bryn Mawr, PA, for construction, renovation, and equipment	250,000
Maine Coast Memorial Hospital, Ellsworth, ME for construction, renovation and equipment	190,000
Maine Hospice Council, Inc., Augusta, ME, to establish the Maine Center for End-of-Life Care	100,000
Maine Primary Care Association, Maine Electronic Medical Record Adoption, Augusta, ME, for implementing an electronic medical record network in rural Maine	140,000
Maliheh Free Clinic, Salt Lake City, UT, for equipment	100,000
Marias Medical Center, Shelby, MT for equipment	400,000
Marshall University, WV, for the Bioengineering and Biomanufacturing Institute	2,700,000
Marshall University, WV, for the construction of a patient care and clinical training site in Southwestern West Virginia	6,500,000
Marshall University, WV, for the Virtual Colonoscopy Outreach Program	1,750,000
Mary Scott Nursing Center, Dayton, OH, for construction, renovation, and equipment	400,000
Maryland Hospital Association, for their nursing lattice program	350,000
Mattawa Community Medical Clinic, Mattawa, WA, to complete construction of a new Rural Health Clinic	400,000
Maui Community Health Center, HI, for construction, renovation and equipment	250,000
Maui Economic Development Board, HI, for the Lanai Women's Initiative	100,000
Maury Regional Hospital, Columbia, TN for construction, renovation, and equipment	400,000

	Amount
Meadville Medical Center, Meadville, PA, for construction, renovation, and equipment	250,000
Meharry Medical College, Nashville, TN, for construction, renovation, and equipment	1,000,000
Memorial Hermann Southwest Hospital, Houston, TX, for construction, renovation, and equipment	250,000
Memorial Hospital, York, PA, for construction, renovation, and equipment	250,000
Memphis Bioworks Foundation, Memphis, TN, for construction, renovation, and equipment	500,000
Mercy Health Partners, Scranton, PA, for equipment	250,000
Mercy Health System, Conshohocken, PA, for equipment	250,000
Mercy Housing Inc., Denver, CO, for construction, renovation, and equipment of health care facilities	100,000
Mercy Medical Center, Springfield, MA, for equipment	225,000
Methodist Healthcare System, Houston, TX, for equipment	200,000
MetroHealth System, Cleveland, OH, for construction, renovation, and equipment	350,000
Miami Children's Hospital, Miami, FL for equipment	300,000
Miami University, Oxford, OH, for equipment	400,000
Middle Tennessee State University, Murfreesboro, TN, for construction, renovation, and equipment	500,000
Midtown Community Health Center, Ogden, UT, for equipment	200,000
Minot State University, Minot, ND, for a telehealth wellness program for people with disabilities	200,000
Mississippi Hospital Association, Jackson, MS, for construction, renovation, and equipment	850,000
Mississippi Primary Health Care Association, Jackson, MS, for construction, renovation, and equipment of Community Health Centers	3,200,000
Mississippi Primary Health Care Association, Jackson, MS, for development of the PharmNet South 340B Program	500,000
Mississippi State University, Starkville, MS, for renovation and equipment in support of developing a Program of Excellence in Tissue Engineering and Biomaterials	900,000
Missouri Highlands Health Care, Ellington, MO for construction, renovation and equipment	875,000
Monongahela Valley Hospital, Monongahela, PA for equipment	250,000
Moses Taylor Hospital, Scranton, PA, for equipment	250,000
Mount Sinai Medical Center, Miami Beach, FL, for construction, renovation and equipment	250,000
Mountain State University, Beckley, WV, for the construction of the Allied Health Technology Tower	4,000,000
Mountainlands Community Health Center, Provo, UT for construction, renovation and equipment	150,000
National Center for Genome Resources, Santa Fe, NM for equipment	1,100,000
National Jewish Medical and Research Center, Denver, CO, for construction, renovation, and equipment	100,000
Nebraska Hospital Association Research and Education Foundation in Lincoln, NE for its Nebraska Statewide Telehealth Network Project	200,000
Nevada Rural Hospital Partners in Reno, NV, to expand and improve telemedicine in rural Nevada	450,000
New Hampshire Community Health Centers, Bi-State Primary Care Association, Concord, NH	300,000
New York-Presbyterian Hospital, NY, for cardiac care telemetry equipment	650,000
North Arkansas College, Harrison, AR, for equipment for the North Arkansas Partnership for Health Education	570,000
North Country Children's Clinic, Inc., Watertown, NY, for construction and renovation	500,000
North Dakota State University, Fargo, ND, to expand a statewide telepharmacy project	1,000,000
North Idaho Rural Health Consortium (NIRHC), Bonner General Hospital, Sandpoint, ID, to continue providing and improving distance healthcare access in north Idaho	750,000
Northeast Wisconsin Technical College, Green Bay, WI, to purchase equipment for a mobile clinic	400,000
Northeastern Pennsylvania Technology Institute, Scranton, PA, to connect the eighteen regional hospitals with state and federal medical experts during incident response and recovery	100,000
Northeastern Vermont Regional Hospital, St Johnsbury, VT, for construction, renovation and equipment	750,000
Northern Rockies Medical Center, Cut Bank, MT for equipment	250,000
Northwest Center for the Developmentally Disabled, Seattle, WA, for a portable medical records project	400,000
Northwest Hospital and Medical Center, Seattle, WA, for construction, renovation and equipment	750,000
Norton Community Hospital, Norton, VA, for equipment to implement digitized medical records	200,000
Nova University, Fort Lauderdale, FL, for construction of the Center for Collaborative Biomedical Research	250,000
NYU School of Medicine, NY, NY, for the Basic Research and Imaging Program	900,000
Ohio Valley General Hospital, McKees Rocks, PA for equipment	100,000
Oklahoma State University Center for Health Sciences, Tulsa, OK for equipment	160,000
Orange County, Orlando, FL, for Primary Care Access Network Clinic	100,000
Ottumwa Regional Health Center, Ottumwa, IA, for construction, renovation and equipment	750,000
Oxford Enterprise Center, Oxford, MS, for construction, renovation, and equipment of facilities for health research	1,000,000
Pacific Northwest National Laboratory, Richland, WA, to create a proteomics laboratory for clinical applications	500,000
Paula and Anthony Rich Center for the Study and Treatment of Autism, Youngstown, OH, for equipment	500,000
Penn State Milton S. Hershey Medical Center/College of Medicine, Hershey, PA for rural health outreach	300,000
Penn State University, Milton S. Hershey Medical Center, Hershey, PA, for equipment	700,000
Pennsylvania Homecare Association, Lemoyne, PA, for home tele-health programs serving rural areas	100,000
Pinnacle Health Hospitals, Harrisburg, PA, for equipment	250,000

	Amount
Pioneer Valley Life Sciences Institute, Springfield, MA, for the construction of biomedical research facilities	475,000
Pittsburgh Mercy Health System, Pittsburgh, PA, for construction, renovation, and equipment	250,000
Pocono Medical Center, East Stroudsburg, PA, for construction, renovation, and equipment	450,000
Powell County Medical Center, Deer Lodge, MT for equipment	200,000
Primary Care Association of HI, for construction, renovation, equipment, disability services and outreach at the State's health centers	750,000
Providence Community Health Centers, Providence, RI for construction, renovation and equipment	250,000
Providence Health System of Washington, DBA Providence Alaska Medical Center for family practice residency activities	1,300,000
Rainbow Babies & Children's Hospital, Cleveland, OH, for equipment	700,000
Rapid City Area School District 51/4, Rapid City, SD, for construction, renovation, and equipment of a school-based health clinic	150,000
Reading Hospital and Medical Center, Reading PA for equipment	300,000
Richford Health Center, Inc of Richford, VT, for construction, renovation and equipment	100,000
Riverside Regional Medical Center (RRMC), Newport News, VA, for equipment	100,000
Rochester General Hospital, Rochester, NY, for heart failure equipment and training	250,000
Rockland Community College, Suffern, NY, for new science, allied health and nursing labs	250,000
Rosebud Alcohol Drug Treatment Center, Rosebud, SD, for the construction of a treatment wing	400,000
Rosebud Inter-facility Transport, Rosebud, SD, for purchase of emergency vehicles and equipment	150,000
Rural Health Technology Consortium, Billings, MT to develop a Rural Clinical Information System	700,000
Rural Wisconsin Health Cooperative, Sauk City, WI, to develop electronic health records	225,000
Rutgers, The State University of New Jersey, New Brunswick, for the Rutgers Universtion Mammalian Biology Resource Center	200,000
Sac and Fox Tribe of the Mississippi in Iowa for a Tribal Health Care Clinic	750,000
Sacred Heart Hospital, Allentown, PA, for equipment and renovation	450,000
Saint Croix Regional Family Health Center, East Grand Facility Expansion for Behavioral Health, Danforth, ME, for construction, renovation, and equipment of its Danforth site	195,000
Saint Elizabeth Medical Center, Edgewood, KY for construction, renovation, and equipment	300,000
Saint Elizabeth Medical Center, Utica, NY, for renovation and expansion of the emergency department	350,000
Saint Francis Hospital, Escanaba, MI, for construction, renovation and equipment	250,000
Saint Francis Memorial Hospital, San Francisco, CA, for the Surgery Suite Expansion	200,000
Saint John's Lutheran Ministries, Billings, MT, construction, renovation, and equipment	500,000
Saint Joseph Hospital, Nashua, NH, for development and expansion of the electronic medical record system	500,000
Saint Joseph's Hospital and Medical Center, Phoenix, AZ, for a mobile clinic	350,000
Saint Louis Children's Hospital, Saint Louis, MO for construction, renovation and equipment	1,000,000
Saint Louis University, Saint Louis, MO, for equipment at the Advanced Neurosurgical Innovation Center	1,000,000
Saint Luke's Episcopal Hospital Neuroscience Center, Houston, TX, for equipment	250,000
Saint Luke's Miners Memorial Hospital, Coaldale, PA for equipment	200,000
Saint Luke's Hospital, Allentown, PA for construction, renovation and equipment	250,000
Saint Luke's Regional Medical Center, Boise, ID for equipment	800,000
Saint Mary Medical Center, Langhorne, PA, for construction, renovation, and equipment	100,000
Saint Mary's Good Samaritan, Inc., Mount Vernon, IL for equipment	100,000
Saint Mary's Regional Medical Center, Reno, NV, for construction, renovation and equipment	1,000,000
Saint Patrick Hospital and Health Sciences Center, Missoula, MT for equipment to implement an electronic medical records system	500,000
Saint Peter's Hospital, Helena, MT for construction, renovation and equipment	500,000
Saint Thomas Health Services, Nashville, TN for construction, renovation and equipment	250,000
Saint Vincent Charity Hospital, Cleveland, OH, for construction, renovation, and equipment	100,000
Saint Vincent Healthcare Foundation, Billings, MT for construction, renovation and equipment	2,500,000
Saint Vincent Healthcare, Billings, MT, to create a continuing medical education program	750,000
Saint Vincent Regional Medical Center, New Mexico, for construction, renovation and equipment	1,000,000
Salt Lake Community College, Salt Lake City, UT, for construction, renovation, and equipment	850,000
Salt Lake County Aging Services, Salt Lake County, UT, for construction, renovation, and equipment	100,000
Salud Latina/Latino Health, Chicago, IL, for equipment to monitor the health status and outcomes	100,000
San Luis Valley Regional Medical Center, Alamosa, CO, for the Health Information Technology Project	200,000
Seattle Cancer Care Alliance, Seattle, WA, for the acquisition of a mobile mammography specialty vehicle and for digital imaging equipment	700,000
Sharon Regional Health System, Sharon, PA for equipment	200,000
Shodair Hospital, Helena, MT, for project Cancer Genetics	250,000
Singing River Health System, Gautier, MS, for equipment for the Gulf Coast Emergency Infrastructure Project	150,000
Skagit Valley Hospital, Mount Vernon, WA, for equipment for the Cancer Care Center	200,000
Somerset Hospital, Somerset, PA for equipment	450,000
Southcentral Foundation in Anchorage, AK for equipment at its Primary Care Center	2,000,000

	Amount
Southeast Lancaster Health Services, Inc, Lancaster, PA, for electronic medical records	100,000
Southeast Missouri State University, Cape Girardeau, MO for construction, renovation, and equipment	250,000
Southeastern Ohio Regional Medical Center, Cambridge, OH, for electronic health records	350,000
Southern Ohio Health Services Network, Milford, OH, for equipment and technology infrastructure upgrades	300,000
Spectrum Health Services, Philadelphia, PA for construction, renovation and equipment	100,000
Stamford Hospital, Stamford, Connecticut, for the expansion emergency services department and primary care facilities	150,000
State of New Mexico to improve rural healthcare through telehealth, focused on mental health	750,000
Straub Hospital Burn Center, HI, for health professions training in burn treatment	100,000
Summa Health System, Akron, OH, for construction, renovation, and equipment of the Cancer Center	500,000
SUN Home Health Services, Inc., Northumberland, PA, for facilities and equipment	100,000
Susquehanna Health System, Williamsport, PA, for construction, renovation, and equipment	400,000
SwedishAmerican Health System, Rockford, IL, for construction and equipment for a clinic in Davis Junction	100,000
Swedish Medical Center, Seattle, WA, for the Seattle Neuroscience Institute	750,000
Swift River Health Care, Rumford, ME, for construction, renovation, and equipment	100,000
Swope Health Services, Kansas City, MO, for equipment	250,000
Temple University Health System, Philadelphia, PA, for construction, renovation, and equipment	800,000
Temple University, Philadelphia, PA, for construction, renovation, and equipment at the Temple University School of Medicine's Center for Minority Health	100,000
Tennessee Technological University, Cookeville, TN, for construction, renovation, and equipment	500,000
Texas A&M University, College Station, TX, for equipment	500,000
Texas Children's Hospital, Houston, TX, for Project Medical Home	250,000
Texas Health Institute, Austin, TX, for equipment for an emergency communications demonstration project	200,000
Thomas Jefferson University Hospital, Philadelphia, PA, for construction, renovation, and equipment	450,000
Thomas Jefferson University, Philadelphia, PA, for equipment	500,000
Toledo Children's Hospital, Toledo OH, for construction, renovation, and equipment of the Children's Palliative Care Center	300,000
Trinitas Health Foundation, Elizabeth, NJ, for the Trinitas Hospital Cancer Care Initiative	250,000
Twin City Hospital, Dennison, OH, for equipment	500,000
Tyrone Hospital, Tyrone, PA, for equipment	250,000
UMass Memorial Health Care in Worcester, MA for a high-speed network and Picture Archiving and Communication System	900,000
Uniontown Hospital, Uniontown, PA, for construction, renovation, and equipment of the Chest Pain Center	200,000
University Medical Center, Tucson, AZ for construction, renovation, and equipment	750,000
University of Alabama at Birmingham, AL for construction of Phase II of the Interdisciplinary Sciences Building	10,000,000
University of Alabama, Tuscaloosa, AL for construction of a Health Services Facility	10,000,000
University of Alaska at Anchorage, Anchorage, AK, for its Geriatric and Disabled Care Training Program	250,000
University of Alaska at Fairbanks and University of Alaska at Anchorage, AK, for their program to train Alaska natives for careers in psychology	500,000
University of Arizona, Tucson, AZ, for construction, renovation, and equipment	750,000
University of Arizona, Tucson, AZ, for equipment	850,000
University of Arkansas for Medical Sciences, Little Rock, AR for equipment and renovation of Endovascular Imaging Suite	200,000
University of Delaware, Newark, DE, for the Delaware Biotechnology Institute	400,000
University of Georgia, Coverdell Center for Biomedical Health Sciences, Athens, GA for equipment	125,000
University of Houston System, Houston, TX, for equipment of a DNA laboratory at UH-Victoria	100,000
University of Iowa, Iowa City, IA, for facilities and equipment for a public health laboratory	1,000,000
University of Kansas Medical Center, Kansas City, KS for equipment	300,000
University of Kentucky in Lexington, KY, for the Kentucky Oral Health Initiative	1,000,000
University of Kentucky, Lexington, KY, for construction, renovation, and equipment	1,500,000
University of Louisville in Louisville, KY for construction, renovation and equipment	15,700,000
University of Louisville, Center for Cardiovascular Care, Louisville, KY, for construction, renovation and equipment	3,200,000
University of Maryland at Baltimore, to establish a Institute for Nurse Educators	750,000
University of Miami, FL, Miller School of Medicine, for the Center for Patient Safety	500,000
University of Minnesota, Minneapolis, MN for construction, renovation and equipment at the Muscular Dystrophy Center	150,000
University of Mississippi Medical Center, Jackson, MS, for development, construction, renovation, and equipment of the National Biomedical Research Imaging Center	2,800,000
University of Mississippi Medical Center, School of Dentistry, Jackson, MS	500,000

	Amount
University of Mississippi, Oxford, MS, Center for Thermal Pharmaceutical Processing, for construction, renovation, and equipment	900,000
University of Mississippi, Oxford, MS, for construction, renovation, and equipment at the National Center for Natural Products Research	7,900,000
University of Mississippi, Oxford, MS, for construction, renovation, and equipment of a School of Pharmacy facility	2,900,000
University of Missouri-Kansas City, Kansas City, MO, for construction, renovation, and equipment	1,000,000
University of Nebraska Medical Center, to construct a cancer research floor	1,000,000
University of Nevada-Reno, Reno, NV, for construction and equipping of the biomedical research building	1,000,000
University of New Mexico, Albuquerque, NM, for construction, renovation, and equipment	8,296,000
University of North Dakota School of Medicine and Health Services, Grand Forks, ND, for construction of a forensic facility	300,000
University of North Dakota School of Medicine, Center for Rural Health and Medicine, Grand Forks, ND, to identify and address the health needs of elderly rural residents	500,000
University of North Dakota, for the Indians Into Medicine program	350,000
University of North Texas, Denton, TX, for equipment for the Center for Computational Epidemiology	500,000
University of Pennsylvania, Philadelphia, PA, for construction, renovation, and equipment	800,000
University of Pittsburgh Cancer Institute, Pittsburgh, PA, for equipment	800,000
University of Pittsburgh, Pittsburgh, PA, for equipment to address rare diseases	500,000
University of South Alabama, Cancer Research Institute, Mobile, AL for equipment	1,400,000
University of South Dakota Department of Dental Hygiene, Vermillion, SD, for purchase of dental clinic equipment	140,000
University of South Dakota School of Medicine, Vermillion, SD, for the construction of the medical school	1,000,000
University of Southern Maine, Portland, ME, for construction, renovation, and equipment	400,000
University of Southern Mississippi Research Foundation, Hattiesburg, MS, for equipment	450,000
University of Tennessee Health Science Center, Memphis, TN for construction, renovation, and equipment	400,000
University of Tennessee Medical Center Knoxville, TN for equipment	250,000
University of Texas MD Anderson Cancer Center, Houston, TX, for equipment	500,000
University of Texas Medical Branch in Galveston, Galveston, TX, to expand telehealth capabilities	100,000
University of Texas Medical Branch, Galveston, TX, for equipment	600,000
University of Wisconsin-Oshkosh Foundation, Oshkosh,WI, for equipment	150,000
University of Wisconsin-Superior, Superior, WI, for construction and equipment	200,000
Utah Navajo Health Systems Inc, Montezuma Creek, UT for equipment	100,000
Valley-Wide Health Systems, Durango, CO, for construction, renovation and equipment	100,000
Vanderbilt University Medical Center, Nashville, TN, for the Nurses for Newborns of Tennessee program	250,000
Vannie E. Cook, Jr. Cancer Foundation, Baylor College of Medicine, Houston, TX, for construction, renovation and equipment	300,000
Vantage Health Care Network, Meadville, PA, for elderly-care professional training programs	100,000
Venice Family Clinic, Venice, CA, for renovations and equipment at the Pico Health Center	200,000
Vermont Association of Hospitals and Health Systems of Montpelier, VT, for health information technology	400,000
Virginia Commonwealth University (VCU) Massey Cancer Center, Richmond, VA, for construction, renovation, and equipment	100,000
Visiting Nurse Association of Omaha Nebraska, for Omaha's CareWatch program for the chronically ill	300,000
Visiting Nurses Association of Greater Philadelphia, Philadelphia, PA for equipment, training and outreach	100,000
Visiting Nurses Association of Manchester and Southern New Hampshire, for an electronic medical record project	300,000
Washington Hospital, Washington, PA for construction, renovation and equipment	300,000
Washington State University, College of Nursing, Spokane, WA, for construction and equipment for medical school nursing facility	1,500,000
Wayne Community Health Centers, Inc., Bicknell, UT, for equipment	100,000
Wayne Memorial Hospital, Honesdale, PA for construction, renovation and equipment	100,000
Welcome House, Inc., OH, for the Eldercare/MRDD Project and construction, renovation, and equipment	500,000
Wellspan Health, York, PA, for disease management services	250,000
Wentworth-Douglass Hospital, Dover, NH for equipment to implement electronic medical records	500,000
Wesley College, Dover, DE, for the expansion of the nursing program	700,000
West Pennsylvania Allegheny Health System, Pittsburgh, PA for equipment	200,000
West Virginia University for the construction and equipping of medical simulation research and training centers in Morgantown, Charleston and Martinsburg	3,500,000
West Virginia University for the construction of a Multiple Sclerosis Center	4,500,000
Westerly Hospital, Westerly, RI, for construction and renovation	500,000
Western Pennsylvania Hospital, Pittsburgh, PA, for equipment	100,000
Wetzel County Hospital, WV, for the expansion and remolding of the Emergency Department	1,000,000

	Amount
Wexner Heritage Village, Columbus, OH, for the Larry and Leonore Zusman Jewish Community Hospice for renovation and equipment	170,000
Wheaton Franciscan Health Care -Southeast Wisconsin, Inc., for equipment	200,000
Wilcox Health Center, Warwick, RI, for construction, renovation, and equipment	250,000
Wills Eye Hospital, Philadelphia, PA, for construction, renovation, and equipment	500,000
Wisconsin Primary Health Care Association, Madison, WI, for an electronic medical records system	225,000
Wistar Institute, Philadelphia, PA, for construction, renovation, and equipment	100,000
Wolfson Children's Hospital, Jacksonville, FL, for equipment	250,000
Women and Infants Hospital, Providence, RI for construction, renovation and equipment	200,000
Women's Care Center of Erie County, Inc., Erie, PA, for health outreach	100,000
Wyoming Dental Association, Casper, WY, to track, train, and recruit needed oral health care providers	200,000
Wyoming Department of Health, Office of Telemedicine, Cheyenne, WY, to support the Wyoming Network for Telehealth (WyNETTE) program	1,800,000
Wyoming Valley Health Care System, Wilkes Barre, PA, for equipment	250,000
Xavier University, New Orleans, LA, for construction of a biotechnology and pharmacology building	500,000
Youth for Tomorrow, Inc, Bristow, VA, for construction, renovation, and equipment of a clinical facility	200,000

The Committee intends that these funds be disbursed as direct subsidy payments. The Committee directs HRSA to develop this program with appropriate safeguards to assure compliance by recipients with the intended uses of these funds and with other applicable requirements, such as civil rights statutes and the National Historic Preservation Act. Further, the Committee intends that when these funds are used for purchase, construction or major alteration of real property or the purchase of equipment, the Federal interest in the property will last for a period of 5 years following the completion of the project or until such time that the Government is compensated for its proportionate interest in the property if the property use changes or the property is transferred or sold, whichever time period is less. At the conclusion of that time period, the Federal Interest in that property shall be terminated.

The Committee has included bill language to terminate after 5 years the Federal interest in buildings and equipment funded in this line item. The Committee is aware of situations in which HRSA has had to track obsolete pieces of equipment, such as old medical equipment, for years after the useful life of the equipment has ended. The Committee is also aware of situations in which HRSA has had to track Federal interest of less than 2 percent of total value of a building for years after the completion of construction. The bill language should alleviate these unintended consequences of the grant process.

Telehealth

The Committee provides $6,819,000 for telehealth activities. The fiscal year 2006 comparable level was $6,814,000 and the budget request for fiscal year 2007 was $6,819,000. The telehealth program funded through the Office for the Advancement of Telehealth promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and distance education for health professionals.

Telehealth is an innovation that promises greater access and higher quality health care with reduced costs. The practice of telemedicine, however, has been under-utilized and under-funded despite numerous studies praising the ability of telehealth to deliver care to individuals in remote and underserved areas. The adoption of telehealth has been hampered by legal, financial, and regulatory

barriers. The Committee intends that HRSA continue to carry out programs and expand support for activities authorized under the Health Care Safety Net Amendments as initiated in the Fiscal Year 2006 Labor, Health & Human Services, and Education Appropriations Act, including telehealth resource centers, network grants, demonstration or pilot projects for telehomecare, and programs under which health licensing boards or various States cooperate to develop and implement policies that will reduce statutory and regulatory barriers to telehealth. The Committee intends that HRSA place a high priority on the needs of rural States with populations of less than 1,500,000 individuals in the award and geographical placement of new telehealth resource grants.

Program Management

The Committee provides $144,432,000 for program management activities for fiscal year 2007. The fiscal year 2006 comparable level was $144,432,000 and the budget request for fiscal year 2007 was $141,071,000. The Committee has included $2,000,000 to continue the dental workforce programs authorized in section 340G of the Public Health Service Act.

The Committee is pleased that the Mathematica evaluation of the HRSA clinical pharmacy demonstration projects proved valuable to patients, health centers, and colleges and schools of pharmacy. The Committee requests that HRSA submit a report to the Chairmen of the Senate Committee on Appropriations, Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies, and the Senate Committee on Health, Education, Labor, and Pensions making recommendations on similar improvements that might be made to all HRSA programs in which medications play an integral role in patient care, such as health centers and Ryan White programs. The Committee expects HRSA to collaborate with external organizations such as the American Association of Colleges of Pharmacy, the National Association of Community Health Centers, and members of the 340B Coalition to develop the recommendations that should include options for financing clinical pharmacy services in HRSA supported programs, cost of such financing, and opportunities for maintaining and building upon the relationships with colleges and schools of pharmacy.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee provides $1,000,000 to liquidate obligations from loans guaranteed before 1992. The fiscal year 2006 comparable level was $4,000,000 and the budget request for fiscal year 2007 was $1,000,000. For administration of the HEAL Program including the Office of Default Reduction, the Committee provides $2,887,000. The fiscal year 2006 comparable level was $2,885,000 and the budget request for fiscal year 2007 was $2,887,000.

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.

NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The Committee provides that $66,366,000 be released from the vaccine injury compensation trust fund in fiscal year 2007, of which $3,564,000 is for administrative costs. The total fiscal year 2006 comparable level was $64,534,000 and the total budget request for fiscal year 2007 was $66,366,000.

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, 2006 [1]	$6,087,183,000
Budget estimate, 2007	6,099,052,000
House allowance	6,173,368,000
Committee recommendation	6,195,765,000

Excludes $293,000,000 in emergency supplemental appropriations pursuant to Public Laws 109–13, 109–148, and 109–234.

The Committee provides a program level of $6,195,765,000 for the Centers for Disease Control and Prevention [CDC]. The Committee recommendation includes $6,095,900,000 in budget authority and an additional $99,865,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2006 comparable program level was $6,380,183,000 and the program level budget request for fiscal year 2007 was $6,099,052,000.

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; assure the Nation's preparedness for emerging infectious diseases and potential pandemics; 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. All comparisons to fiscal year 2006 and the fiscal year 2007 budget request account for various reprogrammings and rescissions. These are not reflected in the table at the back of this report.

INFECTIOUS DISEASES

The Committee recommends $1,726,237,000 for infectious disease related programs at the CDC. The fiscal year 2006 comparable level was $1,692,058,000 and the comparable budget request level for fiscal year 2007 was $1,777,099,000. The Committee recommendation includes $12,794,000 in transfers available under section 241 of the Public Health Services Act.

The Coordinating Center for Infectious Diseases includes the National Center for Infectious Diseases, the National Center for STD, TB, and HIV Prevention, and the National Immunization Program.

Infectious Diseases Control

The Committee has provided $266,366,000 for infectious diseases preparedness and control activities. The Committee intends that all infectious disease control activities be funded at least at the level of the administration's request and that the additional funds be used to address emerging issues as determined by CDC.

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 diseases and pandemics. With the exceptions noted below, the Committee has provided funding at the level of the fiscal year 2007 request.

Chronic Fatigue Syndrome.—With the full restoration of $12,900,000 to the Chronic Fatigue Syndrome [CFS] research program in response to a report from the Inspector General dated May 12, 1999, the Committee commends CDC for developing a comprehensive CFS program that now leads CFS research efforts worldwide. The Committee is encouraged by the commitment of the CFS research team and the exciting progress it is making in understanding the pathophysiology of CFS. The Committee encourages CDC to provide sufficient resources to sustain this leadership and to protect the progress made and has provided an additional $1,000,000 over the budget request level to aid these efforts. The Committee is also concerned that the CDC restructuring not undermine this momentum. The Committee requests a report by May 1, 2007 that outlines how the restored funding was used and how the CDC restructuring will affect CFS research. The Committee commends CDC on the joint CDC/CFIDS Association of America national public education and awareness campaign. The Committee is disappointed by the postponement of the campaign and expects CDC to expedite the campaign and ensure that the intent and objectives of the overall campaign, as originally envisioned, are achieved.

The Committee understands that emerging evidence indicates that human herpesvirus 6A and Epstein-Barr virus may play a role in CFS. The Committee encourages CDC to investigate the role that these viruses may play, including as possible causative agents.

Emerging Infectious Diseases.—The Committee provides $130,000,000 for all other emerging infectious diseases. This increase will provide sufficient resources to expand laboratory capacity, research and support for detecting and characterizing influenza and other pathogens that would likely be in the differential diagnosis of patients with febrile illnesses.

Hepatitis.—The Committee continues to be concerned that more than many of the people infected with hepatitis C are unaware of their condition. The Committee encourages CDC to collaborate with national voluntary health organizations to raise awareness of appropriate screening and medical follow up of target populations. The Committee is also aware of increasing rates of hepatitis A and B infections among select adult populations, as well as the alarming rate of individuals co-infected with both hepatitis C and HIV. The Committee encourages CDC to aid hepatitis screening initia-

tives in the States; help establish guidelines and recommendations for preemptive programs; consider focusing on education and awareness programs targeted at specific populations where there is a high prevalence of hepatitis B and where therapeutic interventions are increasingly effective; and implement the National Hepatitis C Prevention Strategy to address the emerging threat of hepatitis C. In addition, the Committee strongly urges CDC to collaborate with the Health Resources and Services Administration to implement improved HCV screening programs for HIV-infected individuals served by HRSA programs.

Pandemic Influenza.—The Committee has provided $24,659,000, an increase of $22,000,000 over the fiscal year 2006 level. The Committee anticipates that these funds will be used to develop a diagnostic reagent stockpile and a library of pandemic reference strains.

Prevention Epicenter Program.—The Committee applauds CDC's support for the Prevention Epicenter Program and has provided sufficient resources to continue this program to address patient safety issues.

HIV, STD, and TB Prevention

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 yet vaccine preventable and must be controlled and prevented by identifying, diagnosing, and treating infected persons; provision of confidential, culturally competent counseling to identify and reach those who have been exposed to infection and who may not know it; and individual and population level health promotion to reduce high risk behaviors. With the exceptions noted below, the Committee has provided funding at the level of the fiscal year 2007 request.

HIV/AIDS Initiative.—The Committee is strongly supportive of the HIV/AIDS initiative described in the budget request, and has included an increase of $19,176,000 over the fiscal year 2006 level for CDC's HIV/AIDS-related activities. Within that increase, $4,551,000 above the fiscal year 2006 level is for National, Regional, and other organizations. Although approximately 1 million Americans have been infected with HIV, approximately 25 percent are unaware of their infection. This results in increased spread of the disease, as persons who are aware of their infection are more likely to modify their behaviors to avoid transmission to others. The increase provided by the Committee should be used to increase testing in medical settings, make voluntary testing a routine part of medical care, and create new testing guidelines, models, and best practices. The Committee notes that quick HIV tests that can provide results in less than an hour are a critical component of the initiative. The Committee has supported bulk purchases of HIV quick tests for distribution to providers, and—as a result of the

provided increase—expects an increase in the number of tests distributed to grantees.

Infertility Prevention.—The Committee notes that there are multiple causes for infertility including ovulatory and hormonal disorders, blocked fallopian tubes, endometriosis and cervical problems among women and poor sperm quality, motility and count among men. There are also recognized risk factors that contribute to these causes in addition to sexually transmitted diseases, which has been the primary focus of CDC's education on infertility risks. These factors include delayed child bearing, smoking, low or excessive body weight and other chronic conditions, exposures to hazardous environmental toxins and contaminants, drug and alcohol abuse, diabetes, cancer and, particularly for men, exposure to high temperatures. The Committee encourages CDC to consider expanding the scope of this program and provide greater support to public education on the risks to fertility.

Oral Fluid Rapid HIV Tests.—The Committee commends the Department for the domestic HIV/AIDS testing initiative for increased testing among high risk populations. The Committee is supportive of CDC's use of the oral fluid rapid HIV test in its HIV/AIDS activities and strongly encourages CDC to move forward as quickly as possible with the bulk purchase of additional tests to supply CDC grantees with an adequate and ongoing inventory. The Committee recognizes the economy and efficiency of CDC's bulk purchase of oral fluid rapid HIV kits for distribution to CDC funded sites, and has provided funding within the domestic HIV/AIDS testing initiative to continue and expand this activity.

Tuberculosis.—The Committee is pleased with the efforts of the tuberculosis control program, which has reduced the number of new tuberculosis cases for the past 10 years. However, the number of new tuberculosis cases in foreign-born individuals in the United States remains a concern. Although tuberculosis rates have been falling, the Committee is aware that similar low rates have been achieved in the past only to see a reemergence of the disease due to inadequate control efforts. In the end, any savings achieved during that period were more than used to again gain control of the incidence of the disease. The Committee has provided sufficient resources to maintain the fiscal year 2006 level of funding for tuberculosis control efforts and to prevent a similar reemergence.

The Committee understands that TB is an enormous health crisis in the developing world, killing 2 million people every year. Despite the development of effective treatments against TB 50 years ago, there have never been more people infected with the disease in the history of the world. The Committee encourages CDC to continue and, if possible, expand the existing TB vaccine research cooperative agreement.

The Committee understands that the CDC is planning a new initiative called the Intensified Support and Activities to Accelerate Control [ISAAC]. ISAAC plans call for targeting TB in African Americans and along the U.S./Mexico border, universal genotyping of all culture positive TB cases, and expanding clinical trials and development of new tools for the diagnosis and treatment of TB. The Committee encourages the CDC to implement ISSAC to accelerate the control and elimination of TB.

In fiscal year 2006, the Committee encouraged the CDC in the Senate report to make available funds to States suffering from TB cases among recently-arrived Hmong. The Committee understands the CDC and Department of State still have not adequately contained the TB outbreak in the Thailand refugee camp and serious TB control problems have recently become apparent, including long delays in lab testing and an absence of oversight of complicated multi-drug resistant TB cases. As a result, TB importation with Hmong newcomers has continued through December 2005. The Committee again encourages additional funding through CDC's cooperative agreements to help States respond to the TB epidemic among this population. The Committee recognizes the importance of Transitional and Medical Services funding under the Refugee and Entrant Assistance Program to specifically target the TB medical care needs of this population.

Immunization

The Committee recommends $479,303,000 for the program authorized under section 317 of the Public Health Service Act. The fiscal year 2006 comparable level was $504,406,000 and the budget request for fiscal year 2007 was $492,551,000. The Committee recommendation includes $12,794,000 in transfers available under section 241 of the Public Health Service Act.

The Omnibus Reconciliation Act of 1993 established a 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.

The President's Budget proposes a shift of $100,000,000 in funding for vaccine purchase from the discretionary section 317 program to the mandatory Vaccines for Children Program. The Committee is opposed to the proposed $100,000,000 funding shift, which is contingent on a change in authorizing legislation that has not yet occurred.

Immunization project grants are awarded to all 50 States, six cities and eight current or former territories for planning, developing, and conducting childhood immunization programs including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for State and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines.

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. 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 40,000 U.S. adults each year die of influenza, pneumococcal infections and hepatitis B. CDC is addressing these obstacles to the greatest extent possible and continues to pro-

vide leadership to reduce disability and death resulting from diseases that can be prevented through vaccination.

Vaccines protect not only the individual vaccinated, but the community as well. When high levels of vaccination are achieved, disease transmission is reduced and children too young for vaccination, children with compromised immune systems, and children who cannot receive vaccines for medical reasons are indirectly protected because they are not exposed to disease. Clusters of under and non-immunized children in communities are at danger for developing vaccine-preventable diseases. In addition, such children can become a reservoir of infection disseminating disease to all communities. Federal support for removing financial barriers to vaccination has included the Vaccines for Children Program for uninsured children and the 317 immunization grants that provide eligibility for all children, adolescents, and adults.

The Committee is concerned that failure to increase 317 immunization grant support to cover newly recommended vaccines to prevent pneumonia, meningitis, whooping cough, influenza, hepatitis A, and rotavirus will create a group of children, adolescents and adults in most communities in this country who are unvaccinated. Spread of mumps recently into and then out of Iowa and other neighboring states highlights the problem of dissemination of infectious diseases when they are introduced into a community. The Committee is aware that prior to 2000 and the introduction of new vaccines such as pneumococal vaccine that the 317 immunization program was adequately assuring that children traditionally dependent on the public sector for support but who were not eligible for the Vaccines for Children Program could receive needed vaccines. In 1999, the 317 immunization program allowed 747,000 children to receive the full immunization schedule. Since that date, there has been a growing gap where the 317 program is lagging in support relative to the VFC program. In 2006, the 317 program was only able to support an estimated 280,000 children due to lack of funding.

Therefore, the Committee requests CDC to provide a report by March 1, 2007, that provides information on how much funding would be needed in fiscal year 2008 to cover the same relative proportion of eligible children, adolescents and adults under the section 317 program as was provided in previous years. The report should include information on the cost of adding each new vaccine recommended for routine vaccination of children and adolescents by the Advisory Committee on Immunization Practices since 1999, and annual data on State coverage rates for new vaccines. The report should address the barriers and time lag related to implementation of new vaccines, including data on two-tiered States that are unable to offer all recommended vaccines to all children due to insufficient funding. The report should also include 5-year historical data on section 317 operations infrastructure funding for childhood, adolescent and adult immunization programs, and present information on the ongoing and emerging needs to support provider and public education on new vaccines, investigate disease outbreaks, identify and address barriers to immunization, and other activities relative to the current funding level. Finally, the report should in-

clude 10-year historical data on the percentage of childhood, adolescent and adult immunization covered by funding source.

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

Vaccine Tracking.—The Committee is pleased by CDC's development of the Surveillance, Preparedness, Awareness and Response System and has included sufficient resources to continue this program at the level of the budget request. In light of vaccine shortages that have occurred over the past several flu seasons, the Committee understands that this system could serve as a valuable surveillance and tracking system for private and public sector inventory levels of vaccine.

HEALTH PROMOTION

The Coordinating Center for Health Promotion includes the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Birth Defects and Developmental Disabilities.

The Committee recommends $967,671,000 for Health Promotion-related activities at the CDC. The fiscal year 2006 comparable level was $957,973,000 and the budget request for fiscal year 2007 was $924,439,000.

The Committee recognizes the important role national non-governmental health organizations play in increasing the awareness of chronic disease prevention and birth defects and development disabilities issues. Therefore, the Committee has included $5,000,000 to allow for the award of projects to support the dissemination of information on the condition or disease and effective public health interventions or to conduct public and professional health awareness and education efforts. Using a competitive review process, each project should be awarded for a 4-year, non-renewable project period and should not exceed $1,500,000 per year.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2006: $5,762,000 to expand heart disease and stroke-related activities; $2,237,000 to expand diabetes-related activities; $5,266,000, to expand cancer prevention and control activities; $830,000 to expand tobacco-related activities; and $2,930,000 for nutrition phys-

ical activity and obesity. With the exceptions noted, the Committee has provided funding at the level of the fiscal year 2007 request

Chronic diseases have had a profound human and economic toll on our Nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, and various neurological conditions such as epilepsy. These and other chronic diseases now account for nearly 70 percent of all healthcare 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.

Alzheimer's Disease and Healthy Aging.—The Committee is aware that studies have found lifestyle measures taken to improve physical health may also help protect brain health and lower risks of Alzheimer's disease and related disorders. Epidemiological research reveals that individuals taking anti-inflammatory drugs to treat conditions such as arthritis have a lower-than-expected occurrence of Alzheimer's; other studies appear to link known risk factors for diabetes and heart disease to risk factors for Alzheimer's and dementia. In light of this evidence, 2 years ago Congress launched a CDC brain health initiative, in collaboration with the Alzheimer's Association, to promote greater public awareness and communication, specific public health interventions and more prevention research. In light of the continuing threat Alzheimer's presents to a growing number of Americans, the Committee has provided sufficient resources to continue this important initiative at the same level of funding as was provided in fiscal year 2006.

Amyotrophic Lateral Sclerosis.—The Committee is pleased that the CDC is beginning to gather data for a nationwide ALS registry that will estimate the incidence and prevalence of the disease, promote a better understanding of the disease, and provide data that will be useful for research on improving disease management and developing standards of care. The Committee has provided sufficient funding to continue to develop a national ALS Registry.

Assay Standardization.—The Committee commends the CDC for its efforts to standardize assays that are essential for research on the causes and prevention of type 1 diabetes. Standardized methods to measure diabetes autoantibodies improve the prediction of disease risk in vulnerable individuals, enable direct comparisons of new therapies in clinical trials, and facilitate the exchange of data within the research community. The CDC is encouraged to expedite development of a standard assay for C-peptide, which the Committee is aware may serve as a biomarker and reduce the length of clinical trials for new drugs to prevent or reverse type 1 diabetes.

Cancer Prevention and Control.—The Committee is strongly supportive of the CDC cancer programs focused on awareness, education, and early detection and has included a significant increase for these programs.

Within the amounts provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2006: $5,145,000 to expand comprehensive cancer activities and $121,000 to expand activities related to the Cancer Survi-

vorship Resource Center Program. All other cancer activities are funded at the fiscal year 2006 level.

Cancer Survivorship Resource Center.—The Committee supports the ongoing partnership between CDC and the Lance Armstrong Foundation to address the needs of the approximately 10 million cancer survivors. The Committee is particularly supportive of efforts to provide comprehensive services to cancer patients and survivors.

Cerebral Palsy.—The Committee encourages the CDC to consider establishing cerebral palsy surveillance and epidemiology sites that would use methodology developed in the Metropolitan Atlanta Developmental Disabilities Study and the Metropolitan Atlanta Developmental Disabilities Surveillance Program, with the addition of sophisticated imaging techniques, genetics and clinical evaluations.

Chronic Kidney Disease.—Twenty million Americans have chronic kidney disease [CKD], and another 20 million are at risk of developing the disease. Individuals with diabetes or hypertension have especially high vulnerability. Kidney disease is the ninth leading cause of death in the United States, and death by cardiovascular disease is 10 to 30 times higher in kidney dialysis patients than in the general population. The number of individuals with end stage renal disease [ESRD], irreversible kidney failure requiring either dialysis or a transplant to remain alive, is expected to increase from 372,000 patients in 2000 to over 712,000 by 2015.

In fiscal year 2006, the Committee initiated a Chronic Kidney Disease program at CDC to address this growing health issue. The Committee is pleased with the progress CDC is making to implement a Chronic Kidney Disease program. The Committee has included $1,000,000 to continue development and implementation of a public health strategy for chronic kidney disease. Second year activities will continue planning for capacity and infrastructure at CDC for a kidney disease epidemiology, research and outcomes program and to institute a CKD surveillance system. Funding may also support State-based, culturally appropriate, community demonstration projects for CKD detection and treatment.

Chronic Obstructive Pulmonary Disease.—Chronic obstructive pulmonary disease [COPD] is the fourth leading cause of death in the United States and the only one of the top 10 causes of death that is on the increase. The Committee encourages the CDC to expand its data collection efforts on COPD. Specifically, the Committee encourages the CDC to include questions on COPD in the National Health and Nutrition Examination Survey, the National Health Interview Study and the Behavioral Risk Factor Surveillance Survey that asks about COPD by name.

Delta Health Intervention.—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 CDC's expertise in implementing research and programs to prevent the leading causes of death and disability. The Committee is aware that CDC has been conducting a background community assessment of health and related social and environmental conditions in the delta in partnership with the Delta Health Alliance. The Committee has provided $3,000,000, within the Heart Disease and Stroke program, for CDC to continue and

expand this partnership to develop and implement a long-range health intervention plan that has the goal of breaking the cycle of poor health in the Mississippi Delta region.

Diabetes.—Diabetes is now the sixth leading cause of death in the United States. Approximately 14.6 million Americans have diabetes, and an estimated 6.2 million people are undiagnosed and therefore untreated.

The collateral health effects of diabetes can be devastating, often causing cause heart disease, stroke, blindness, kidney failure, pregnancy complications, amputations of the leg, foot, and toe, as well as deaths related to flu and pneumonia. Known preventive measures can reduce the impact of diabetes, but these preventions are not currently practiced universally. Therefore public awareness campaigns must be promoted to reach the general population so that at-risk individuals are encouraged to take appropriate measures to identify the stage of their diabetes and take action to prevent or slow the progression of their disease. A goal of the CDC is to increase the percentage of individuals with diabetes who receive annual eye and foot exams, and at least two A1C measures per year.

It is estimated that maintaining a certain blood glucose level (A1C target of 7 or below) would reduce complications of diabetes. The Committee encourages CDC to consider establishing national public-private partnerships to leverage Federal resources with private-sector contributions to expand the National Diabetes Education Program and augment public awareness campaigns to encourage individuals with diabetes to be tested and know their A1C levels so that they can take appropriate action to control their condition.

The Committee is concerned about the adverse health toll that the twin epidemics of diabetes and obesity are taking across the Nation. An informed and culturally sensitive response is urgently needed to address this escalating epidemic. The Committee encourages CDC to fund projects of national and community organizations that have the capacity to carry out coordinated health promotion programs that will focus on diabetes and obesity in the general population and across minority communities. The Committee further encourages CDC to identify potential grantee organizations directed by and serving individuals from communities with disproportionate diabetes and obesity rates.

The high incidence of diabetes among Native American, Native Alaskan, and Native Hawaiian populations persists. The Committee is pleased with the 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 health centers. The Committee encourages CDC to build on all its historical efforts in this regard.

Diabetic Kidney Disease.—The Committee strongly encourages the CDC to work closely with the National Institute of Diabetes, Digestive and Kidney Diseases to ensure that the biosamples and data from the Genetics of Kidneys in Diabetes collection are made available to the research community in a timely and efficient manner.

Epilepsy.—The Committee supports the CDC epilepsy program and its partnership with the Epilepsy Foundation. This program is conducting research, epidemiology and surveillance, early detection, improved treatment, public education and expansion of interventions to support people with epilepsy and their families in their communities. The Committee has provided sufficient resources to continue this partnership.

Food Allergy and Anaphylaxis Information.—The Committee encourages CDC to create a National Information Center on Food Allergy and Anaphylaxis. Food allergy is a growing public health and food safety concern in the United States. Twelve million Americans—including 3 million children—suffer from food allergies and the incidence is increasing. Because there is no cure, avoidance of the allergen is the only way to prevent reactions. Food allergy is the leading cause of anaphylaxis (a severe, potentially life-threatening allergic reaction) outside the hospital setting causing an estimated 30,000 emergency room visits and 150 to 200 deaths annually, virtually all of which can be prevented with proper education. The Committee encourages the CDC to create a Center that will provide guidance to the public and health care professionals about how to avoid products with allergy-causing ingredients and how to respond to potentially life-threatening reactions to food allergens. The Committee encourages CDC to partner with a national nonprofit organization with a proven track record in developing and providing general information, educational materials, and training support to the public, health care providers, educators, Government agencies and food and restaurant industry leaders regarding the primary and secondary prevention of allergic reactions to food.

Glaucoma and Other Vision Disorders.—Despite the fact that half of all blindness can be prevented through education, early detection, and treatment, it is estimated that the number of blind and visually impaired people will double by 2030 if nothing is done to curb vision problems. 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 sufficient resources to maintain at least the fiscal year 2006 level for vision screening and education programs in partnership with national voluntary health agencies and for CDC to continue to develop a national vision screening and education program. In addition, the Committee has again included sufficient resources to maintain at least the fiscal year 2006 level of funding for a model project that is testing and evaluating the efficacy of glaucoma screening using mobile units.

Heart Disease and Stroke.—The Committee commends the CDC for creating a Division of Heart Disease and Stroke Prevention to consolidate and elevate efforts to prevent and control heart disease, stroke, and other cardiovascular diseases. Given that cardiovascular diseases remain the No. 1 killer in every State, the Committee continues to support the goal of providing funding for basic

implementation of a State Heart Disease and Stroke Prevention Program in each State. The Committee has provided sufficient funding to maintain the Paul Coverdell National Acute Stroke Registry, and initiate the development of a State-based cardiac arrest registry.

Inflammatory Bowel Disease.—The Committee understands that up to 1.4 million people in the United States may suffer from Crohn's disease or ulcerative colitis, collectively known as inflammatory bowel disease [IBD]. In fiscal year 2006, the Committee provided funds for CDC to expand a national IBD epidemiology program in partnership with the Crohn's and Colitis Foundation of America. For fiscal year 2007, the Committee has included funding to continue this important initiative.

Interstitial Cystitis.—The Committee is pleased by the establishment of a cooperative agreement between the CDC and the Interstitial Cystitis Association and has included funds to continue the public and professional education initiative regarding interstitial cystitis.

Liver Wellness.—The Committee continues to be concerned about the prevalence of hepatitis and encourages CDC, particularly the Division of Adolescent and School Health, to work with voluntary health organizations to promote liver wellness with increased attention toward childhood education and prevention.

Lung Disease.—The Committee encourages the CDC to consider supporting efforts to validate the importance of spirometry screenings in early detection of lung disease. Such efforts include further research and development of projects to facilitate the translation of new scientific knowledge into spirometry public health screening programs. The Committee urges the CDC to continue to coordinate with the National Heart, Lung, and Blood Institute in translating the results of these efforts into guidance for public health programs, including vital signs and screening programs.

Lupus.—The Committee recognizes that lupus is a serious, complex, debilitating chronic autoimmune disease that can cause inflammation and tissue damage to virtually any organ system in the body and impacts between 1.5 and 2 million individuals. The Committee is concerned by the lack of reliable epidemiological data on the incidence and prevalence of all forms of lupus among various ethnic and racial groups. The Committee has included sufficient resources to continue CDC's lupus-related activities.

Mind-Body Research.—The Committee continues to support mind-body research and has provided sufficient funding to continue these efforts in the same form as in fiscal year 2006.

Needlesticks.—The Committee is concerned about the high incidence of percutaneous injuries caused by accidental needlesticks particularly among the diabetic population because of secondary complications that inhibit their sense of feel. Data indicating that many people who administer insulin on their own do not properly discard contaminated syringes is troubling. Safe needle disposal is a practice that should be encouraged through diabetic self-management training to prevent injuries from accidental needlesticks. Moreover, the medical community should have improved data related to health consequences arising from accidental needlestick injuries, especially among diabetics, to improve awareness and stimu-

late safer practices. The Committee requests that CDC conduct a comprehensive study on the health effects of needlestick injuries with particular emphasis on the diabetic population. This study should examine the prevalence of accidental needlesticks, the causes thereof, direct and secondary health consequences, attendant healthcare costs, and the effectiveness of available self-management technologies, including modern electronic needle disposal devices, that could help prevent percutaneous needlestick injuries. The CDC is requested to provide a report with recommendations on how the medical and public health community can address needlestick injuries to the Committee by June 30, 2007.

Nutrition, Physical Activity, and Obesity.—The Committee understands that the multiple factors contributing to the overweight and obesity epidemic took years to develop. Reversing the epidemic will require a long-term, well-coordinated, concerted approach to reach Americans where they live, work, play, and pray. Effective collaboration among the public, voluntary, and private sectors is critical to reshape the social and physical environment of our Nation's communities and provide the necessary support, information, tools, and realistic strategies needed to reverse the current obesity trends nationwide.

Given the large, preventable health and economic burden of poor nutrition, physical inactivity, and unhealthy body weight, the Committee encourages CDC to continue its leadership role in developing, implementing, and evaluating nutrition and physical activity population-based strategies to prevent and control overweight and obesity. Targeting prevention efforts throughout the lifespan—including children as young as toddlers—as well as promoting fruit and vegetable consumption through CDC's Federal lead role in the national 5 A Day program, and increasing the proportion of children, adolescents, and adults who meet daily physical activity recommendations should remain priorities for the agency. The Committee has provided $500,000 above the fiscal year 2006 level to sustain and expand CDC's support of the 5 A Day Program.

To reduce consumer confusion about the myriad of health messages about obesity, diabetes, and cardiovascular disease, the Committee encourages the CDC to design and develop mechanisms for fast-tracked translation of research into reasoned guidance for the American public.

To prevent unhealthy weight gain and maintain healthy weight among children and adolescents, CDC is urged to work with the U.S. Department of Education to issue a report with recommendations about reintroducing school physical education into the school day.

Nutrition and Physical Activity Study.—Within the amount provided for Nutrition, Physical Activity and Obesity, the Committee has provided sufficient funds to conduct a study of the impact of school nutrition and physical activity programs on academic outcomes, including school attendance, student behavior, and student achievement on standardized tests.

Office on Smoking and Health.—The Committee continues its long-time efforts to combat tobacco use—the leading preventable cause of death—which kills more than 400,000 Americans and adds $89,000,000,000 in healthcare costs every year. The Committee is

concerned that while the Nation has made some progress in this area, a new survey released by the CDC finds the first increase in the Nation's high school smoking rate since 1997. The new survey found that the percentage of students reporting they have smoked a cigarette in the past month increased to 23 percent. Also, in June an NIH consensus panel concluded that of the 44.5 million adult smokers in the United States, 70 percent want to quit and 40 percent make a serious quit attempt each year, but fewer than 5 percent succeed in any given year. The panel found that while effective methods to stop smoking are already available and could double or triple quit rates, not enough smokers request or are being offered these interventions. At the same time, States have significantly reduced their support for tobacco prevention efforts and tobacco companies are spending record amounts to promote tobacco use. Accordingly, the Committee has provided an increase in funding for OSH—the Federal Government's key agency for tobacco control—to expand its efforts to reduce the human and financial tolls caused by tobacco use.

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 sufficient funding to States to maintain their capacities to assess the prevalence of oral diseases, to target interventions, such as 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 encourages the CDC to advance efforts to reduce the disparities and health burden from oral cancers that are closely linked to chronic diseases such as diabetes and heart disease.

Pioneering Healthier Communities.—The Committee has provided sufficient funding to support the Pioneering Healthier Communities initiative at the same level as in fiscal year 2006.

Prevention Centers.—The Committee encourages the continued support of center activities aimed at improving knowledge about the effective models for health promotion programs for persons with disabilities.

Primary Immunodeficiency Diseases.—Congress has made funds available for CDC to support the national physician education and public awareness campaign developed by the Jeffrey Modell Foundation. The Foundation program has generated more than $50,000,000 in donated media coverage, resulting in substantial increases in the number of diagnosed patients. The campaign has featured public service announcements, physician symposia, publications, and the development of website and educational materials, as well as mailings to physicians, school nurses, daycare centers, and others. This program has been characterized as a model of public-private cooperation. The campaign was recently expanded to reach the underserved African-American and Hispanic populations, and the Committee has provided $2,400,000 to maintain the program.

Public Health Genomics.—The coming era of personalized medicine has broad applicability for the field of public health. The Committee urges CDC to conduct and sponsor public health genomics research and develop appropriate programs to identify people at

risk for disease and early death. CDC is further urged to use genomic information to provide targeted and personalized interventions that will prevent disease, disability, and death, and may ultimately save public resources.

Pulmonary Fibrosis.—The Committee previously has expressed concern regarding the need to expand public health strategies to combat lung disease particularly pulmonary fibrosis, a disease that is terminal and for which there is currently no effective treatment. Many individuals are diagnosed too late to initiate treatment regimens that could reduce morbidity and mortality. Currently more than 40,000 die from this disease annually. Lung disease is the third leading cause of death in the United States. The Committee encourages the CDC to collaborate with the National Heart, Lung, and Blood Institute to develop surveillance, epidemiology, and health outcomes programs.

Pulmonary Hypertension.—The Committee continues to be interested in pulmonary hypertension [PH], a rare, progressive, and fatal disease that predominantly affects women, regardless of age or race. PH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. Because early detection of PH is critical to a patient's survival and quality of life, the Committee continues to encourage CDC to consider partnering with the pulmonary hypertension community to foster greater awareness of the disease.

REACH Initiative.—The Committee recognizes the strengths that national/multi-geographical minority organizations may be able to provide to the REACH Initiative. Such organizations could have the capacity to influence communities through pre-existing coalitions and collaborative relationships. Such organizations may also be able to provide key support to local organizations that may lack the infrastructure needed to fully implement the programmatic activities required for this important program. The Committee urges CDC to include such organizations among the entities that are eligible to compete for funding without preventing other applicants from receiving these grants. The Committee has provided sufficient resources to continue REACH activities at the fiscal year 2006 level.

SEARCH for Diabetes in Youth Study.—-The Committee is aware of the SEARCH for Diabetes in Youth Study, which is determining the incidence and prevalence of diabetes in youth under the age of 20 years in six locations across the United States. As the first 5-year phase of SEARCH comes to a close, the CDC and NIDDK are urged to make biosamples and data readily available to the biomedical research community for ancillary studies testing novel ideas.

Steps to a Healthier United States.—The Committee applauds the Department's continued 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 provided sufficient resources to continue this initiative and existing programs within 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 limited funds.

Sudden Infant Death Syndrome.—To prevent Sudden Infant Death Syndrome [SIDS], the Committee encourages CDC to consider supporting a National Campaign for Cribs pilot program in partnership with a national voluntary organization dedicated to infant survival. Such a pilot project may be composed of a public health education component for new parents and caregivers and seek to provide a crib for babies whose mothers and caregivers cannot afford a proper sleeping environment for their children.

Birth Defects, Developmental Disabilities, Disability and Health

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2006: $1,000,000 for tuberous sclerosis and $386,000 to expand support for the Special Olympics Healthy Athletes Initiative. With the exceptions noted, all other programs are funded at the level of the fiscal year 2007 request.

Autism.—The Committee is aware of the progress that has been made with the autism programs at CDC. The Committee acknowledges the importance of this work by the CDC in the area of autism surveillance and research, and urges this work to continue in a timely manner. Sufficient resources have been provided to continue the Center's surveillance and research programs—including the CADDRE and ADDM Network—and the National awareness campaign.

Centers for Birth Defects Research and Prevention.—The Committee encourages CDC to consider expanding the promising research being conducted by the regional Centers for Birth Defects Research and Prevention and maintain assistance to States to implement and 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.

CHADD Resource Center.—The Committee is aware of the demand for information, support services, and health professional education regarding attention deficit/hyper activity disorder [AD/HD]. The Committee continues to support the National Resource Center on AD/HD and has provided sufficient resources to provide the same level of support as was provided in fiscal year 2006.

Christopher and Dana Reeve Paralysis Resource Center.—The Committee understands the growing demand for information, resources, and public health services by individuals with paralysis. The Committee has included $5,909,000 for the Paralysis Resource Center and the associated rehabilitation therapy program.

Cooley's Anemia.—The Committee remains pleased with the progress that CDC has made in the establishment of a blood safety surveillance program for Cooley's anemia patients, who are the largest consumers of red blood cells. Six treatment centers throughout the Nation handle the medical monitoring and treatment; the Cooley's Anemia Foundation provides education and awareness, patient recruitment, and other services; and CDC has created an archive of tested and analyzed blood samples. The Committee has included funds to continue this program and encourages CDC to uti-

lize this program to enhance the safety of the blood supply while improving the health of Cooley's anemia patients.

Craniofacial Malformation.—The Committee has continued funding for CDC's initiatives to help families of children with craniofacial malformations. The Committee commends CDC for their work on this important public health issue and encourages them to continue work with State and private partners, including the National Foundation for Facial Reconstruction.

Diamond Blackfan Anemia.—The Committee has provided sufficient funds to continue CDC's public health outreach and surveillance program for Diamond Blackfan Anemia [DBA]. These funds should continue to be used to (a) educate clinicians and blood disorder treatment centers about DBA and how to diagnose it and (b) collaborate with a Clinical Care Center, which already has significant experience in treating DBA patients, to create a critical mass of DBA expertise where DBA patients may be referred.

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.

Duchenne and Becker Muscular Dystrophy.—The Committee has provided sufficient funding to continue surveillance, epidemiological, and education efforts for Duchenne and Becker muscular dystrophy.

Fetal Alcohol Spectrum Disorders.—The Committee is concerned by the prevalence of fetal alcohol spectrum disorders [FASD] in the United States and notes that drinking during pregnancy is the Nation's leading known preventable cause of mental retardation and birth defects. To publicize and promote awareness of this critical updated public health information, the Committee has provided sufficient resources to continue these activities.

Folic Acid Campaign.—The Committee is encouraged with the progress made in preventing neural tube defects, but notes that recent March of Dimes and CDC research shows only 40 percent of women of childbearing age consume enough folic acid daily. The Committee commends the CDC for its efforts related to educating women about multivitamin usage in order to improve folic acid status and reduce the rate of birth defects. The Committee has provided sufficient funding to continue these efforts.

Fragile X.—The Committee is encouraged by the CDC's efforts related to Fragile X and support for the Fragile X public health program to expand surveillance and epidemiological research of Fragile X. Given the limited resources available, the Committee urges the CDC to ensure that the agency's educational and awareness activities under this initiative are not duplicative of current efforts of nationally recognized authorities in the area of Fragile X, but are instead focused on supporting the further dissemination and distribution of existing informational materials. The Committee is aware that the introduction of an early childhood developmental screening program, creation of appropriate genetic counseling protocols for supporting families of new diagnoses, and the development of standards of care for clinicians and care providers are all existing agency priorities that would directly benefit individ-

uals impacted by Fragile X and related conditions. The Committee encourages the CDC to consider Fragile X as a model for these important initiatives.

Hereditary Hemorrhagic Telangiectasia.—The Committee is aware of interest in the establishment of a Hereditary Hemorrhagic Telangiectasia [HHT] National Resource Center through a partnership between the CDC and a national voluntary agency representing HHT families. The Committee encourages the CDC to examine carefully proposals to establish such a center.

Limb Loss Information Center.—The Committee understands that more than 1.5 million Americans are living with limb loss due to diabetes, heart disease, trauma, and cancer. A key challenge facing individuals with limb loss is gaining access to necessary health and rehabilitative services. The Committee commends CDC for its collaborations with voluntary organizations to identify strategies to remove these barriers. The Committee continues to support the CDC's resource and information center, which assists individuals living with disabilities, and their families, in need of information on medical, physical, and emotional needs, and resources and support to reintegrate socially and economically into society.

Marfan Syndrome.—The Committee continues to be interested in Marfan syndrome, a progressive and degenerative genetic disorder which can result in sudden loss of life from aortic aneurysms. Unfortunately, many individuals affected by Marfan syndrome are undiagnosed or misdiagnosed until they experience a cardiac complication. Increasing awareness of this life-threatening disease is vital to ensuring accurate diagnosis and appropriate disease management in patients who are at risk for cardiovascular complications. The Committee encourages CDC to partner with the Marfan syndrome community to increase awareness of the disease among the general public and health care providers.

Prader-Willi Syndrome.—Prader-Willi syndrome is the most common known genetic cause of life-threatening obesity in children. The Committee encourages the CDC to initiate a study of the incidence rate of Prader-Willi syndrome and to provide a system for tracking the complications from the syndrome including causes of premature death. Additionally, early diagnosis and treatment is crucial to the proper treatment of Prader-Willi syndrome and can significantly reduce the long-term care costs. The Committee encourages the CDC to develop and disseminate educational materials to clinicians, educators, and parents in collaboration with voluntary organizations.

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. The Committee has included $6,000,000 for this program.

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 coordinated to result in significant reductions in these costly conditions. In an effort to continue 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 provides $5,000,000 for the National Spina Bifida Program and within the amount provided, $200,000 is for the maintenance of the National Spina Bifida Clearinghouse and Resource Center to meet the current and growing demand for information and support services for individuals and families affected by Spina Bifida. In addition, the Committee supports the memorandum of understanding between CDC and AHRQ to examine clinical treatment of Spina Bifida and improve quality of life.

The Committee understands that the Agent Orange database of health and educational services composes the largest repository of longitudinal treatment information of people with Spina Bifida and may provide insight and understanding into the needs of people with Spina Bifida. The Committee commends the CDC and the Department of Veterans Affairs for their collaborative efforts to review and analyze the Agent Orange database to gain better understanding of the treatment and educational and vocational needs of people with Spina Bifida. The Committee encourages the ongoing collaboration to analyze this data and requests a report by June 15, 2007, summarizing the analysis of the data, including recommendations based on the analysis as to how to improve treatment and quality-of-life for people with Spina Bifida.

Tourette Syndrome.—The Committee commends CDC for its continued partnership with the national Tourette Syndrome Association in developing a public health education and research program to continue to educate parents, physicians, educators, and other healthcare workers about the disorder and to expand on the scientific knowledge base on prevalence, risk factors and comorbidities of Tourette Syndrome. The Committee has provided sufficient resources to maintain the partnership between the national TSA and the CDC at the same level as in fiscal year 2006.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex [TSC] is a genetic disorder that causes uncontrollable tumor growth. Because this disorder can affect multiple organs of the body, it is difficult to diagnose, track, and properly treat. The Committee has provided sufficient resources for CDC to partner with the Tuberous Sclerosis Alliance to collect and analyze data at the nationwide network of TSC clinics; support surveillance and epidemiological studies; and to educate healthcare professionals and teachers who come into contact with TSC patients.

HEALTH INFORMATION AND SERVICE

The Coordinating Center for Health Information and Services includes the National Center for Health Statistics [NCHS], a new National Center for Health Marketing, and a new National Center for Public Health Informatics.

The Committee recommends a program level of $246,280,000 for Health Information and Service related activities at the CDC. The fiscal year 2006 comparable program level was $222,005,000.

Health Statistics

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

The Committee commends the NCHS for fulfilling its mission as the Nation's premiere health statistics agency and for ensuring the credibility and integrity of the data it produces. In particular, the Committee congratulates the agency for its timely release of critical data and encourages it to continue making information, including data from the National Health and Nutrition Examination Survey [NHANES] and the National Health Interview Study [HIS], accessible to the public as soon as possible. The Committee has provided funding at the level of the fiscal year 2007 budget request.

Eating Disorders.—The Committee is concerned about the growing incidence and health consequences of eating disorders among the population. The extent of the problem while estimated by several long-term outcome studies as being high remains unknown. The Committee urges the CDC to research the incidence and morbidity and mortality rates of eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders not otherwise specified across age, race, and sex.

Psoriasis.—The Committee urges the NCHS to ensure that any data collected on psoriasis be comprehensive and include the full age range of individuals affected by the disease including children, adolescents and adults. The Committee is interested in having the Center collect and report psoriasis incidence and prevalence data that are based on nationwide epidemiological studies. If such data are not currently available, the Committee encourages the Center to undertake a comprehensive epidemiological study with a focus on determining incidence of psoriasis and psoriatic arthritis. The Committee urges CDC to consider working with a national psoriasis organization to develop a surveillance program to ascertain and monitor psoriasis and psoriatic arthritis incidence and comorbidities.

Public Health Informatics

Information systems and information technology are critical to the practice of public health. CDC activities reflect ongoing efforts to build a national network of public health information systems that will enhance public health partner capabilities in detection and monitoring, surveillance, data analysis and interpretation, and other public health activities. With the exceptions noted below, all activities are funded at the level of the budget request.

Vaccine Registry.—The Committee has provided $20,000,000 for a vaccine registry to monitor vaccine use. The development of a

vaccine registry is critical to ensuring that vaccines reach the targeted audience and that antivirals are appropriately administered.

Health Marketing

CDC links directly with the people whose health it is trying to improve. This activity uses commercial, nonprofit, and public service marketing practices to better understand people's health-related needs and preferences; to motivate changes in behaviors; and to enhance CDC's partnerships with public and private organizations to more effectively accomplish health protection and improvement.

Risk Communication.—The Committee has provided $8,000,000 for CDC's risk communication activities related to potential pandemics.

ENVIRONMENTAL HEALTH AND INJURY PREVENTION

The Coordinating Center for Environmental Health and Injury Prevention includes the National Center for Environmental Health, the Agency for Toxic Substances and Disease Registry, and the National Center for Injury Prevention and Control.

The Committee recommends $276,658,000 for environmental health and injury prevention related activities at the CDC. The fiscal year 2006 comparable level was $287,475,000 and the budget request for fiscal year 2007 was $277,876,000.

Environmental Health

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. With the exceptions noted below, all activities are funded at the level of the budget request.

Amyotrophic Lateral Sclerosis Registry.—The Committee has provided sufficient funding to continue the ALS registry.

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

Biomonitoring.—The Committee applauds the CDC's biomonitoring efforts and encourages the agency to continue this program and continue to improve its efforts to communicate these results in context. In particular, the CDC's National Report on Human Expo-

sure to Environmental Chemicals is a significant new exposure tool that provides valuable information for setting research priorities and for tracking trends in human exposures over time. Accordingly, the Committee continues to support the CDC environmental health laboratory's efforts to provide exposure information about environmental chemicals. As CDC has recognized, this information does not by itself suggest harmful effects in humans. The Committee understands that for many chemicals it is difficult to interpret biomonitoring information in a health risk context. The Committee encourages the CDC to collaborate with Federal Government and private sector toxicologists, health scientists and laboratory analytical chemists, to facilitate the development of the necessary methods to interpret human biomonitoring concentrations in the context of potential health risks.

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

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.

Health Tracking Network.—The Committee has provided $20,000,000 to continue the 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. With health tracking, public health officials can better target preventive services, health care providers can offer better health care, and the public will be able to develop a clear understanding of what is occurring in their communities and how overall health can be improved.

Landmine Survivor Network.—The Committee commends CDC for its partnership with the Landmine Survivor Network that has developed peer support networks for landmine survivors in six mine-affected countries. The Committee has included sufficient resources to continue support of the network at the fiscal year 2006 level. These funds will be used to expand peer support networks and 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.

Volcanic Emissions.—The Committee remains concerned about the public health issue of volcanic emissions. Such emissions contribute to the exacerbation of a myriad of pre-existing health conditions in many island residents, especially children. The acute- and

long-term impact that these emissions have on both the healthy and pre-disposed residents warrants further study. The Committee encourages the establishment of a dedicated center that embraces a multi-disciplinary approach in studying the short- and long-term health effects of the volcanic emissions.

Injury Prevention and Control

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 extramural research as well as assisting State and local health agencies in implementing injury prevention programs. The Committee recognizes the vital role CDC serves as a focal point for all Federal injury control activities.

Within the total provided, the Committee has provided the following increases over the fiscal year 2006 level: $804,000 for unintentional injury and $638,000 for rape prevention. All other activities are funded at the level of the fiscal year 2007 budget request.

Child Maltreatment.—The Committee recognizes that child maltreatment is a serious public health threat with extensive short- and long-term health consequences. New avenues to support child maltreatment prevention would allow CDC to further the identification, enhancement, and dissemination of evidence-based child maltreatment prevention programs, such as positive parenting programs and home visitation programs.

Children's Injury Control Research Center.—The Committee recognizes the need for an additional Injury Control Research Center, located in Federal Region V, that will conduct research on injury and injury prevention related to children and adolescents. The Committee believes that children and adolescent populations have special and underserved needs in injury control. Injury is the leading cause of death and disability among children and teenagers in the United States. Currently, there is no center that focuses exclusively on childhood and adolescent injuries even though children and adolescents are affected by injury more than any other segment in the United States. Preference should be given to applicants with proven experience in children and adolescent injury control and prevention research. The Committee has included $804,000 above the fiscal year 2006 level for this purpose.

Injury Data.—The Committee commends CDC for participating in discussions among the Home Safety Council, representatives of various injury prevention research groups, and providers of injury data from diverse hazard disciplines. The Committee understands that these discussions addressed the challenges of completeness, quality and consistency of existing injury data collection systems for home safety, traffic, consumer products, and violence. The Committee encourages CDC to continue its participation in this ongoing dialog.

National Violent Death Reporting System.—The Committee is supportive of the National Violent Death Reporting System, which is a State-based system that collects data from medical examiners, coroners, police, crime labs, and death certificates to understand the circumstances surrounding violent deaths. The information can be used to develop, inform, and evaluate violence prevention programs. 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.

Suicide Prevention.—The Committee encourages CDC to consider supporting the evaluation of suicide prevention planning, programs, and communication efforts to change knowledge and attitudes and to reduce suicide and suicidal behavior. These evaluation efforts would support communities to identify promising and effective suicide prevention strategies that follow the public health model and build community resilience.

Trauma Information and Exchange Program.—The Committee supports the continuation of the Trauma Information and Exchange Program.

Violence Against Women.—The Committee urges CDC to increase research on the psychological sequelae of violence against women and expand research on special populations and their risk for violence including adolescents, older women, ethnic minorities, women with disabilities, and other affected populations.

Youth Violence.—The Committee has included $23,883,000 for CDC's youth violence prevention activities. The Committee notes that the level of youth violence in cities around the Nation is troubling. The city of Philadelphia continues to experience a spike in youth violence.

OCCUPATIONAL SAFETY AND HEALTH

The Committee recommends $257,881,000 for occupational safety and health programs. The fiscal year 2006 level was $262,883,000 and the budget request for fiscal year 2007 was $249,357,000. The Committee recommendation includes $87,071,000 in transfers available under section 241 of the Public Health Service Act. Sufficient funding has been provided to maintain staffing levels at the Morgantown facility and increase research funding at that facility.

The CDC's National Institute for Occupational Safety and Health [NIOSH] is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission spans the spectrum of activities necessary for the prevention of work-related illness, injury, disability, and death by gathering information, conducting scientific biomedical research (both applied and basic), and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines. With the exceptions noted below, all other activities are funded at the level of the fiscal year 2007 request.

Construction Safety and Health.—The Committee once again is very pleased with the progress that NIOSH has made in its program directed at occupational illnesses and injuries in the building and construction industry and has included funding to continue this important worker safety initiative.

Education and Research Centers.—The Committee recognizes the important role Education and Research Centers [ERCs] play in preventive health research and the training of occupational safety and health professionals, and includes an increase of $825,000 for ERCs over the amount appropriated for ERCs in fiscal year 2006.

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 encourages NIOSH to give priority to grants to States and private organizations with a focus on disseminating and translating research for occupational safety and health.

Mine Safety Technology Research.—The Committee has included $6,000,000 over the President's request for mine safety technology research, development, and testing. The Committee encourages NIOSH to use these funds for both intramural and extramural activities focusing on the research, development, and testing of mine refuge chambers, emergency tracking, respiratory, and communication devices. The Committee has received reports of technologies being used in other countries that is not being utilized in this country and encourages NIOSH to look at those technologies.

The CDC is expected to submit progress reports on grantmaking and research findings to the Committee on Appropriations of the House of Representatives and the Committee on Appropriations of the Senate in accordance with the requirements of section 7010 of Public Law 109–234.

Miners' Choice Health Screening Program.—The Committee has provided sufficient resources to continue to implement the Miners' Choice Health Screening Program in fiscal year 2007. This program was initiated to encourage all miners to obtain free and confidential chest x-rays to obtain more data on the prevalence of Coal Workers' Pneumonconiosis in support of development of new respirable coal dust rules. The Committee is strongly supportive of these efforts and urges NIOSH to work to improve this health screening program thereby helping to protect the health and safety our Nation's miners.

National Occupational Research Agenda.—NIOSH provides national and international leadership to prevent work-related illness, injury, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services. The Committee is pleased with the progress NIOSH has made in consulting with partners and stakeholders across the country to examine and update the National Occupational Research Agenda for the coming decade. The Committee expects that this updated agenda will provide an important blueprint for conducting occupational research and examining the impact of stressful workplaces on psychological functioning.

The Committee recommendation includes sufficient resources to maintain funding for CDC's National Occupational Research Agenda [NORA]. 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 workplace health and safety problems.

National Mesothelioma Registry.—The Committee has again provided $1,000,000 for the continuation of a National Mesothelioma Registry to collect data regarding symptoms, pathology, evaluation, treatment, outcomes, and quality of life and a Tissue Bank to include the pre- and post-treatment blood (serum and blood cells) specimens as well as tissue specimens from biopsies and surgery.

National Personal Protective Technologies Laboratory.—The Committee has provided $500,000 above the fiscal year 2006 level of funding for the NIOSH National Personal Protective Technologies Laboratory to expedite research and development in, and certification of, protective equipment, such as powered air purifying respirators, and combined self-contained breathing apparatus/escape sets.

The Committee encourages NIOSH to consider the value of a study to evaluate all classes of disposable NIOSH approved respirator facemasks, including but not limited to particulate and antimicrobial technology for effectiveness against transmission of avian influenza and other pathogens.

GLOBAL HEALTH

The Committee recommends $368,892,000 for global health-related activities at the CDC in fiscal year 2007. The fiscal year 2006 comparable level was $379,624,000 and the budget request for fiscal year 2007 was $379,147,000. The Office of Global Health leads and coordinates CDC's global programs to promote health and prevent disease in the United States and abroad, including ensuring rapid detection and response to emerging health threats. With the exceptions noted below, all activities are funded at the level of the budget request.

Global HIV/AIDS.—CDC works with governments in 25 countries in Africa, Asia, and Latin America and the Caribbean focusing on primary prevention of HIV/AIDS; care and treatment of tuberculosis and other opportunistic infections, palliative care and appropriate use of antiretroviral medications; and infrastructure and capacity development.

Global Disease Detection.—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.

Global Immunization Activities.—The Committee includes $143,514,000 for global immunization activities, including $100,591,000 for polio vaccine, surveillance, and program operations for the highly successful, yet unfinished polio eradication efforts; and $42,923,000 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.

Global Malaria.—The Committee has provided $8,600,000 to continue the global malaria program.

Pandemics.—The Committee has provided $40,000,000 for international and domestic surveillance, diagnosis and epidemic investigations including real-time point-of care surveillance methods sensitive enough to detect first cases of influenza and other potential pandemics among infants, children, and adults in domestic community settings.

Further, the Committee has included an increase of $19,000,000 for rapid outbreak response in 15 target countries and for human-animal interface studies.

PUBLIC HEALTH RESEARCH

Public Health Research.—The Committee has provided $31,000,000 to fund the Public Health Research program. The fiscal year 2006 comparable level and budget request were also $31,000,000. The Committee is strongly supportive of public health and prevention research, which bridge the gap between medical research discoveries and behaviors that people adopt by identifying 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.

PUBLIC HEALTH IMPROVEMENT AND LEADERSHIP

The Committee provides $219,828,000 for public health improvement and leadership activities at the CDC. The fiscal year 2006 comparable level was $189,106,000 and the budget request for fiscal year 2007 was $189,190,000.

Leadership and Management

The Committee provides $161,716,000 for leadership and management costs at the CDC in fiscal year 2007. The fiscal year 2006 comparable level was $161,592,000 and the budget request for fiscal year 2007 was $161,716,000.

In addition, the Committee has included sufficient funding for the following projects in the following amounts for fiscal year 2007:

	Amount
A Voice for All, Wilmington, DE, for speech and language evaluations for persons with disabilities	$400,000

	Amount
AIDS Resource Center Wisconsin, Milwaukee, WI, for health care and case management services	150,000
Alaska Multiple Sclerosis Center, Inc, Anchorage, AK, for its multiple sclerosis related activities	150,000
Albert Einstein Healthcare Network (AEHN), Philadelphia, PA, for genetic testing and education/outreach	800,000
Allied Services Foundation, Clarks Summit, PA, for pediatric health programs for children with developmental disabilities	250,000
American Trauma Society, Upper Marlboro, MD to expand the Trauma Survivor Network programs	300,000
BioAdvance, Philadelphia, PA, to strengthen existing biomedical informatics training activities	150,000
Brown County Oral Health Partnership, Green Bay, WI, to expand a childhood oral health program	350,000
Cascade AIDS, Portland, OR, to conduct HIV/AIDS awareness and prevention programs throughout Oregon	250,000
Center for Autism Research (CeFAR) at the University of Pittsburgh, Pittsburgh, PA, for its autism-related activities	250,000
Center for Mind Body Medicine, Washington, DC, to train health and mental health professionals in treating war and terrorism related trauma in the U.S. and abroad	100,000
Columbia Urban League, Columbia, SC, to expand health education in minority communities	225,000
Columbus Children's Research Institute, Columbus, OH, for the Center for Injury Research and Policy	750,000
Community Dental Care Foundation, Wausau, WI, to expand dental education and dental services	150,000
Community Health Centers in Hawaii for Childhood Rural Asthma Project	175,000
Domestic Violence HELP, Pittsburgh, PA, for domestic violence programs	100,000
Dr. Gertrude A. Barber National Institute, Erie, PA, to address autism spectrum disorders	200,000
East Los Angeles Community Union (TELACU) Education Foundation, Los Angeles, CA, for a diabetes outreach and prevention program	750,000
Farrell Area School District, PA, for a fitness & health program that is developmentally appropriate for all students	100,000
Fletcher Allen Health Care of Burlington, VT, for chronic disease registries	250,000
Food Allergy and Anaphylaxis Network, Fairfax, VA, for the Iowa Food Allergy Education program	120,000
Geisinger Medical Center in Danville, PA, for an updated study of the emergency medicine workforce	100,000
Health Care Network, Inc., Racine, WI, to expand dental services	100,000
Healthy Northeast Pennsylvania Initiative, Clarks Summit, PA to address chronic disease management and mental health and health education	100,000
Heritage Valley Health System, Beaver, PA to expand the capacity of three disease management programs	200,000
Highlands Hospital, Connellsville, PA, for equipment to support microbicide research	100,000
Inland Northwest Health Services, Northwest Health Programs, Spokane, WA, to develop, test and evaluate tools for regional disease surveillance	300,000
Inner Harmony Foundation, Clarks Summit, PA, for New Beginnings cancer care program and alternative medicine	100,000
Iowa Chronic Care Consortium, Des Moines, Iowa, for a preventative health demonstration program	150,000
Iowa Department of Public Health to continue the Harkin Wellness Grant program	2,000,000
Iowa Health Foundation, for wellness activities for dementia patients	100,000
Iowa State University, Ames, IA, for the Iowa Initiative for Healthier Schools and Student Wellness	650,000
Kennebec Valley YMCA, Augusta, ME, for the Every Kid Deserves a Y for A Lifetime Capital Campaign	100,000
Kennedy Health System, Voorhees, NJ, for the Women and Children's Health Pavillion's Advanced Cancer Prevention and Treatment Initiative	500,000
Kids Kicking Cancer, Detroit, MI, for the Hero's Circle Program	1,000,000
Manatee County Department of Health, Bradenton, FL, for Tallevast health screenings	200,000
Marcus Institute, Atlanta, GA, for clinical programs for children with developmental disabilities	100,000
Marquette University, Milwaukee, WI, for a dental health outreach program	250,000
MAVIN Foundation, Seattle, WA, for education and outreach on health issues affecting multiracial populations	200,000
Medical Institute, Austin, TX, to communicate credible, evidence-based medical and scientific information to promote healthy sexual decisions	250,000
Metropolitan AIDS Neighborhood Nutrition Alliance (MANNA), Philadelphia, PA, for public health outreach for the chronically ill	100,000
Michigan Health and Hospital Association, for the Keystone Center for Patient Safety and Quality Project	500,000
Mississippi State Department of Health, Jackson, MS, to develop and implement a statewide man-made and natural disaster preparedness and response program	2,800,000
Mississippi University for Women, Columbus, MS, to implement Healthy Community Outreach	500,000
Muhlenberg College, Allentown, PA, for a Public Health education program	100,000
Myrna Brind Center of Integrative Medicine, Philadelphia, PA, to develop three models of integrative programs of clinical excellence	100,000
National Nursing Centers Consortium, Philadelphia, PA, for a Lead Safe Babies Program	100,000
Northeast Regional Cancer Institute, Scranton, PA, for cancer screening evaluation	100,000
Northern Virginia Urban League, Inc, Alexandria, VA, to promote healthy pregnancy outcomes	100,000
Ohio Chapter of the American Academy of Pediatrics, Worthington, OH, for the Early Identification of Autism Initiative	500,000

	Amount
Oral Vaccine Institute in Las Vegas, Nevada for the development of innovative vaccine delivery alternatives	950,000
Partnership for Food Safety Education, Washington, DC, for the FightBAC campaign	250,000
Pennsylvania Affiliate of the SIDS Alliance, Inc., Pittsburgh, PA, to expand the "Cribs for Kids" program throughout Pennsylvania and the nation	200,000
Pennsylvania Breast Cancer Coalition, Ephrata, PA to expand and enhance their breast cancer guide book	100,000
Philadelphia Department of Public Health, Philadelphia, PA, for pandemic flu preparedness	100,000
Providence Medical Center, Kansas City, KS, for the Chronic Disease Management Center	500,000
Rett Syndrome Research Association, Cincinnati, OH, for education and outreach activities	500,000
Saint Mary's Hospital, Lewiston, ME, for a Patient Safety and Outcomes Improvement project	305,000
Self Reliance Foundation, Washington DC, for the National Hispanic Health Communications Project	450,000
Sister to Sister—Everyone Has a Heart Foundation, Washington, DC, to increase womens' awareness of heart disease	500,000
Southeastern Center for Emerging Biologic Threats, Atlanta, GA	400,000
Southern Nevada Health District, to purchase equipment and to expand its immunization program	350,000
Spinal Muscular Atrophy Foundation, New York, NY, to address spinal muscular atrophy	100,000
State Information Technology Consortium, Herndon, VA, for patient safety programs and outreach	100,000
State of Alaska Department of Health and Social Services, Juneau, AK for detection and control of tuberculosis in Alaska	500,000
State of Alaska Department of Health and Social Services, Juneau, AK for the Obesity Prevention and Control program	500,000
State of Alaska, Department of Health and Social Services, AK, for Avian Influenza Surveillance	750,000
Stone Soup Group, Anchorage, AK, for services to disabled children and their families	200,000
Sullivan County Medical Center, Laporte, PA, to provide for patient outreach and prevention of chronic illnesses	200,000
Supporting Autism and Families Everywhere, Wilkes-Barre, PA, for autism education programs and services	100,000
Temple University, School of Medicine, Philadelphia, PA, to establish a Center for Minority Health	400,000
Texas Tech University Health Services Center at El Paso, TX, to establish a Center for Research and Re-Emerging Infectious Diseases	900,000
Tioga Dental Services, Wellsboro, PA, for construction, renovation, and equipment	100,000
Tulane University, New Orleans, LA, for a center on health emergency preparedness and response	200,000
University of Alaska Statewide Office, Fairbanks, AK to conduct avian flu surveillance activities	1,000,000
University of Alaska Statewide Office, Fairbanks, AK to continue to develop and implement its statewide health agenda	750,000
University of Louisville in Louisville, KY, for the Chronic Disease Management Education Program in Cancer	350,000
University of North Carolina, Chapel Hill, NC to address Racial Disparities and Cardiovascular Diseases	200,000
University of Northern Iowa, Cedar Falls, IA, to support youth fitness and obesity efforts in rural Iowa	240,000
University of Pittsburgh Medical Center, Pittsburgh, PA, for a minority-cardiac study	800,000
University of West Florida, Pensacola, FL, for the University of West Florida, PERCH Program	300,000
Utah Department of Health, Salt Lake City, UT, for the establishment of a Utah Regional Homeland Defense Medical Center	100,000
WakeMed, Raleigh, NC to address Pediatric Diabetes	100,000
Wellness Community, Philadelphia, PA, for cancer education, outreach, and support services	100,000
Western Kentucky University in Bowling Green, Kentucky, for the health promotion and disease prevention program at the Hispanic Resource Center	250,000
Youth and Family Services, Girls Incorporated of Rapid City, SD, for the Health Connections program	150,000

Director's Discretionary Fund.—The Committee has provided $8,000,000 for a Director's Discretionary Fund. This fund will allow the Director to quickly respond to emerging public health issues and threats not contemplated at the time of enactment of the appropriations.

Epidemic Services and Response.—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 Com-

mittee 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.

Leadership and Management Savings.—The Committee strongly believes that as large a portion as possible of CDC funding should go to programs and initiatives that improve the health and safety of Americans. To facilitate this goal, any savings in leadership and management may be reallocated to the Director's Discretionary Fund upon notification of the Committee.

Minority Health Professions.—The Committee is pleased that CDC has continued to support the cooperative program with the Minority Health Professions Foundation and urges continued expansion of this activity, including sponsorship of public health and biomedical symposiums aimed at increasing career opportunities for minority students.

PREVENTATIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

The Committee has provided $100,000,000 for the Preventative Health & Health Services Block grant. The fiscal year 2006 comparable level was $98,932,000 and the budget request for fiscal year 2007 did not request any funding for this program.

The block grant provides funding for primary prevention activities and health services that address urgent health problems in local communities. This flexible source of funding can be used to target concerns where other funds do not exist or where they are inadequate to address the extent of the health problem. The grants are made to the 50 States, the District of Columbia, two American Indian tribes, and eight U.S. territories.

BUILDINGS AND FACILITIES

The Committee has provided $100,000,000 for the planning, design, and construction of new facilities, repair and renovation of existing CDC facilities, and data security and storage. The fiscal year 2006 comparable level was $158,291,000 and the budget request for fiscal year 2007 was $29,700,000.

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 necessary, in constructing the Atlanta and Fort Collins facilities.

The Committee intends that $5,000,000 of the funds provided be used to continue construction of the Fort Collins, Colorado facility.

BUSINESS SERVICES AND SUPPORT

The Committee provides $323,058,000 for business services support functions at the CDC. The fiscal year 2006 comparable level was $317,615,000 and the administration requested a comparable

level of $323,058,000 for fiscal year 2007. These funds will be used to support CDC-wide support functions.

The Committee strongly believes that as large a portion as possible of CDC funding should go to programs and initiatives that improve the health and safety of Americans. To facilitate this goal, any savings in business services support may be reallocated to the Director's Discretionary Fund upon notification of the Committee.

TERRORISM

The Committee provides $1,578,260,000 for CDC terrorism preparedness activities. The comparable fiscal year 2006 level was $1,576,173,000 and the administration requested $1,657,161,000 for these activities in fiscal year 2007.

Within the funds provided, $823,674,000 is for Upgrading State and Local Capacity through grants and cooperative agreements; $30,690,000 is for the Centers for Public Health Preparedness; $5,346,000 is for the Advanced Practice Centers; $26,630,000 is for other State and Local Capacity; $135,628,000 is for upgrading CDC Capacity; $13,001,000 is for anthrax vaccine studies; $52,987,000 is for the Biosurveillance Initiative, including $25,000,000 for Bio Sense and $18,000,000 for quarantine stations; and $550,000,000 is for the Strategic National Stockpile.

State and Local Capacity.—The Committee continues to recognize that bioterrorism events will occur at the local level and will require local capacity, preparedness and initial response. It is the Committee's intent 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 notes that HHS' cooperative agreement guidance now includes explicit requirements for local concurrence with State spending plans for public health emergency preparedness and urges CDC to monitor and enforce these requirements.

The Committee also recognizes that HHS has incorporated the National Response Plan into the cooperative agreement guidance and established new CDC Preparedness Goals. The Committee urges the Department to assure that the performance metrics for the CDC Preparedness Goals, by which local health department preparedness will be measured, are fully consistent with all requirements in the Target Capabilities being developed under Homeland Security Presidential Directive 8 by the Department of Homeland Security.

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 CDC, in coordination with the Secretary of Health and Human Services, consider the following and 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.

Pacific Emergency Health Initiative.—The Committee recognizes that the Pacific Emergency Health Initiative [PEHI] may facilitate the disaster preparededness plans for the communities of the Republic of Palau, the U.S. Territories of Guam and American Samoa, the Commonwealth of Marianas Islands, the Federated States of Micronesia and the Republic of Marshall Islands. The Committee encourages CDC to consider supporting the Pacific Emergency Health Initiative for the completion and maintenance of emergency plans and training to fortify our Nation's westernmost Pacific borders against health threats associated with terrorist's acts, natural disasters and emerging diseases. Activities might include awareness of how to mitigate disease and deaths due to the aforementioned causes and the provision of data and tools essential for enhancing research studies in disaster management.

The research derived from these experiences with disaster management will be useful in the development of standards of response in the Pacific and the U.S. mainland. The Pacific Emergency Health Initiative should coordinate these efforts with existing institutions such as the Pacific Island Health Officers Association, the World Health Organization, the Secretariat of Pacific Community and the U.S. Department of Defense.

Strategic National Stockpile.—Vaccines and antivirals are not the only supplies that need to be stockpiled in preparation for a pandemic. Currently, most health providers order and stock supplies on a "just-in-time" basis. This means they often only have a few days of reserve supplies, equipment like portable respirators, and commonly prescribed medications, including many basic protective items, such as protective N95 masks, gloves, gowns, and clean hospital linens, many of which are produced abroad and may not be available during a global health emergency.

The Committee commends the Secretary for commissioning the Institute of Medicine to evaluate the potential development of reusable respirator facemasks in the event on an influenza pandemic. The Committee encourages the Secretary to consider comparative data regarding duration of effectiveness, range of cidal activity and shelf life for disposable NIOSH approved respirator facemasks with particulate filter, antimicrobial coated and antimicrobial iodinated technology, and to consider supply needs and issue end-user recommendations for such facemasks.

NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health has played a unique and defining role in the advancement of this Nation's health and well-being, fueling discoveries that have led to life-saving surgical techniques; tools that permit earlier, more accurate diagnosis of disease; and the development of drugs and vaccines that have vastly improved disease treatment and prevention. To those who question the merit of investing taxpayer dollars in medical research, the Committee contends that the long-term value of this national investment is without question. For example, this year, for the first time in history the number of Americans dying from cancer will decline; over the past three decades, deaths caused by cardiovascular disease

has dropped 60 percent, with 815,000 fewer people dying each year from coronary disease alone; and NIH-supported research led to the discovery that intensive lifestyle interventions can reduce type 2 diabetes by more than 50 percent.

While research sponsored by NIH is driven, first and foremost, by the hope of curing illness, easing suffering and extending life, often overlooked are the significant contributions the agency makes to the economic vitality of this Nation. Yet other challenges remain. In 2003, an estimated 18 million adults were not working because of a disability, chronic disease or other health reasons. Sixty-nine million reported missing days due to illness, for a total of 407 million days of lost time at work. All told, labor time lost due to health reasons represents lost economic output totaling an estimated $260,000,000,000 per year. All the while, the United States is being confronted with new threats, from bioterrorism and West Nile virus to rising rates of obesity and diabetes. In the face of those challenges, the Committee is concerned that short-term budget savings will cloud the potential of dividends paid in the form of healthier, more productive lives; that growing pressure for immediate pay-off will take precedence over research where clinical need is greatest; and that the pipeline of new scientists—the hope for tomorrow's discoveries—will be lost.

Budget Justification Materials.—The Committee takes seriously its oversight responsibilities, which include assuring that policies and programs are executed in accordance with appropriations law, and in a timely and administratively efficient manner. An important tool in the oversight process is the justification material submitted to the Committee. These documents are intended to provide an accounting of funds already appropriated as well as the rationale underlying the President's budget request. In recent years, however, the content of the NIH justification materials has become less informative, often failing to provide clear, concise, and detailed information. Prior to the development of next year's budget justifications, the Committee expects to work with NIH officials to develop a more consistent format that affords increased transparency of NIH research activities, both ongoing and proposed, and provides greater accountability of research dollars.

The NIH Mission.—NIH is a large and complex organization, supported by a community of more than 200,000 scientists at more than 1,700 institutions across the Nation. Nevertheless, its mission is simple and straightforward: to improve and safeguard the health of every American. The agency's stewardship of taxpayers' dollars transcends organizational lines. Research needs do not fit neatly into bureaucratic functions. As such, the Committee has eliminated any references in this report to the mission of individual institutes and centers. Moreover, the Committee expects that research will not be discouraged, nor will collaboration be hampered by artificial barriers.

Biomedical Research and Development Price Index.—The Committee is once again disappointed that the budget request would require NIH to break its funding commitments to existing grantees. Forcing grantees to reduce the scope of research that is already underway disrupts the research plan and reduces the science that NIH purchased when the initial award was made. The Committee

believes, that to the extent resources allow, NIH should follow its cost management plan principles, which will help NIH continue to maintain the purchasing power of the research in which it invests.

Human Embryonic Stem Cell Research.—The Committee continues to be concerned that the current administration policy relating to human embryonic stem cell research is so narrow that it is stifling the pace of stem cell research. The Committee strongly believes that embryonic stem cell research holds enormous potential for the treatment of cardiovascular disease, Parkinson's, spinal cord injuries and a vast array of other diseases and injuries. After convening 18 in-depth hearings on the subject, the Committee believes that with the proper safeguards in place, this field of investigation ought to be widened. While it originally appeared that 78 embryonic stem cell lines would be available for research under the Federal policy, now, nearly 5 years after the President's announcement on August 9, 2001, only 21 lines are available to researchers. Moreover, scientists have told the Committee that all available stem cell lines were grown with mouse feeder cells, making their therapeutic use for humans uncertain. The Committee strongly urges the administration to modify the current embryonic stem cell policy so that it provides this area of research the greatest opportunity to lead to the treatments and cures for which we are all hoping.

The Committee also strongly urges that the NIH explore all avenues of stem cell research including adult stem cells and alternative methods of establishing human embryonic stem cell lines that do not involve the destruction of an embryo.

The Committee is also deeply concerned with the slow pace of implementation of the current stem cell policy. The Committee was informed that, under the budget request, NIH plans to spend $39,000,000, the same as fiscal year 2006, on human embryonic stem cell research. The Committee strongly urges the NIH to commit a substantial amount of resources to all methods of human embryonic stem cell research. Finally, the Committee expects the NIH to provide detailed reporting on funding for all forms of stem cell research in future congressional budget justifications.

The Committee recommends $28,550,667,000 for the NIH. This amount is $220,820,000 above the fiscal year 2006 appropriation and $200,664,000 over the budget request.

NATIONAL CANCER INSTITUTE

Appropriations, 2006	$4,790,063,000
Budget estimate, 2007	4,753,609,000
House allowance	4,753,609,000
Committee recommendation	4,799,063,000

The Committee recommends an appropriation of $4,799,063,000 for the National Cancer Institute [NCI]. The budget request was $4,753,609,000. The fiscal year 2006 appropriation was $4,750,063,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Academic Public Private Partnership Program.—The Committee is concerned about the NCI decision to cancel the Academic Public Private Partnership Program [AP–4], which was instituted by the NCI to increase the success rate of complex drug discovery and de-

velopment research through collaborations involving university-based researchers and the private sector. Particularly given current funding constraints and the fact that the AP–4 program would amplify the Federal investment with a significant private sector match, the Committee encourages the NCI to reconsider the decision to terminate this program and to proceed with awards based on the peer review recommendations of already reviewed-consortia proposals.

Angiogenesis.—The Committee encourages the NCI to continue its leadership in support of interdisciplinary research on angiogenesis—the growth of new blood vessels—through the Trans-Institute Angiogenesis Research Program [TARP]. Advances in this field have the potential to impact treatment of multiple diseases, including cancer, diabetes, heart disease, stroke, and others.

Blood Cancers.—The Committee urges NCI to place greater emphasis on both translational and clinical research in blood cancers such as leukemia, lymphoma, multiple myeloma, and myeloproliferative disorders in order to develop more effective treatments for these diseases and further the translation of laboratory discoveries to the patient's bedside.

Breast Cancer.—The Committee strongly urges the NCI to give increased attention to areas of research that focus on helping women to more fully restore and improve their quality of life after treatment, including further breast cancer research on lymphedema, stress, nutrition, exercise, weight, and the environment. The Committee strongly urges the NCI to further accelerate advances in breast cancer screening technology and to capitalize on existing and create new technologies that improve early diagnosis, health outcomes, and survival.

Cancer Centers at Minority Institutions.—The Committee commends NCI on the success of its cancer centers program. Given that minority populations suffer disproportionately from virtually every form of cancer, the Committee encourages NCI to support the establishment of a comprehensive center at a minority institution focused on research, treatment, and prevention of cancer in African American and other minority communities. The Committee is pleased with NCI's attention to this important matter.

Cancer Genome.—The Committee commends the NHGRI and NCI for jointly launching the pilot phase of The Cancer Genome Atlas [TCGA]. This important new effort will accelerate the understanding of the molecular basis of cancer through the application of genome analysis technologies, including large-scale genome sequencing. Using technologies developed by the Human Genome Project and recent advances in applying genetic information to improve cancer diagnosis and treatment, this effort should lead to new tests to detect cancer in its early, most treatable stages; new ways to predict which cancers will respond to which treatments; new therapies to target cancer at its most vulnerable points; and, ultimately, new strategies to prevent cancer.

Cancer Metastasis to Bone.—A frequent complication of cancer is its spread to bone (bone metastasis), which occurs in up to 80 percent of patients with myeloma, 70 percent of patients with either breast or prostate cancer, and 15 to 30 percent of patients with lung, colon, stomach, bladder, uterine, rectal, and renal cancer,

causing severe bone pain and pathologic fractures. Only 20 percent of breast cancer patients and 5 percent of lung cancer patients survive more than 5 years after discovery of bone metastasis. The Committee urges NCI, in collaboration with NIAMS, NIA, and NIDDK, to support research to determine mechanisms and to identify, block and treat cancer metastasis to bone. Furthermore, the Committee urges NCI to expand research on osteosarcoma to improve survival and quality of life and to prevent metastatic osteosarcoma in children and teenagers who develop this cancer.

Cancer Vaccines.—The Committee has recently become aware of emerging vaccine technologies, including a vaccine for the treatment of nicotine addiction, which could prevent carcinogenesis. The Committee urges NCI, in collaboration with NIDA, to support clinical trials to make available to the public vaccines to prevent cancer.

Chronic Lymphocytic Leukemia [CLL].—This incurable disease is the most common form of adult leukemia in the United States. The Committee once again urges the NCI to increase research into CLL, including improved therapies and their rapid movement from the laboratory to the bedside. The Committee strongly urges the NCI to give favorable consideration to continuing and expanding the scope of research activities funded through the CLL Research Consortium as it works to defeat this blood disorder.

Dissemination Research.—The Committee commends the NCI for its leadership on an initiative to help evidence-based behavioral interventions reach the public more quickly. The Committee is supportive of NCI's efforts to inspire research that will overcome barriers to the adoption of evidence-based interventions that previous research has shown to be effective, but where adoption to date has been limited or significantly delayed.

Gynecologic Cancers.—The Committee encourages NCI to give priority to gynecologic cancers and to work with the National Human Genome Research Institute on the Cancer Genomics project. The Committee further encourages the NCI to support translational research involving biologic prognosticators and therapeutic effects of chemotherapy to speed the development and delivery of new cancer treatments to women with gynecologic cancers.

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

Liver Cancer.—The Committee remains concerned about the increasing incidence of primary liver cancer and the small number of effective treatments—a situation that stands in sharp contrast to many other forms of cancer for which the incidence is declining and the treatment options are growing. The Committee urges the NCI to continue to support the NIDDK-sponsored HALT–C clinical trial and to collaborate with the NIBIB on the development of improved early liver cancer diagnostic techniques. The Committee welcomes NCI's program announcements on hepatocellular carcinoma but urges the Institute to set aside specific funds for research on this disease.

Lung Cancer.—Lung cancer remains a major public health issue and is the leading cause of cancer death among women and minority populations. The death rate is expected to escalate as the population ages. The Committee encourages the NCI to work with the thoracic surgical community to initiate new clinical trials that involve patients at an early stage of the disease when surgery is a treatment option.

Lymphatic Research and Lymphedema.—The Committee urges NCI to support research on lymphedema, a chronic, progressive and historically neglected condition faced by many cancer survivors. The Committee also urges the Institute to devote increased resources toward the study of lymphangiogenesis and lymphatic imaging, which are critical to a greater understanding of cancer metastasis and lymphedema.

Lymphoma Research.—The Committee urges the National Cancer Institute [NCI] to capitalize on the recent basic research investment by accelerating the translation of basic research findings into new treatment strategies for lymphoma. This may require a greater investment in lymphoma translational and clinical research initiatives, including more clinical trials focused on innovative lymphoma therapies. The Committee believes that the substantial impact of the disease on individuals, families, and society requires a more urgent lymphoma therapeutic development effort. The Committee recommends that NCI devote resources to: (1) studies of adequate scope to assure the identification of environmental risk factors for specific subtypes of lymphoma; (2) small studies designed to improve detection and quantification of historically difficult-to-measure environmental factors; (3) studies that are directed toward enhancing the understanding of the role of the immune system in the initiation and progression of lymphoma; and (4) studies that examine the simultaneous presence of a wide profile of infectious agents among individuals with lymphoma. The Committee also notes that lymphoma survivors may face significant long-term effects from their treatment. The Committee urges NCI to dedicate some of its survivorship research funds on research issues related to problems confronted by lymphoma survivors.

Melanoma.—Melanoma is the fastest growing cancer in the United States and worldwide. The etiology of the disease is not well understood, and the average life span of patients with advanced melanoma is less than 1 year. Nevertheless, there is a shortage of melanoma researchers and a lack of effective of drugs

and treatments. Therefore, the Committee strongly urges the NCI to convene a panel of consumers, extramural and intramural scientists to develop a 5-year strategic plan for melanoma research and submit it to the Committee by July 1, 2007. The strategic plan should identify the current shortfalls and promise of melanoma research and recommended new directions and targets for future research. The plan should also explore the role of new and innovative technologies including shared biospecimen repositories, identify and validate melanoma-specific targets to design effective therapy; and identify opportunities for facilitating translational research in this area.

Mesothelioma Research.—The Committee is concerned with the pace of mesothelimoma research. To address these concerns, the Committee strongly encourages the NCI to establish up to 10 mesothelioma centers, increase research, including clinical trials, detection and prevention methods, palliation of disease symptoms and pain management.

Nanosystems Biology.—The Committee encourages NCI and the Office of the NIH Director to continue 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 for which the drug may be 100 percent effective. Bringing these three disciplines together may allow researchers to identify specific subtypes 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.—The committee commends NCI for conducting clinical trials of NF1 patients and encourages NCI to increase funding for NF research. Recognizing NF's connection to many of the most common forms of human cancer, the Committee encourages NCI to substantially increase its NF research portfolio in such areas as further development of animal models, natural history studies, genetic and drug screening, therapeutic experimentation, and pre-clinical and clinical trials. The Committee encourages NCI to create, fund, and implement NF clinical and pre-clinical trials infrastructures including NF centers and pre-clinical mouse consortiums, patient databases, and tissue banks. The Committee further encourages NCI to apply existing cancer drugs to NF patients in clinical trials both extramurally and intramurally, and to develop new drugs for NF which could then apply to the general population because of NF's connection to most forms of human cancer. The Committee encourages NCI to continue to coordinate its efforts with other NIH institutes and government agencies.

Pancreatic Cancer.—Pancreatic cancer is the country's fourth leading cause of cancer death, yet it remains severely underfunded, as compared to the top five cancers based on mortality. While the Committee notes that the NCI is pursuing major new scientific re-

search initiatives in the areas of nanotechnology and genomics, it urges the Institute to maintain its investments in the primary research areas, including early detection, diagnosis and treatment. The Committee also reminds the NIH that, in last year's Senate report, it requested a professional judgment budget to be submitted by May 1, 2006. The Committee is very disappointed that the Department delayed the release of that budget so that it could not be reviewed by the deadline for producing this year's Senate report, in mid-July. The Committee strongly urges the Department to release the budget as quickly as possible. In addition, the Committee requests detailed fiscal year 2007 spending plans for pancreatic cancer research, as compared with fiscal years 2005 and 2006, within 90 days of the passage of this act.

Pediatric Cancer.—The NCI is currently partially funding a portfolio of studies looking at the causes and most effective treatments for childhood cancers. The Children's Oncology Group [COG] is conducting important laboratory research on cancer cells to discover the reasons children get cancer, developing and making available new treatments that destroy cancers, and improving the quality of life and long-term survival for pediatric cancer patients. However, the NCI is only funding approximately 50 percent of the approved collaborative pediatric cancer research projects. The Committee understands the COG acts as a cancer center without walls and reimburses hospitals for enrolling pediatric cancer patients into the best available clinical trials. The Committee encourages the NCI to increase the percentage of approved funding directed to the COG in order to open additional treatment protocols and make more treatment options available to physicians and families.

Prostate Cancer.—The Committee commends the NCI for the considerable investment in prostate cancer and encourages NCI to continue to support research to improve the accuracy of screening and early detection of prostate cancer.

Specialized Programs for Research Excellence [SPORE].—The Committee encourages the National Cancer Institute to fund the SPOREs at fiscal year 2004 funding levels and administer the program following fiscal year 2004 guidelines, providing for grant renewals until such time that the Translational Research Working Group [TRWG] concludes its evaluation and provides recommendations to more effectively support translational research.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes, or skin. In light of its similarities to the uncontrolled growth of cancer cells, many scientists believe that determining the cause of tumor growth in TSC could open the way for cures and treatments for cancer as well. The Committee encourages NCI to expand its clinical trial network to include more sites and additional trials, and to assist in the development of protocols for additional clinical trials for tumor growth in TSC. Also, the Committee urges NCI to collaborate with NIDDK to conduct research on the needs identified in a recent conference on nutrient sensing and insulin-signaling in cells.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2006	$2,919,750,000
Budget estimate, 2007	2,901,012,000
House allowance	2,901,012,000
Committee recommendation	2,924,299,000

The Committee recommendation includes $2,924,299,000 for the National Heart, Lung, and Blood Institute [NHLBI]. The fiscal year 2006 appropriation was $2,919,750,000 and the budget request was $2,901,012,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Cardiothoracic Surgery.—The field of cardiothoracic surgery contributes significantly to the improvement in cardiac health in this country and the Committee is encouraged by the advances in the field. The Committee supports the steps the Institute is taking to establish a network for cardiothoracic surgical investigations, and urges implementation of this plan with sufficient funding to continue the progress being made in the treatment of heart disease. The Committee supports the Institute's effort to develop a strategic plan and expects cardiothoracic surgeons to be represented in the planning process. The Institute's support for an intramural program in cardiothoracic surgery is an important step in expanding the role of surgery in cardiovascular research.

Cardiovascular Diseases.—The Committee encourages the Institute to place the highest priority on heart disease, stroke, and other cardiovascular diseases by providing the resources to stimulate and strengthen basic, clinical, translational, and trans-institute cardiovascular disease research through all available mechanisms. The Committee continues to strongly believe that more research is critically needed to better understand the causes of cardiovascular diseases and to develop more effective treatment and cures.

Chronic Obstructive Pulmonary Disease [COPD].—The Committee understands that COPD may be a predictor of future onset of lung cancer. With 24 million people having decreased lung function, and in the face of an ever-aging population, the need to develop better treatment and prevention strategies to address this linkage will only increase over the coming decade. The Committee encourages NHLBI to collaborate more fully with NCI to develop appropriate research initiatives that can be undertaken cooperatively, and encourages NHLBI to sponsor a workshop on COPD as it relates to lung cancer with input from the lung community to address these issues.

Congenital Heart Disease.—The Committee commends the NHLBI for convening a working group to address this issue, and supports its recommendation that action be taken to prevent needless disability and premature mortality in this rapidly-growing pop-

ulation. The Committee urges the NHLBI to work with the CDC, the Adult Congenital Heart Association, and others to develop outreach efforts to reach the many CHD survivors currently "lost" to cardiac care and to create a national adult congenital heart disease registry and research network.

Cooley's Anemia.—The Committee remains strongly supportive of the focused research effort that is being undertaken by the Thalassemia Clinical Research Network, which is composed of the leading research institutions in the field of thalassemia, or Cooley's anemia. The Committee believes that this network is just beginning to meet its promise, and it urges the Institute to continue to support the research projects undertaken by it. In addition, the Committee commends NHLBI for convening a meeting with regard to gene therapy and urges the Institute to move much more aggressively in pursuing a research agenda that will lead to a cure at the earliest possible time.

Diamond-Blackfan Anemia.—The Committee is pleased that NHLBI has awarded grants for research initiatives 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. The Committee commends NHLBI for its attention to this disorder.

Hematology.—The Committee recognizes the strategic planning process underway at NHLBI and encourages the Institute to continue to place a high priority on hematology research. Further research efforts in vascular biology and thrombosis, immunobiology, and blood progenitor/stem cells will provide a better understanding of hematologic diseases and allow for the development of improved treatments and targeted therapies to combat heart attacks, stroke, and chronic malignant and non-malignant blood disorders. The Committee encourages NHLBI to work with experts in the field of hematology in developing its strategic plan.

Hereditary Hemorrhagic Telangiectasia [HHT].—The Committee is aware that HHT is a rare, multi-system genetic disorder of the blood vessels that can result in stroke, hemorrhage, and death. The Committee encourages the NIH to explore opportunities for additional clinical and basic research on HHT.

Juvenile Diabetes.—Cardiovascular disease is the major cause of mortality for individuals with diabetes. It is also a major contributor to morbidity and direct and indirect costs of diabetes. The Committee urges NHLBI to support research to investigate the epidemic of cardiovascular disease in patients with type 1 diabetes.

Lymphangioleiomyomatosis [LAM].—The Committee remains very interested in efforts to find a cure for LAM. The Committee understands that recent scientific findings have presented new treatment approaches for clinical testing, and that experimental trials with the drug sirolimus have begun. The Committee encourages continuation of the intramural research protocol and further urges the NHLBI to explore opportunities for funding clinical treatment trials through both intramural and extramural means and to

use all available mechanisms as appropriate, including support of state-of-the-science symposia, request for applications, and the facilitation of access to human tissues, to stimulate a broad range of clinical and basic LAM research.

Lymphatic Research and Lymphatic Diseases.—The Committee urges the NHLBI's Lung Division to engage in lymphatic research initiatives, with particular attention to congenital lymphatic malformation-induced pulmonary dysfunction.

Marfan Syndrome.—The Committee commends NIAMS for its support of research opportunities to study this life-threatening, degenerative genetic disorder. The Committee also commends the NHLBI Pediatric Heart Network for its support of a clinical trial of a potential new drug therapy. The Committee urges the Institute to continue to support the major advances made in this area through all available mechanisms, as deemed appropriate.

Neurofibromatosis.—Significant advances continue to be made in research on NF's implications with heart disease and, in particular, its involvement with hypertension and congenital heart disease. The Committee applauds NHLBI for its involvement with NF research and with NF patient advocacy groups, and encourages the Institute to continue to expand its NF research portfolio in light of the enormous implications for the general population.

Outcomes Research in Cardiovascular Diseases.—The Committee commends the NHLBI for convening a Working Group on Outcomes Research in Cardiovascular Disease and for subsequently publishing a report identifying priority areas for research, including developing national surveillance of cardiovascular care and outcomes, promoting patient-centered care, translating best practice into clinical practice, involving patients in care, and placing the cost of interventions in the context of their real-world effectiveness. The Committee encourages the Institute to fund the priority areas highlighted in the report to enhance the prevention and treatment of heart disease, stroke and other cardiovascular diseases.

Preventing Weight Gain in Young Adults.—Evidence suggests that reducing the obesity epidemic will require significant attention to preventing progressive weight gain starting in early adulthood. Yet, little is known about the best methods to achieve weight management in this population. The Committee urges the NHLBI to initiate a project to prevent and test innovative practical, cost-effective ways to prevent weight gain in young adults, with the goal of reducing heart disease, stroke and other cardiovascular diseases.

Pulmonary Fibrosis.—The Committee previously has expressed concern regarding the need to expand public health strategies to combat lung disease, particularly pulmonary fibrosis. Many individuals are diagnosed too late to initiate treatment regimens that could reduce morbidity and mortality. The Committee urges the NHLBI to increase funding for lung research, particularly in the area of pulmonary fibrosis. The Committee further urges the NHLBI to convene a consensus conference of experts in the area of lung disease and other stakeholders to lay the groundwork for a formal Pulmonary Fibrosis Disease Action Plan for prevention and control of this deadly disease.

Pulmonary Hypertension.—Pulmonary hypertension [PH] is a rare, progressive and fatal disease which causes deadly deteriora-

tion of the heart and lungs. The Committee continues to view research in this area as a high priority and commends NHLBI for its plans to establish Specialized Centers of Clinically Orientated Research [SCCOR] in pulmonary hypertension. The Committee encourages NHLBI to prioritize support for 3–4 SCCORs this year and continue efforts to expand basic and translational research on PH in partnership with the pulmonary hypertension community.

Sleep Disorders.—The Committee is pleased that public and professional awareness on sleep will be a component of NHLBI's strategic planning process and encourages the institute to engage voluntary organizations throughout this process. The Committee continues to urge the National Center on Sleep Disorders Research to partner with other Federal agencies, such as the Centers for Disease Control and Prevention, as well as voluntary health organizations, such as the National Sleep Foundation, to implement a sleep education and public awareness initiative using the roundtable model that has been successful for other institutes and Public Health Service agencies.

Tuberous Sclerosis Complex.—Research has demonstrated a link between TSC and lymphangioleiomyomatosis [LAM], a lung disorder that primarily affects women. The Committee urges NHLBI to support clinical trials on individuals suffering from both LAM and TSC.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2006	$389,069,000
Budget estimate, 2007	386,095,000
House allowance	386,095,000
Committee recommendation	389,669,000

The Committee recommendation includes $389,669,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. The fiscal year 2006 appropriation was $389,069,000 and the budget requested $386,095,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Dental Disease.—Dental Disease is the most common chronic childhood illness and the most prevalent unmet need in poor children. Research indicates that dental disease has a serious impact on learning and overall health of children, and recent data indicates an increase in early childhood caries. The Committee commends the NIDCR for its current efforts in this area and urges the NIDCR to strongly support additional research to determine the most effective methods for preventing, controlling, and treating early childhood caries.

Genetic Disorders.—The Committee commends the NIDCR for its participation in efforts to create a strain of mice which has the same genetic characteristics as that of humans, and urges that research in this area be continued.

Temporomandibular Joint [TMJ] Disorders.—The Committee commends the NIDCR for its efforts to increase funding for TMJ research and stimulate interest in young investigators in TMJ research. Because the multifaceted nature of TMJ disorders requires an approach that coordinates the work of many interested parties at NIH, the Committee expects the NIDCR to continue to collabo-

rate and coordinate research and awareness activities with NINDS, ORWH and all other relevant ICs. The Committee also urges the NIDCR to consult regularly with patient advocacy groups in the planning of research initiatives.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2006	$1,703,753,000
Budget estimate, 2007	1,694,298,000
House allowance	1,694,298,000
Committee recommendation	1,707,753,000

The Committee recommends an appropriation of $1,707,753,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. The fiscal year 2006 appropriation was $1,703,753,000 and the administration's request is $1,694,298,000. The comparable amounts for the budget estimates include funds to be transferred from the Office of AIDS Research.

Action Plan for Liver Disease Research.—The Committee is pleased that the NIH Director approved a trans-NIH action plan for liver disease research in December 2005. The Committee applauds the NIDDK-led efforts to evaluate and critique progress being made in each of the 16 research areas identified by the plan. The Committee looks forward to being kept informed as to the progress being made to implement the goals of the plan and continuing efforts by NIH to establish priorities within the framework of each individual research area and among the 16 research areas.

Acute Liver Failure.—The Committee applauds the leadership of the NIDDK to convene a meeting in December 2006 to address the important issue of acute liver failure. The Committee urges that the attendance at the meeting will be broad enough to determine what improvements can be made in the U.S. market based on best practices in other countries.

Behavioral Research on Diabetes.—The Committee commends the Institute for its continuing commitment to behavioral research on adherence to diet and exercise regimens to prevent or slow the progression of Type II diabetes. The Committee is concerned, however, that the strategic plan for research to combat Type I diabetes includes almost no behavioral research. NIDDK is encouraged to examine the impact of diet and exercise interventions on the health and glucose control of Type I diabetics.

Biliary Atresia.—The Committee is pleased that the number of Biliary Atresia Research Network Centers has increased from 9 to 10 and that NIDDK, and in conjunction with HRSA, will conduct a newborn screening conference in September 2006. This conference will permit a review and evaluation of best practices in other countries around the world. The Committee looks forward to being informed as to the results of the conference.

Bone Marrow Diseases.—The Committee commends the NIDDK's focus on finding effective treatment for iron overload that threatens the lives of transfusion-dependent bone marrow patients. The NIDDK is urged to collaborate with the NIBIB to expand research that will enable patients suffering from aplastic anemia, myelodysplastic syndromes, and paroxysmal nocturnal hemoglobinuria to obtain efficient iron measurement and chelation.

Cooley's Anemia.—The Committee continues to support the high-quality research being conducted by the NIDDK on such issues as iron chelation, non-invasive iron measurement, fetal hemoglobin, and other topics critical to improving the lives of Cooley's anemia patients. The development of a less burdensome means of iron chelation is urgently needed. In addition, the Committee encourages NIDDK to continue to work closely with the NIBIB to develop and perfect non-invasive means of measuring iron.

Crohn's Disease.—The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease [IBD]. These extremely complex disorders represent a major cause of morbidity from intestinal illness. The Committee commends the NIDDK for its strong leadership in this area and continues to encourage the Institute to increase funding for research focused on the cellular, molecular and genetic structure of IBD; identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups; and translation of basic research findings into patient clinical trials, as outlined in the research agenda developed by the scientific community titled "Challenges in Inflammatory Bowel Disease." The Committee also encourages the NIDDK to continue to strengthen its partnership with the IBD community and increase support for its successful Digestive Disease Centers program with an emphasis on IBD.

Diamond-Blackfan Anemia.—The Committee strongly encourages NIDDK to develop grant opportunities and increase research to support DBA.

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.

Drug-Induced Liver Injury.—The Committee is aware of increased incidence of drug-induced liver injury and urges additional research focused on identifying the cause of this drug-induced morbidity and recommendations for prevention. This research is particularly important because the unintended and episodic liver injury creates an impediment to people using highly beneficial pharmaceuticals to address other indications.

End-stage Renal Disease.—The Committee is concerned about the significant differences among minority groups in the incidence and prevalence of patients suffering from end-stage renal disease [ESRD]. The Committee urges NIDDK to take steps to ensure adequate inclusion of minority ESRD patients in the Comprehensive Dialysis Study and other relevant research so that such trends can be understood for their impact on these populations.

The Committee also is aware of wide geographic and ethnic variances in rates of hemodialysis, both center-based and home

hemodialysis, as well as peritoneal dialysis, for patients suffering from ESRD. The Committee understands that a large clinical trial involving hemodialysis is underway and urges the NIDDK to expand its research in this area to include peritoneal dialysis, or to develop a similar review for peritoneal dialysis that examines medical outcomes, quality of life, and clinical improvements for ESRD patients who choose this important and well-established therapy.

Fatty Liver Disease.—The Committee notes a diagnosis of fatty liver disease encompasses a spectrum of severity disease with many cases evolving into non-alcoholic steatohepatitis [NASH] and, ultimately, cirrhosis. NASH-related liver disease has already become an important indicator for liver transplantation, and in the absence of better treatments, the need for NASH-related liver transplantation will increase significantly over time. The Committee is pleased that NIDDK is funding a fatty liver disease clinical trial that includes both adult and pediatric populations, and NIH leadership has generated a significant increase in highly competitive science and research focused on fatty liver disease.

Fragile X.—The symptoms of Fragile X syndrome include digestive difficulties. Some affected individuals also show hyperphagia and obesity. Understanding this disorder may help researchers develop treatments to relieve disease symptoms and to better understand disorders with similar symptoms. The Committee urges the NIDDK to expand its research activities on Fragile X and to coordinate these efforts with other Institutes working on related activities, including NIMH, NINDS, NICHD, and the Fogarty International Center.

Genetics of Type 1 Diabetes.—The NIDDK is asked to accelerate its efforts to ensure the research community's access to biosamples and data collected by the Type 1 Diabetes Genetics Consortium and the Genetics of Kidneys in Diabetes [GoKinD] study. Efforts to share resources and support innovative research will assist researchers in developing new methods of measuring an individual's risk for type 1 diabetes or its complications.

Glomerular Disease Research.—The Committee continues to be pleased with the work of NIDDK in the area of glomerular disease research, particularly as it relates to focal segmental glomerulosclerosis. The Committee commends NIDDK for conducting the recent Glomerular Disease Workshop in January 2005, and urges NIDDK to issue a specific program announcement or other appropriate mechanism to ensure the initiation of grant proposals, training positions, and other activities to expand the NIDDK portfolio in this important area of research. The Committee requests a progress report during the fiscal year 2008 hearings.

Hematology.—The Committee is aware of the high-quality hematology research in iron metabolism, gene regulation, and stem cell plasticity. The Committee encourages the Institute to set priorities for future research in these and other areas that significantly impact a broad array of blood disorders. The Committee further encourages the Institute to increase research in the area of anemia of chronic inflammation and is pleased to see that the Institute plans to hold a conference on this topic to identify key research questions and priority areas for study. The Committee requests a report by July 1, 2006, on the promising research opportunities

identified and the steps to be taken to accelerate research in these areas.

Hepatitis B.—The Committee urges a continuing priority on increased research for hepatitis B. The Committee applauds the leadership of the NIDDK in conducting an experts' conference on this disease in April 2006 and is aware that a significant number of new research opportunities have been identified. The Committee urges that a focus be placed on identifying best practices of the treatment of hepatitis B and supports efforts to reduce the disproportionately high annual treatment costs for hepatitis B. Additionally, the Committee urges the NIDDK to collaborate with the CDC to develop a document to reach at-risk populations for intensive public health screening, outreach and testing campaigns.

Incontinence.—Many otherwise healthy, active individuals suffer from incontinence. Fecal incontinence, also called bowel incontinence, affects people of all ages and is associated with a wide variety of causes. The Committee is pleased that NIDDK is collaborating with NICHD and the Office of Medical Applications of Research on the incontinence state-of-the-science conference and urges the institute to prioritize implementation of this conference.

Inflammatory Bowel Disease [IBD] in Children.—The Committee has learned that research into adult disease is of limited assistance in managing younger patients because the condition manifests itself in very different ways in pediatric cases. Consumer and physician organizations have identified priority areas for basic research in pediatric IBD. These are: growth failure and bone disease; identification of the genes responsible for early onset IBD; and the relationship between children's immune systems and IBD onset and response to treatment. The Committee encourages NIDDK to conduct focused conferences on these priorities to develop research initiatives that will lead to better diagnosis and more effective treatment of pediatric IBD, as well as to determine potential ways that the condition may be prevented.

Interstitial Cystitis.—Research on interstitial cystitis is still in its infancy. While there has been important progress in this area in the last decade, there is still very little known about the etiology and pathogenesis of the disease. The Committee urges the NIDDK to set aside IC-specific funding in order to focus on the basic science of IC and to attract and sustain research in the field. The Committee was pleased that the NIDDK worked closely with the Interstitial Cystitis Association to put on an international scientific symposium on IC. The Committee was also encouraged by the NIDDK's efforts to elevate awareness of IC among providers and would like to see the NIDDK continue to work more closely with the interstitial cystitis patient community and the CDC to utilize its resources and expertise effectively.

Irritable Bowel Syndrome.—The Committee is pleased that NIDDK is formulating an action plan for digestive diseases through the National Commission on Digestive Diseases and that irritable bowel syndrome [IBS] will be included. The Committee continues to direct NIDDK to expedite this plan and ensure that IBS be given sufficient attention in order to increase the functional gastrointestinal and IBS research portfolio at NIDDK. The Committee also encourages NIDDK to continue to strengthen its partnership

with the IBD community and increase support for its successful Digestive Disease Centers program with an emphasis on IBD.

Living Donor Transplantation.—The Committee recognizes that the transplantation of organs, tissues, and cells is a powerful mode of treatment for dozens of life-threatening diseases affecting millions of Americans. From this perspective, the Committee urges NIDDK's basic and clinical research programs in transplantation to focus efforts on the study of living donor transplantation, to enhance success rates by reducing morbidity and mortality. Additionally, the Committee would like to be informed on the Institute's plans to initiate a cohort study to assess the health outcomes of living donors not only following the period immediately after the donation but for the quality of life implications for decades post donation.

Lymphatic Research and Lymphatic Diseases.—The lymphatic system plays an important role in the transport and digestion of fats. The NIDDK is urged to study the metabolic link between lymphatic function and obesity, dyslipedema and diabetes. In addition, the Committee strongly urges NIDDK to study protein losing enteropathy, a life-threatening complication associated with numerous syndromes involving congenital lymphatic malformations.

Pediatric Kidney Disease.—Kidney disease is a major cause of illness and death in infants, children and adolescents. In addition, many diseases like diabetes and hypertension that lead to chronic kidney disease [CKD] and end-stage renal disease [ESRD] in adults begin in childhood; therefore, strategies to prevent kidney disease must begin early in life. The Committee recognizes the urgent need to better understand the pathogenesis of these conditions, and it urges the NIDDK to continue to support research focused on the identification and study of genes and gene mutations that cause and increase the risk of progressive kidney disease. In addition, translational research aimed at clarifying the mechanisms underlying the genesis and evolution of kidney injury will help create targeted interventions to prevent, identify, and treat kidney disease in children. Specifically, the Committee recommends that emphasis be placed on research to determine how obesity, type 2 diabetes, and hypertension contribute to the evolution of CKD, and what interventions may limit cardiovascular morbidity in patients with these diseases.

Polycystic Kidney Disease [PKD].—The Committee is pleased to learn that NIH-supported PKD research, in partnership with private organizations, has rapidly led to multiple clinical drug trials in humans and to interdisciplinary blood pressure and heart studies to validate the advantages of slowing PKD progression. The Committee is encouraged that with additional support and resources for these trials, the establishment of core facilities, gene registries and research on the interrelationship of PDK with tuberous sclerosis complex, new innovative therapies may soon be developed to slow or reverse the progression of PKD for more than 600,000 Americans who suffer from the disease. The Committee also acknowledges the recent publication of data from the CRISP study, which makes available a much better measure of disease progression and which dramatically reduces the number of patients needed to obtain valid results from clinical trials, thus greatly ac-

celerating the pace and accuracy of clinical PKD research and reducing its cost. The Committee recognizes the significant benefits emanating from the PKD Centers of Excellence in promoting interdisciplinary scientific research and developing alternative animal models; therefore, the Committee encourages the NIKKD to support the efforts of the PKD Centers to the maximum extent possible. Given the momentum and therapeutic opportunities in PKD science, the Committee also strongly urges the NIDDK to pursue fulfillment of the PKD Strategic Plan, facilitate PKD clinical trials and multidisciplinary research, and expand studies of pathophysiology and cellular pathobiology.

Prostatitis.—The Committee encourages the Institute to provide more diverse medical specialties to supplement and build upon the insufficient treatment options and the background of basic information now available for prostatitis.

Type 1 Diabetes Clinic Trials.—The Committee is encouraged by the launch of new clinical trials to prevent or treat type 1 diabetes through the Type 1 Diabetes TrialNet. NIDDK is encouraged to expedite the launch of new trials in TrialNet to ensure that patients continue to receive the benefits of innovative research and discoveries.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body including the kidneys, where patients are at risk for polycystic kidney disease [PKD], cancer or, most commonly, benign growths known as angiomyolipoma that can result in kidney failure. The Committee urges the NIDDK to collaborate with the NCI to conduct research on the needs identified in a recent conference on nutrient sensing and insulin-signaling in cells. The Committee also encourages the NIDDK to expand research on the link between PKD and TSC.

Urological Research.—The Committee strongly urges the NIDDK to establish a Urological Disease Research Branch within the Division of Kidney, Urologic, and Hematologic Diseases [DKUH]. Despite significant increases in funding for the Institute, the Committee remains concerned that the research portfolio in urology has not kept pace with the impact of these diseases on women, men, and children. The Committee believes a Urological Disease Research Branch will better focus and accelerate research on urology disease in the NIDDK and help coordinate and stimulate urology-related research across the NIH and within other Federal agencies.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2006	$1,533,703,000
Budget estimate, 2007	1,524,750,000
House allowance	1,524,750,000
Committee recommendation	1,537,703,000

The Committee recommends an appropriation of $1,537,703,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. The fiscal year 2006 appropriation was $1,533,703,000 and the budget request is $1,524,750,000. The comparable amounts for the budget estimates include funds to be transferred from the Office of AIDS Research.

Alzheimer's Disease.—Research supported by the NINDS continues to play an integral role in widening the scientific base of knowledge about Alzheimer's disease. In a study supported jointly by the NINDS, the NIA and the Alzheimer's Association, scientists found that administering lithium to genetically engineered mice reduced the accumulation of an abnormal protein, called tau, that contributes to the degeneration of neurons in Alzheimer's disease. Further research will determine whether lithium could also reduce neuronal degeneration if administered before any significant structural abnormalities occur in neurons. The Committee encourages the NINDS to continue to assign a high priority to its Alzheimer's research portfolio, and to continue to work closely with the NIA and other Institutes. The Committee further 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].—The Committee is gratified by the increased capacity in the past 2 years for drug discovery and patient care regarding ALS throughout the Nation's major academic centers and community clinics. Collaborations between the NINDS and voluntary health associations, such as the coordination of the NIH National Center for Drug Discovery in Neurodegeneration with The ALS Association's new clinical TREAT ALS program, provide an evolved nationwide infrastructure for accelerating programs in translational research. More patients now have access to more clinical trials through the increased prevalence of ALS centers, which not only define, establish and support a national standard of care in the management of ALS, but also interrelate with state-of-the art research. The Committee is also pleased with the continuing collaboration between NIH, the Department of Veterans Affairs and the Department of Defense to advance ALS research and identify treatments for this disease that afflicts veterans in disproportionate numbers. The Committee encourages NIH to continue collaborating with other relevant Federal agencies as well, including the Centers for Disease Control and Prevention.

Batten Disease.—The Committee strongly urges the Institute to increase funding for Batten disease research by actively soliciting grant applications and taking aggressive steps to assure that a vigorous research program is established. The Committee expects to be informed of the steps taken to increase research on Batten disease.

Brain Tumors.—The Committee continues to believe that additional attention should be 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.

Chronic Inflammatory Demyelinating Polyneuropathy [CIDP].—The Committee recognizes that Chronic Inflammatory Demyelinating Polyneuropathy [CIDP] is a rare disorder of the peripheral nerves characterized by gradually increasing weakness of the legs and arms. The Committee urges the National Institute of Neurological Diseases and Stroke to support research to assist in the diagnosis and treatment of CIDP.

Down Syndrome.—As a follow-up to its successful Down syndrome workshop to address research priorities relating to the synaptic structure and function of neuronal circuits, NINDS is strongly encouraged to issue special program announcements related to its workshop findings. Specifically, the Committee encourages NINDS to identify and fund investigations relating to the genetic and cellular basis for abnormalities in the structure and function of neuronal circuits in both the developing and mature nervous systems. NINDS is also encouraged to work with the Office of the Director, OPASI, and the other institutes to develop a strategic plan for Down syndrome research and to coordinate all Down syndrome research within NIH. In anticipation of future clinical trials that will seek to accurately measure cognitive improvement in individuals with Down syndrome, the Committee further encourages NINDS to begin to develop better measurement standards and a common database that can be used generally for such trials.

Duchenne and Becker MD Translational Research.—The Committee is advised that the NIH is working toward prioritizing opportunities for Duchenne and Becker Muscular Dystrophy translational research projects and plans to convene a workshop examining DBMD translational opportunities later this year. The Committee is pleased with this development and requests that NIH—through NINDS, the Muscular Dystrophy Coordinating Committee, and the other relevant Institutes—develop specific measurable milestones, including a timeline, needed to establish a DBMD Translational Research Initiative. The Committee also requests that this information be included in the annual report to Congress authorized by the MD Care Act. The Committee encourages the NIH to include representatives from the 6 MD Centers of Excellence in the process for establishing the DBMD Translational Research Initiative.

Duchenne Muscular Dystrophy.—The Committee is pleased that the Muscular Dystrophy Coordinating Committee [MDCC] has approved the Action Plan for the Muscular Dystrophies. The Committee remains concerned that the plan does not adequately clarify which agencies are tasked with primary and secondary responsibilities for achieving each of the 76 research objectives. The Committee strongly encourages the MDCC to designate by April 1, 2007, the agencies with primary and secondary responsibilities for working toward each research objective. The Committee requests that the NIH's annual report to Congress, authorized in the MD Care Act, include information detailing the NIH's current DMD research goals, the progress made toward each goal, the total amount of money invested toward each goal, and projected spending on DMD research for the present and future fiscal year. The Committee further encourages NINDS to partner with NIAMS and NHLBI to provide the funding needed to adequately support the research agenda at each of the six Wellstone Muscular Dystrophy Cooperative Research Centers.

Dystonia.—The Committee continues to support the expansion of research and treatment developments regarding the neurological movement disorder dystonia. The Committee is pleased with progress made in expanding the dystonia research portfolio resulting from the joint dystonia research program announcement and

understands that 11 new grants have been funded as a result of this initiative. The Committee commends NINDS on its sponsorship of the scientific workshop on dystonia and looks forward to initiatives based on this activity.

Epilepsy.—The Committee encourages intensified efforts by the Institute to produce breakthroughs in the prevention, treatment, and eventual cure of epilepsy. The Committee applauds the development of benchmarks for epilepsy research resulting from the "Curing Epilepsy: Focus on the Future" conference held in March 2000 and encourages the Institute to address important research issues raised at the "Living Well with Epilepsy II" conference held in July 2003. The Committee encourages the NINDS to designate resources to implement its benchmark priorities, to develop plans and goals for the anti-epileptic drug development program, and to provide pertinent updates on these activities.

Fragile X.—Fragile X is a single-gene disorder, but both its symptoms and its cellular mechanisms suggest the involvement of multiple genes and specific brain pathways that are associated with other neurological disorders, such as autism and seizures. Recent research offers clear evidence of disruption of fundamental brain circuitry in Fragile X. Thus, Fragile X research has the potential to contribute to the understanding of multiple disorders, such as seizure disorders, developmental disorders and autism. The Committee urges the NINDS to intensify its research into these issues as they relate to Fragile X, and to coordinate this research with other Institutes working on Fragile X, including, but not limited to, NIMH and NICHD.

Fragile X-Associated Tremor/Ataxia Syndrome [FXTAS].—Carriers of premutation [CGG] expansions of the Fragile X gene are generally thought to be spared most of the problems associated with the full mutation; however, a newly identified neurological disorder, involving progressively severe tremor and difficulty with walking and balance, appears to specifically affect some older premutation carriers, generally grandfathers of children with Fragile X syndrome. Although this neurological disorder occurs by a separate mechanism from Fragile X syndrome and affects different individuals, it is caused by the same gene, and therefore opens a new portal for understanding how the Fragile X gene works. The Committee encourages NINDS to use FXTAS as a gateway to understanding other adult/aging disorders including parkinsonism and dementia. The Institute is encouraged to work with the NIA to expand research on FXTAS.

Healthy Brain Initiative.—NINDS is commended for its cooperative efforts in producing a searchable database of studies and planning joint efforts to solicit research on enhancing healthy cognitive and emotional function. This initiative is a model of how institutes can work together on complex issues involving multiple disciplines and methodologies. Given the importance of maintaining and enhancing brain health at all stages of life, NINDS is encouraged to make this initiative a priority.

Human Herpesviruses.—The Committee requests the NINDS, in coordination with NIAID and other appropriate NIH Institutes, to engage in research into the possible role of human herpesviruses 6A and 6B in the onset and progression of multiple sclerosis,

mesial temporal lobe epilepsy, status epilepticus, HIV/AIDS, chronic fatigue syndrome and other neurological, and immune system diseases.

Mucolipidosis Type IV [ML4].—The Committee encourages the Institute to expand research involving other organisms which bear genes resembling the one whose mutation in humans causes ML4. This research could be beneficial not only to those with ML4, but a number of other disorders involving TRP genes and other genetic disorders.

Neurofibromatosis.—Advances in NF research have linked NF to cancer, brain tumors, learning disabilities, memory loss and heart disease. The Committee encourages NINDS to aggressively expand its NF clinical, pre-clinical and basic research portfolios and to continue its efforts to accelerate the process of translational research. The Committee commends NINDS for its leadership role in NF research and in coordinating efforts with other Institutes and government agencies engaged in NF research. The Committee encourages NINDS to continue its exemplary efforts in the creation, implementation and funding of NF pre-clinical and clinical trials infrastructures, including NF Centers, translational research, genetic and drug screening, training of new NF researchers, and clinical trials using existing and new drugs on NF patients. The Committee calls upon NINDS to continue to coordinate its efforts with the other institutes at NIH as well as other government agencies.

Opsoclonus-Myoclonus Syndrome [OMS].—OMS is a rare, autoimmune, paraneoplastic disorder that targets the brain. In childhood, it is associated with neuroblastoma of the chest, abdomen, or pelvis. Besides the hallmark features of opsoclonus (involuntary saccadic eye movements), myoclonus (tremulousness, muscle jerks), and ataxia (gait disorder), the children have rages, inability to sleep, and may become mute and unable to sit or stand. Permanent problems in motor control, language development, behavior, and cognition—even mental retardation—are common. The available treatment options for OMS are extremely limited. The Committee urges the Institute to accelerate research efforts to identify OMS susceptibility genes and biomarkers, and to develop innovative immunotherapeutic strategies.

Parkinson's Disease.—The Committee supports the innovative multidisciplinary research and training concerning Parkinson's disease provided by the Morris K. Udall Parkinson's Disease Research Centers of Excellence. The Committee encourages the Director to create an additional Coordinating Udall Center to further focus and manage the interdisciplinary efforts of the Udall Centers. The Committee further encourages NIH to require that the Udall Centers include a significant clinical component, in addition to their ongoing basic research. In reviewing the Udall Center grants, the Committee also encourages the NIH to evaluate the applicants in a manner that recognizes the unique aspects of the clinical, coordination, and multidisciplinary components of the applicants, while continuing to preserve the integrity of the peer-review process.

The Committee has urged the Director to expeditiously provide funding at the conclusion of the neuroprotection trials [NET–PD] for phase III clinical trials of all the neuroprotection compounds found to be not futile, including combinations of them. The Com-

mittee requests the Director to report to the Committee the current status of the NET–PD after the conclusion of each of the futility studies.

Peripheral Neuropathy.—This neurological disorder causes debilitating pain, weakness in the arms and legs, and difficulty walking. Although research is underway on diabetic neuropathy and HIV/AIDS-related neuropathy, the Committee strongly urges the NINDS to strengthen its research portfolio on other forms of neuropathy, and it notes with interest the upcoming workshop that the NINDS will convene to identify research goals.

Pick's Disease.—The Committee urges the NINDS to initiate funding for drug discovery efforts that focus on specific targets relevant to treating the mechanisms underlying brain degeneration due to frontotemporal dementia [FTD]. The Committee further encourages the NINDS to conduct multicenter treatment trials for symptomatic management of Pick's disease and other FTDs. The Committee encourages the Institute to focus on methods for discovering the causes of this family of diseases, improving diagnostic accuracy, and providing longitudinal characterizations so that the success of intervention can be determined.

Rett Syndrome.—The Committee remains concerned at the level of funding dedicated toward research into Rett Syndrome, an incurable and devastating childhood neurological disorder that is the leading cause of severe neurologic impairment in females and the only autism spectrum disorder with a known genetic cause. While once considered rare, increased diagnosis suggests that the prevalence of Rett Syndrome may be much greater than current estimates. Furthermore, Rett Syndrome is linked with autism, schizophrenia, bipolar disease and other mental disorders. The discovery in 1999 of the specific genetic cause of Rett Syndrome, a gene called MECP2, was a crucial breakthrough. The Committee encourages research aimed at understanding the pathogenesis of Rett Syndrome, the function of MECP2 in the developing and mature nervous system, and the identification of the targets of MECP2 and their role in disease. The development of outcome measures and new quantifiable assays to study Rett and related disorders are also needed to prepare for future interventional trials in patients. The Committee also encourages NIH to coordinate with private organizations supporting research initiatives in this area in order to ensure the most efficient use of resources.

Spinal Muscular Atrophy [SMA].—The Committee understands that the severity of SMA and its relatively high incidence, and the possibility of imminent treatments have led NINDS to execute the SMA Therapeutics Development Program. The Committee commends NINDS for this initiative and strongly urges NIH/NINDS to continue to commit the resources to ensure a timely completion of the project mission of identifying and completing preclinical research and development of drug candidate therapeutics for SMA by 2007. More importantly, the Committee strongly encourages NINDS to begin planning and budgeting for the necessary next stages of drug development. The Committee requests that NIH report back to the Committee no later than April 2007 with a progress report on all aspects of SMA research.

Stroke.—The Committee continues to place a high priority on stroke research and strongly encourages the NINDS to increase resources for basic, clinical and translational research and related activities into stroke. The Committee remains concerned that funding for stroke research over the years has not kept pace with the scientific opportunities, the number of Americans afflicted with stroke, and the economic toll of this disease. Therefore, the Committee encourages the NINDS to aggressively expand its stroke education program, to implement the long-range strategic plan for stroke research and to continue searching for novel approaches to improve stroke diagnosis, treatment, rehabilitation, and prevention. The Committee continues to support full and timely implementation of the SPRG report and expects another written update by July 1, 2007, highlighting activities and initiatives.

Stroke Rehabilitation.—The Committee commends the Institute's commitment to update the findings and recommendations of the Stroke Progress Review Report and urges that a special focus of the update be on the need to redouble efforts on rehabilitation science and the translation of rehabilitation discoveries into practice. The Committee notes that there is a growing body of evidence that stroke victims do not achieve the fullest possible recovery from rehabilitation because of limited awareness of research evidence for the effectiveness of appropriate rehabilitation protocols and urges that this matter be addressed with additional research. Finally, the Committee urges the inclusion of rehabilitation scientists in NINDS-sponsored workshops, expert conferences and consensus conferences as appropriate.

Tuberous Sclerosis Complex.—The Committee is encouraged that the NINDS has organized a Trans-NIH Tuberous Sclerosis Coordinating Committee, and it urges the Institute to continue to take a leadership role in convening meetings of this group. The Committee believes that the scope of the Coordinating Committee should be broadened to include an international conference every 2 years. The Committee also encourages the NINDS to work with the NICHD and the NIMH to organize a conference focused on psychiatric issues and cognitive disabilities in TSC.

Vulvodynia.—NIH-supported research indicates that millions of women suffer from chronic pelvic and genitourinary pain conditions such as vulvodynia. Therefore, the Committee calls upon the NINDS, in coordination with the NICHD, ORWH, the NIH Pain Consortium and other ICs, to expand its support of research in this area, with a focus on etiology and multi-center therapeutic trials. The Committee also calls on NINDS to work with ORWH and other relevant ICs and government agencies, as well as patient and professional organizations, to implement an educational outreach campaign on vulvodynia.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2006	$4,380,268,000
Budget estimate, 2007	4,395,496,000
House allowance	4,270,496,000
Committee recommendation	4,395,496,000

The Committee recommends an appropriation of $4,395,496,000 for the National Institute of Allergy and Infectious Diseases

[NIAID]. The fiscal year 2006 appropriation was $4,380,268,000 and the budget request is $4,395,496,000. Included in these funds is $100,000,000 to be transferred to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis. Also included is bill language permitting up to $25,000,000 for extramural facilities construction grants. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Anaphylaxis.—The Committee is pleased that the NIAID has continued its collaboration with private sector organizations to improve the diagnosis and treatment of anaphylaxis, a particularly severe reaction often resulting from allergic responses to food or medications. A recent published report of a second symposium co-sponsored by NIAID emphasized the need for expanded research related to anaphylaxis. The report highlighted a number of areas requiring additional research including the identification of relevant biomarkers; improved understanding of the basic immunology and pathophysiology of anaphylaxis; and studies of the mechanisms that determine the severity of allergic reactions and the variability of organ system responses. The Committee urges the NIAID to take steps to stimulate investigator-initiated research on these and other questions and requests a report outlining these efforts by May 1, 2007.

Antibiotic Resistance.—NIAID should move aggressively to strengthen translational research efforts in the area of antibiotic research and development particularly with regard to multi-drug resistant gram negative bacterial infections for which few drugs are moving forward in the pharmaceutical pipeline as well as methicillin-resistant Staphylococcus aureus [MRSA] infections, which have become a silent epidemic in communities and hospitals across the country. NIAID also should accelerate its antibiotic resistance basic research efforts to more quickly advance our understanding of mechanisms of resistance and how resistant microbes impact human health.

Antimicrobial Resistance.—The Committee commends NCI, CDC and NIAID for their multi-agency efforts focused on reducing antimicrobial resistance to infectious diseases, improving the medical management of patients infected by hospital- and community-acquired Staphylococcus aureus and similar infections, and developing new therapeutics for treatment of these infections. However, the Committee notes that no FDA-licensed vaccines for prevention of hospital- and community-acquired multidrug-resistant Staphylococcus aureus and similar infections are currently available and views this as a critical gap in medicine and public health. The Committee is aware that new conjugate vaccine technologies currently exist and clinical studies of promising bacterial vaccine candidates have been conducted. The Committee urges NIAID to assist in supporting advanced development and clinical studies needed to make vaccines and immune therapeutics available for prevention and treatment of these life-threatening infections.

Asthma.—The Committee is very pleased with NIAID's leadership regarding asthma research and management. 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 vol-

untary health organizations to support asthma prevention, treatment, and research activities.

Atopic Dermatitis.—In recent years, the Committee has encouraged the NIAID to work with NIAMS and other institutes on a multi-institute initiative to encourage investigator-initiated research projects on atopic dermatitis [AD], commonly known as eczema. As NIAID continues its focus on the smallpox vaccine, it is important to expand investigator-initiated research on adverse reactions to the vaccine experienced by individuals with AD. In addition, studies have confirmed that individuals with severe AD are more likely to develop severe asthma and other allergic diseases. The Committee was pleased to receive the February 2006 report on NIAID's research efforts related to AD. The Atopic Dermatitis and Vaccinia Immunization Network and the Immune Tolerance Network are important initiatives. However, the Committee believes more needs to be done to encourage investigator-initiated research on AD, particularly in light of recently announced discoveries by NIH scientists regarding the relationship of ineffective skin barrier and immune system response to allergens. The Committee again encourages the NIAID to cooperate with NIAMS and other institutes to spearhead a multidisciplinary, multi-institute initiative to encourage investigator-initiated research projects on AD as it relates to smallpox vaccination as well as the progression to asthma and other allergic diseases.

Autoimmune Diseases.—The NIAID is commended for its support of research into the cause and treatment of autoimmune diseases. NIAID programs play a key role in understanding the roots of autoimmune disease and developing new treatments to stop disease without life-long suppression of the patients' immune systems. The Committee encourages NIAID to support communication between researchers studying different autoimmune diseases so that findings in one disease can quickly be applied to related conditions. As part of this effort, NIAID is urged to expand its interactions with the National Center for Biotechnology Information [NCBI] to establish a database where results of studies can be readily accessed by the research community.

Behavioral Research on Pandemic Flu.—The Committee encourages NIAID to work with OBSSR to identify and fund behavioral research on infectious diseases. In particular, behavioral research in areas such as risk perception, adherence to vaccination recommendations, and public health preparedness could enhance scientific research on preparation and response to pandemic influenza outbreaks.

Coinfection Research.—The Committee is concerned that there is growing evidence of liver toxicity of highly active antiretroviral therapy [HAART] in those with decompensated liver disease awaiting liver transplantation. There also appears to be an emerging problem of liver cancer in co-infected patients [HCV and/or HBV with HIV]. The Committee encourages NIAID to initiate significant research initiatives in both of these areas.

Hepatitis.—The Committee continues to be concerned about the prevalence of hepatitis and urges NIAID to work with voluntary health organizations to promote liver wellness, education, and prevention of hepatitis.

Hepatitis C Virus [HCV] Vaccine Development.—The Committee is pleased to learn that phase I of a small hepatitis vaccine human trial has been successfully completed and that phase II regarding efficacy is underway. The Committee is concerned with preliminary information that this vaccine candidate may not be universally effective against all genotypes of hepatitis C and therefore urges the simultaneous development of other vaccine candidates against this disease.

Immune Tolerance Network.—The Committee commends the NIAID and NIDDK for their support of preclinical studies of new approaches to immune tolerance to prevent or treat type 1 diabetes. The Committee urges the NIAID to expedite the translation of promising results into early phase clinical trials within the Immune Tolerance Network.

Implementation of the Transplantation Research Action Plan.—The Committee is pleased that NIAID convened an experts conference and developed a 5-year Transplantation Research Action Plan identifying the most urgently needed research to facilitate and increase in the success of organ transplantation. The Committee urges an annual review of progress made in the various research areas identified by the plan with recommendations and appropriate followup to enhance progress in promising, but low-yielding areas of research specifically as they relate to organ donation, organ evaluation, and organ transplantation.

Inflammatory Bowel Disease.—The Committee continues to note with interest a scientific research agenda for Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease) titled "Challenges 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 2007 and increase funding for research focused on the immunology of IBD and the interaction of genetics and environmental factors in the development of the disease.

Living Donor Transplantation.—The Committee recognizes that the transplantation of organs, tissues, and cells is a powerful mode of treatment for dozens of life-threatening diseases affecting millions of Americans. From this perspective, the Committee urges NIAID's basic and clinical research programs in transplantation to focus efforts on the study of living donor transplantation, to enhance success rates by reducing morbidity and mortality. Additionally, the Committee would like to be informed on the Institute's plans to initiate a cohort study to assess the health outcomes of living donors not only following the period immediately after the donation but for the quality of life implications for decades post donation.

Lupus.—The Committee urges the NIAID to expand and intensify genetic, clinical and basic research and related activities with respect to lupus, with particular focus on identifying biomarkers and addressing the apparent health disparities associated with this disease.

Lymphatic Research and Lymphatic Diseases.—With a portfolio that includes chronic infections, immune-mediated diseases, transplantation, allergy, asthma and airway infections, the NIAID has

a significant stake in advancing lymphatic research. The Committee urges the NIAID to work closely with the NHLBI to support research that addresses the immune functions of the lymphatic system and the role of immune mechanisms and inflammation in lymphatic diseases, with particular attention to the immunodeficient complications associated with congenital lymphatic malformations and lymphedema.

Primary Immunodeficiency Diseases.—NIAID is the lead agency for research into bone marrow transplantation [BMT]. Recently, the survival rate for Severe Combined Immune Deficiency [SCID] from related HLA-identical donors has resulted in a survival rate of over 90 percent. Unfortunately, there are no HLA identical donors for most patients. Alternative approaches using HLA-matched unrelated donors and HLA-mismatched related donors have produced very promising results. These new approaches have been designed to eliminate graft versus host disease and other complications. Research and resources should be directed by NIAID to develop therapeutic approaches to "curing" SCID patients who require BMT.

Psoriasis.—The Committee urges NIAID to support genetic, clinical, and basic research related to the understanding of the cellular and molecular mechanisms of psoriasis and psoriatic arthritis, chronic and immune-medicated diseases.

Tuberculosis.—The World Health Organization [WHO] estimates that nearly one-third of the world's population will become infected with tuberculosis [TB], and by 2020, 70,000,000 people will die worldwide of this disease. The Committee is pleased with NIAID's efforts to develop an effective TB vaccine and notes NIAID expansion of work on this important initiative.

Xenotransplantation.—The Committee commends the NIAID on developing a xenotransplantation initiative and encourages the Institute to foster collaborations and shared resources among investigators to reduce the waiting list of organ transplant recipients. Specifically, NIAID is encouraged to evaluate the benefits of using porcine pancreases, which could provide an unlimited supply of insulin-producing cells for transplantation to restore normal glucose control in diabetic patients.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2006	$1,934,288,000
Budget estimate, 2007	1,923,481,000
House allowance	1,923,481,000
Committee recommendation	1,934,888,000

The Committee recommendation includes $1,934,888,000 for the National Institute of General Medical Sciences [NIGMS]. The fiscal year 2006 appropriation was $1,934,288,000 and the administration's request is $1,923,481,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Training Programs.—The Committee continues to be pleased with the quality of NIGMS's training programs, particularly those that have a special focus on increasing the number of minority scientists such as the Minority Access to Research Careers [MARC] and Minority Biomedical Research Support [MBRS] programs. The

Committee encourages NIGMS to continue to support these important initiatives, and is particularly pleased that NIGMS has supported biomedical 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.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2006	$1,263,900,000
Budget estimate, 2007	1,257,418,000
House allowance	1,257,418,000
Committee recommendation	1,264,500,000

The Committee recommends an appropriation of $1,264,500,000 for the National Institute of Child Health and Human Development [NICHD]. The fiscal year 2006 appropriation was $1,263,900,000 and the administration's request was $1,257,418,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Autism.—The Committee is aware of the important research into the genetic basis of autism spectrum disorders and of its support for the High Risk Baby Sibling Autism Research Project (Baby SIBS) on the incidence of autism among children in the same families. Accordingly, the Committee encourages the Institute to expand its support and funding for the Baby SIBS project, and encourages the Institute to expand its work with and support for similar public-private partnerships. The Committee also encourages the Institute to expand its autism research portfolio on gene-environment interactions.

Behavioral Science.—The Committee emphasizes its strong support for the broad portfolio of behavioral research at NICHD and supports its efforts to determine the biological, behavioral, and social factors that affect cognitive, social, and personality development of children in a variety of settings. The Committee encourages the Institute to maintain its support for research and training in behavioral science as it engages in its priority-setting process.

Childhood Obesity.—The Committee is pleased that NICHD is funding behavioral intervention research focused on preventing childhood obesity. The Committee encourages additional clinical trials that focus on the effectiveness of behavioral interventions in settings beyond primary care, including the home, school, community, and other environments that influence physical activity and health behaviors. The Committee recognizes the critical importance of prevention efforts in this area and supports continued initiatives to promote healthy behaviors in children and adolescents, particularly for ethnic minority populations.

Demographic Research.—The Committee commends the NICHD for supporting demographic research, which is essential for understanding the health, socioeconomic, and geographic implications of the rapidly changing U.S. population. The Committee encourages the Institute to invest in its demographic training programs to prepare the next generation of social scientists. Further, the Committee urges the Institute, in a partnership with other Federal agencies, to continue supporting critical, accessible databases, such as the National Longitudinal Study of Adolescent Health.

Down Syndrome.— NICHD is encouraged to partner with NINDS and other agencies to define additional mouse models needed to link important structural and functional abnormalities that underlie cognitive difficulties to the actions of specific genes and gene pathways. The Committee also encourages NICHD to work with the Office of the Director, OPASI and the other Institutes to develop a strategic plan for Down syndrome research and to coordinate its research within NIH.

Drug Safety for Children.—The Committee strongly supports continued implementation of the Best Pharmaceuticals for Children Act of 2002, 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, NICHD should continue to act as coordinator for all other Institutes within NIH for which pediatric pharmacological drug research may have therapeutic relevance, and in consultation with the Food and Drug Administration, develop study requests designed to yield improved pediatric labeling. In preparation for reauthorization of the BPCA in 2007, the Committee requests NICHD to provide a report on the implementation process instituted, including the process for prioritizing drug studies; the number of pediatric studies supported to date both through the Research Fund and through the Foundation for the National Institutes of Health [FNIH]; the contributions of the individual Institutes of the NIH to the studies; the estimated cost of each ongoing or proposed study; the nature and type of studies proposed or undertaken including whether any studies are comparative; the number of study requests referred to the FNIH after being declined by drug manufacturers and whether the number declined is increasing or decreasing annually; the estimated completion date of all proposed or ongoing studies; the patent status of the drugs studied; the number of drugs remaining on the priority list; and the key ethical, scientific, intellectual property, and operational issues that have arisen in the implementation of the program.

Family Formation.—The Committee is pleased that the NICHD is working with other Institutes and agencies to assess the state of the science and research needs related to children exposed to domestic and community violence, war, and terrorism. The Committee encourages the NICHD to continue to fund research on effective ways to promote and sustain healthy family formations, particularly for low-income families and families of color. The Institute is encouraged to include research related to family, community and cultural factors that serve as risk or protective factors and promote resilience from exposure to violence in the home, communities, and schools.

Fragile X.—The Committee is pleased that the NICHD has funded three Fragile X research centers, and it urges the NICHD to increase funding for them, with the goal of enhancing the centers and recruiting new researchers to the Fragile X field. The Committee also encourages the NICHD to coordinate its Fragile X research efforts internally, by partnering with others, and by relating Fragile X research with that in other developmental disorders, such as autism research. The Committee also notes that newborn screening can play a vital role in identifying infants affected by certain ge-

netic, metabolic, hormonal or functional conditions, such as Fragile X, for which there is effective treatment or intervention. Yet, the Committee is also aware that wide disparities exist with regard to the number and types of conditions screened for in each State. Recent advances in gene discovery and new technology, however, may soon make it possible to screen for significantly greater numbers of conditions than are currently tested for today. To advance these efforts, the agency is encouraged to support continued efforts to create a screening study using Fragile X as a prototype.

Fragile X-related Premature Ovarian Failure [POF].—POF is a condition in which the ovaries stop functioning normally in a woman younger than age 40. Studies show that women who have POF of unknown cause have a 1 in 50 chance of being a premutation carrier of the FMR1 gene, the gene that causes Fragile X syndrome. Women with POF and a family history of female relatives with POF have a 1 in 15 chance of carrying this premutation. The Committee recognizes that there is a need for a focused approach to investigating POF due to the FMR1 premutation. While the intramural research program of NICHD has been doing work for nearly two decades in this area, there remains much to be learned about the mechanism causing POF, abnormal ovarian function as it relates to FMR1, and mental health effects on young women who get the double diagnosis of premature ovarian failure and the FMR1 premutation. The Committee encourages the NICHD to commit additional resources and expand research into POF.

Learning and School Readiness.—The Committee continues to support NICHD on its commitment to research in reading, learning disabilities and math and science cognition. The Committee is encouraged that NICHD has made progress on developing comprehensive, culturally neutral and developmentally appropriate assessments and instruments to measure cognitive, social and emotional skills for preschool-aged children that are necessary for school readiness.

National Center for Medical Rehabilitation Research.—The Committee is pleased with the continuing effort of NCMRR to coordinate rehabilitation research initiatives among the several relevant Institutes including NINDS, NICHD, NIA, and NIMH. The Committee is concerned, however, that the contribution of rehabilitation sciences to the fullest possible recovery of individuals who experience functional limitations or have chronic disabilities does not meet its potential. Therefore, the Committee urges that NCMRR redouble its trans-NIH efforts to expand rehabilitation research in the portfolio of the several Institutes and help insure the translation of this research into practice.

National Longitudinal Study of Adolescent Health.—The Committee is pleased that the NICHD funded another round of the Add Health Study, which has provided a rich resource of the effects of home, family, and school environment on behaviors that promote health or could contribute to adverse health outcomes. By collecting data on biological, behavioral and social factors, researchers are discovering at which points during development significant increases in some risk behaviors, such as smoking, alcohol use and physical activity, are most likely to occur. As these risk behaviors

offer early predictors of future chronic diseases such as cardiovascular disease and diabetes, the study provides valuable information to inform public health prevention efforts. Given the important findings of this nationally representative study, the Committee encourages NICHD to ensure that the next wave is provided adequate funding.

Near-term Births.—The preterm birth rate is now over 12 percent of all live births; of these, 75 percent are near-term births. It is estimated that this group encompasses 40 percent of neonatal ICU admissions. These infants are at risk for sepsis, pneumonia, feeding difficulties, white matter damage, seizures, and apnea and remain at risk for higher morbidities in early infancy. The Committee understands that this group of infants has not been well studied and may account for a portion of the increase in adverse long-term outcomes such as autism, attention deficit disorders, and neurodevelopmental disorders. The NICHD is encouraged to facilitate the critical need for research in this area.

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 the past few years in the successful treatment and curing of learning disabilities in pre-clinical NF animal models. Therefore, the Committee encourages NICHD to issue RFAs for NF research, aggressively pursue and expand funding of clinical trials for NF patients in the area of learning disabilities, and support the creation of NF Centers involved with treating and curing learning disabilities.

Obstetric Systematic Reviews.—The Committee applauds the NICHD's efforts supporting the Neonatal Cochrane Review Group, which not only provides a substantial scientific resource but also allows the community access to these reviews via the NICHD website. These reviews are an invaluable resource, providing the most comprehensive and timely review of clinical topics. The Committee strongly encourages NICHD to provide a similar service to the obstetrical community by supporting obstetric systematic reviews and providing them free of cost to the general public.

Physician Scientists and Researchers.—The Committee commends the NICHD for responding to the scientific community's need for enhanced training programs to provide a solid framework for the development of physician scientists and researchers. A substantial investment has been made in traineeships, fellowships, and research career awards. The NICHD is encouraged to identify funding opportunities for NIH-trained investigators who have demonstrated a commitment to a research career.

Prader-Willi Syndrome.—Prader-Willi Syndrome is the most common known genetic cause of life threatening obesity in children. The Committee strongly encourages the NICHD to place a high priority on Prader-Willi Syndrome research to study childhood obesity. Furthermore, the NICHD is urged to incorporate Prader-Willi Syndrome into the planning process for The National Children's Study.

Preterm Birth.—The Committee applauds NICHD's efforts in supporting research to understand, prevent and treat preterm birth, including workshops on major gaps in knowledge areas. Despite these efforts, however, the rate of preterm births continues to

rise. The Committee therefore strongly urges the NICHD to fully support the Maternal Fetal Medicine Units Network so that it can continue to address issues pertaining to preterm births and low birth-weight deliveries, and to fully support the new Genomic and Proteomic Network, which will hasten a better understanding behind the pathophysiology of premature birth, discover novel diagnostic biomarkers, and ultimately aid in formulating more effective interventional strategies to prevent premature birth.

Primary Immunodeficiency Diseases.—The Committee commends the NICHD for continuing to dedicate financial and personnel resources to the physician education and public awareness program conducted by the Jeffrey Modell Foundation regarding this class of about 140 diseases. The Committee is strongly encouraged by the Institute's commitment to develop newborn screening procedures for PI, particularly various forms of severe combined immune deficiency, utilizing microarray technologies. The Committee believes that the NICHD should move ahead aggressively with this initiative, in partnership with the Foundation, other NIH Institutes and private industry, and dedicate financial and personnel resources to newborn screening.

Pulmonary Rehabilitation.—Pulmonary rehabilitation has been increasingly recognized as an important treatment option for the many patients with disabling chronic lung diseases, like COPD. The Committee encourages the National Center for Medical Rehabilitation Research to expand research opportunities in this area.

Spinal Muscular Atrophy [SMA].—SMA is the leading genetic killer of infants and toddlers, and is the most prevalent genetic motor neuron disease. The severity of the disease, its relatively high incidence, and the possibility of imminent treatments led the NINDS to initiate the innovative SMA Project. The Committee strongly urges NICHD to continue to formulate a plan for expanding its work and funding for SMA research.

Specifically, the Committee encourages NICHD to coordinate funding with NINDS to ensure increased participation of investigators in SMA and developmental neurobiology relevant to SMA. Further, the Committee encourages NICHD to take the lead on developing a cross-Institute working group comprised of NICHD, NINDS and NIGMS to study broader questions of care, role of exercise and nutrition on SMA and other neuromuscular disease.

Stillbirth.—The Committee applauds the NICHD's efforts in addressing stillbirth, a major public health issue with morbidity equal to that of all infant deaths. The Committee understands that the NICHD cooperative network has initiated a pilot study, with the overall study using a standard protocol planned to start this year. The Committee strongly encourages the NICHD to fully fund this effort.

Tuberous Sclerosis Complex.—The Committee urges the NICHD to explore the links between autism and TSC, and to conduct epidemiology studies on the prevalence of mental illness in TSC patients. The Committee suggests that the NICHD collaborate with the NINDS and the NIMH to sponsor a conference focused on psychiatric issues and cognitive disabilities in TSC.

Type 1 Diabetes Information Access and Integration.—The Trial to Reduce the Incidence of Diabetes in the Genetically-At-Risk

[TRIGR] is a multi-year clinical trial testing the potential influence of cow's milk on the development of type 1 diabetes in young children. The Committee urges the NICHD and NIDDK to ensure that TRIGR biosamples and data are made available to the research community. The Institutes are encouraged to integrate TRIGR with other relevant clinical studies on type 1 diabetes, such as the Type 1 Diabetes Genetics Consortium.

Type 1 Diabetes Research in Children Network.—The Committee commends the NICHD for excellent progress made through the Diabetes Research in Children Network (DirecNet) which supports research to optimize the complex management of type 1 diabetes in children. The Committee urges the Institute to continue its strong support of DirecNet and to pursue robust translation of the research into clinical practice to improve the health of diabetic children.

Vulvodynia.—As a result of efforts funded by the NICHD, the number of highly qualified scientists interested in researching vulvodynia has greatly increased. The Committee commends NICHD for reissuing its program announcement in this area and recommends that a request for applications be issued. The Committee strongly urges NICHD to increase the number of awards for vulvodynia studies, with a particular emphasis on etiology and multi-center therapeutic trials. Finally, the Committee calls upon NICHD to work with ORWH and other relevant ICs and Government agencies, as well as patient and professional organizations, to implement an educational outreach campaign on vulvodynia.

NATIONAL EYE INSTITUTE

Appropriations, 2006	$666,298,000
Budget estimate, 2007	661,358,000
House allowance	661,358,000
Committee recommendation	666,898,000

The Committee recommends an appropriation of $666,898,000 for the National Eye Institute [NEI]. The budget request and the administration request is $661,358,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Age-related Macular Degeneration.—The Committee was pleased to hear of the recent discovery of a second gene which can increase the risk of developing age-related macular degeneration. The identification of these genes creates the opportunity to predict and preempt the disease, thus preserving independence and mobility for millions of Americans. These gene discoveries also validate a new approach to identify the subtle genetic risk factors underlying common, complex diseases. The Committee notes that Genome wide association studies allow scientists to scan the entire genome of patients with common diseases and compare their DNA to controls without disease. The Committee urges the Institute to move on an expedited basis to translate this finding into treatment for those suffering from this condition.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2006	$640,692,000
Budget estimate, 2007	637,323,000
House allowance	637,323,000
Committee recommendation	641,292,000

The Committee recommends an appropriation of $641,292,000 for the National Institute of Environmental Health Sciences [NIEHS]. The budget request was $637,323,000, and the fiscal year 2006 appropriation was $640,692,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Asthma.—Given the link between environmental factors and the onset of asthma, COPD, and pulmonary fibrosis, the Committee encourages NIEHS to further develop research initiatives, such as a large multi-center, long-term longitudinal, and maternal/birth cohort to understand the environmental and genetic risk factors for predisposing some individuals to and in controlling the severity of these lung diseases.

Autism.—The Committee is aware of the important research into the genetic and environmental basis of autism spectrum disorders. Accordingly, the Committee encourages the Institute to expand its support and funding for gene-environment interaction research in autism, and encourages the Institute to expand its work with and support for similar public-private partnerships.

Behavioral Research in Strategic Plan.—NIEHS is requested to report to the Committee during the fiscal year 2008 hearings on plans to extend its research on obesity and the built environment, and other areas in which behavioral research is to be involved in its research portfolio in the coming years. Individual and group behavior with regard to diet, exercise, work, recreation, family, and neighborhood interaction, are critically important areas to investigate, to build knowledge about how people's environments shape their health.

Genes and the Environment.—The Committee commends the NIEHS for its partnership with NHGRI in the Genes and Environment Initiative [GEI] which supports studies in genetic analysis and environmental technology development to understand the causes of common diseases such as Parkinson's, asthma, stroke, cancer, and heart disease. NIEHS's role in developing new technology to monitor personal environmental exposures, dietary intake, and physical activity will greatly enhance our ability to understand how they interact with genetic variations and result in human disease. The NIEHS is encouraged to take a closer look at environmental interactions with genes, and to involve expert behavioral and social scientists in the initiative to enhance the success and applicability of this important research.

National Toxicology Program Interagency Center for the Evaluation of Alternative Methods/Interagency Coordinating Committee on the Validation of Alternative Methods [NICEATM/ICCVAM].—The Committee commends the NICEATM/ICCVAM for its role in the assessment of new, revised and alternative scientifically validated methods for the Federal Government. The Committee also commends the National Toxicology Program [NTP] for finalizing its "Roadmap to Achieve the NTP Vision."

The Committee encourages the NICEATM/ICCVAM, in partnership with the relevant Federal agencies to build on the NTP Roadmap to create a 5-year plan to research, develop, translate and validate new and revised non-animal and other alternative assays for integration of relevant and reliable methods into the Federal agency testing programs. The Committee encourages the Federal agency program offices to identify areas of high priority for new and revised non-animal and alternative assays for the replacement, reduction and refinement of animal tests. The Committee further encourages relevant agencies to include the public when developing this plan. The Committee further requests a status report during the fiscal year 2008 budget hearings.

Parkinson's Disease.—The Committee commends the NIEHS on the work of its Collaborative Centers for Parkinson's Disease Environmental Research [CCPDER] Consortium Program to foster multidisciplinary research approaches to elucidate gene-environment interactions in PD. The Committee urges the NIEHS to work in conjunction with other NIH Institutes and the Centers for Disease Control and Prevention as necessary, to conduct an investigation and prepare and submit a report to the Committee on the incidence of Parkinson's disease, including age, occupation, and geographic population clusters, and related environmental factors relating to the disease. The report shall be submitted by June 30, 2007.

Strategic Plan.—The Committee commends NIEHS for preparing a new Strategic Plan to speed its progress in understanding how the environment influences the development and progression of disease. The Committee notes especially the goals of building integrated environmental health research programs to address problems in human biology and human disease and of fostering the development of partnerships between NIH, other research agencies, academia, industry, and community organizations to improve human health.

Volcanic Emissions.—The Committee continues to have concerns about the public health impacts of volcanic emissions in Hawaii. Such emissions contribute to the exacerbation of a myriad of preexisting health conditions in many island residents, especially children. The acute and long-term impact that these emissions have on both the healthy and pre-disposed residents warrants further study. The Committee strongly advises the NIH to embrace a multi-disciplinary approach in studying the short- and long-term health effects of volcanic emissions, and to consider the establishment of a center dedicated to such research.

NATIONAL INSTITUTE ON AGING

Appropriations, 2006	$1,045,912,000
Budget estimate, 2007	1,039,828,000
House allowance	1,039,828,000
Committee recommendation	1,048,912,000

The Committee recommendation includes $1,048,912,000 for the National Institute on Aging [NIA]. The budget request was $1,039,828,000 and the fiscal year 2006 appropriation was $1,045,912,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Alzheimer's Disease.—More than one in 10 Americans over age 65 and nearly half of those over 85 suffer from Alzheimer's disease. As the Baby Boom generation enters the age of highest risk, between 11 million to 16 million will be stricken with Alzheimer's. Their complex health and long-term care needs will continue to take an enormous toll on family caregivers, and place an even greater strain on Federal and State healthcare programs. Total Medicare spending for beneficiaries with Alzheimer's will double in the next decade—rising from $91,000,000,000 in 2005 to $189,000,000,000 in 2015; over the same period, Medicaid spending on nursing home care alone will increase from $21,000,000,000 to $27,000,000,000. As a result of past investments in research recommended by the Committee, drugs now are available for treating the symptoms of Alzheimer's, and clinical trials are underway to test other promising compounds. The NIA has launched a public/private imaging initiative that should accelerate the development of new, more effective treatments; and a genetics initiative that will make it possible to target new treatments on those who stand the best chance of benefiting. In light of its enormous human and financial toll this disease exacts, the Committee regards Alzheimer's disease as a high priority for the Institute. NIA is urged to expand its investment in Alzheimer's disease research, placing special emphasis on expediting the translation of research findings into effective treatments and prevention strategies for at-risk individuals.

Behavioral and Social Research on Work and Retirement.—The Committee encourages NIA to maintain its commitment to research on patterns and cycles of work in aging populations. Research on how jobs may be "retrofitted" for an aging workforce, or how workplaces can better accommodate aging workers, is encouraged. Research on how older workers plan for and experience retirement is also timely and encouraged.

Bone Strength.—Although bone mineral density has been a useful predictor of susceptibility to fracture, other properties of the skeleton contribute to bone strength, including exercise and mechanisms of biomineralization. However, little is understood as to how these properties assist in the maintenance of bone strength. The Committee urges the NIA, in collaboration with the NIAMS, NIBIB, NICHD, and NHLBI, to support research that is aimed at identifying these parameters and will lead to prevention and treatment of bone diseases such as osteoporosis, osteogenesis imperfecta, bone loss due to kidney disease, and heart attacks due to hardening of the arteries.

Demographic and Economic Research.—The Committee commends the NIA for supporting demographic and economic research on the implications of population aging. With the number of Americans over the age of 65 expected to double over the next 25 years, the Institute is well poised to inform the public and policymakers about the implications of this anticipated trend and the macroeconomic and global aspects of aging. In particular, the Committee urges the Institute to continue supporting the Health and Retirement Study [HRS], which can help inform policymakers about potential changes to the Social Security and Medicare programs.

Down Syndrome.—The Committee commends NIA for its support of studies to examine the cellular, molecular and genetic bases for age-related neuropathological and cognitive abnormalities in people with Down syndrome. It encourages NIA to further examine these abnormalities and to devise new methods for diagnosing and treating them. Given that all people with Down syndrome develop the neuropathological changes of Alzheimer's disease, and that many or most go on to suffer dementia, NIA is encouraged to consider how studies of the Down syndrome population might enhance the ability to understand, diagnose and treat Alzheimer's disease. The Committee encourages NIA to coordinate its research with NICHD, NINDS, NIMH and other institutes.

Fragile X-associated Tremor/Ataxia Syndrome [FXTAS].—The Committee applauds the NIA for working alongside the NINDS to fund research on FXTAS. It encourages the NIA to expand its research into this newly identified neurological disorder, which involves progressively severe tremors and difficulty with walking and balance that appears to specifically affect some older premutation carriers, generally grandfathers of children with Fragile X syndrome.

Healthy Brain Initiative.—NIA is commended for its cooperative efforts in producing a searchable database of studies and planning joint efforts to solicit research on enhancing healthy cognitive and emotional function. This initiative is a model of how institutes can work together on complex issues involving multiple disciplines and methodologies. Given the importance of maintaining and enhancing brain health as the population ages, NIA is encouraged to make this initiative a priority.

Hematology.—The Committee looks forward to learning more about NIA's collaborative efforts with the American Society of Hematology and NHLBI to identify research priorities in venous and arterial thrombosis, blood clots that can lead to death and serious morbidity, including pulmonary embolism, lower extremity phlebitis, heart attacks, strokes and chronic respiratory dysfunction. In light of research findings showing that age is one of the most important risk factors for thrombosis, the Committee urges NIA and NHLBI to develop a research agenda in this area to learn more about the underlying causes of thrombosis and its impact on the elderly.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2006	$507,583,000
Budget estimate, 2007	504,533,000
House allowance	504,533,000
Committee recommendation	508,583,000

The Committee recommends an appropriation of $508,583,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. The budget requested $504,533,000 and the fiscal year 2006 appropriation was $507,583,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Burden of Skin Diseases.—The Committee notes the relationship between the recent Burden of Skin Diseases report and the Sep-

tember 2002 workshop on the burden of skin diseases sponsored by NIAMS. The Committee continues to urge NIAMS to expand the research portfolio on skin disease and develop partnerships with the skin disease research community to address the recognized challenges and future research endeavors.

Congenic and Genetic Disease of Bone.—The Committee is aware that thousands of children and adolescents nationwide suffer from musculoskeletal disorders and malformations. Diseases such as osteogenesis imperfecta, fibrous dysplasia, osteopetrosis, and Paget's disease are caused by poorly understood genetic mutations. In Paget's disease, underlying genetic defects can also be exacerbated by environmental factors. The Committee urges NIAMS and NICHD to support research focusing on mechanisms of preventing fractures and improving bone quality and correcting malformations, on innovations in surgical and non-surgical approaches to treatment, on physical factors that affect growth, and on genetic defects that cause bone disease.

Genetics of Rare Disorders.—The Committee urges NIAMS to collaborate with NICHD, NIDCR, and NIDDK to expand research on the genetics for the rare disorders fibrous dysplasia and osteopetrosis, and to expand research on mechanisms of these diseases in humans.

Lupus.—The Committee is aware that despite numerous important research advances, few new therapies are available to patients with lupus. Treatment with steroids, anti-inflammatory agents and immunosuppressive medications may be palliative but these medications have numerous side effects and may become less effective over time. Advances in the identification of lupus susceptibility genes and biomarkers make it imperative that a sustained effort be made to translate these research advances into clinically relevant treatments. The Committee urges the Institute to develop focused programs designed to move research advances from the laboratory to the patient's bedside so that the complications of lupus and the underlying disease can be treated more effectively.

Marfan Syndrome.—The Committee commends NIAMS for supporting research on Marfan syndrome and for collaborating with other Institutes to study this disease. Better management of cardiovascular issues associated with Marfan syndrome has extended the lives of many but has introduced an older generation of people who live with chronic pain because of orthopedic problems. Basic, translational and clinical research including the natural history of skeletal problems is required to understand the underlying early orthopedic deterioration in people with Marfan syndrome and to investigate possible therapeutic choices. The Committee urges NIAMS to support this effort through all available mechanisms, as deemed appropriate.

Musculoskeletal Trauma and Skeletal Pain.—The Committee recognizes that more than half of all Americans who are injured each year incur injuries to the musculoskeletal system. Back pain is a major reason for lost time from work, and, in our military, bone trauma is now accounting for over 50 percent of all combat injuries. The Committee urges NIAMS, NIA, NIDCR, and NCCAM to study ways to better understand the epidemiology of back pain, improve on existing diagnostic techniques for back pain, as well as to de-

velop new ones. The Committee also encourages the expansion of research to improve diagnostic and therapeutic approaches to lower the impact of musculoskeletal trauma.

Osteoporosis.—The Committee is aware that osteoporosis is becoming widespread in all ages of our population. NIAMS is urged to collaborate with other Institutes to support research into the pathophysiology of bone loss in varied populations and in targeted therapies to improve bone density and bone quality according to the etiology of osteoporosis. Furthermore, the Committee urges research to identify patients at risk for fracture who do not meet current criteria for osteoporosis, as well as to study the effects of available and developing osteoporosis treatments on the reduction of fracture risk in these patients.

Psoriasis.—The Committee is disappointed that funding for psoriasis research has not grown significantly over the past decade. The Committee strongly urges NIAMS to expand and coordinate genetic, clinical, and basic psoriasis and psoriatic arthritis research and related activities, with emphasis on the cellular and molecular mechanisms of disease; genetics that lead to psoriasis susceptibility; the natural course and history of psoriasis before, during and after treatment with conventional therapies; the role of inflammation in skin and joints and co-morbidities such as obesity, depression and hypertension; the development of diagnostic tests for psoriatic arthritis; the unique challenges faced by children with psoriasis; and the use of certain types of antibodies to prevent relapse of psoriasis.

Tuberous Sclerosis Complex [TSC].—The Committee urges NIAMS to explore new strategies for the treatment of skin manifestations of TSC utilizing knowledge of basic mechanisms, such as mTOR inhibitors and angiogenesis inhibitors.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2006	$393,188,000
Budget estimate, 2007	391,556,000
House allowance	391,556,000
Committee recommendation	395,188,000

The Committee recommends an appropriation of $395,188,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. The budget requested $391,556,000, and the fiscal year 2006 appropriation was $393,188,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Neurofibromatosis.—NF2 accounts for approximately 5 percent of genetic forms of deafness. Unlike other genetic forms of deafness, NF2-associated deafness is potentially preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Research is now being conducted to cure deafness in 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.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2006	$137,248,000
Budget estimate, 2007	136,550,000
House allowance	136,550,000
Committee recommendation	137,848,000

The Committee recommends an appropriation of $137,848,000 for the National Institute of Nursing Research [NINR]. The budget request was $136,550,000 and the fiscal year 2006 appropriation was $137,248,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Behavioral Research.—The Committee realizes the importance of behavioral research in preventing and treating disease. While understanding the biological basis of disease is essential, it is understood that behavioral factors have a critical influence on the onset, course, and duration of disease and in the successful management of many disease conditions. The Committee encourages NINR to devote significant efforts to behavioral research, including research that examines the interactions of biological and behavioral factors and their effect on treatment and prevention.

Eliminating Health Disparities.—Health disparities, whether in race, ethnicity, or socioeconomic status, continue to be of concern to our Nation's healthcare system and to this Committee. Reducing, and ultimately eliminating, health disparities is a critical priority for all areas of healthcare research. The Committee urges NINR to fund research into the causes of health disparities and into new ways to overcome such disparities. Developing new nurse scientists from underserved populations will prove valuable for encouraging new health disparities research.

End-of-Life Research.—Improving the care of terminally ill patients and their loved ones at the end-of-life is an urgent public health need, especially in view of the increasing numbers of older Americans. Additional research is needed in improving palliative care, improving patient/clinician communication, and reducing caregiver burden. The Committee recognizes NINR's leadership in promoting end-of-life research and encourages the Institute's continued focus in this area.

Nurse-Managed Health Centers.—The Committee urges the NINR to increase support for research and demonstration projects involving nurse-managed health centers and advanced practice nurses.

Nursing Shortage.—The nursing shortage has an adverse effect on the health care delivery system as well as the health of our Nation's citizens. A shortage of nurse faculty caused schools of nursing to turn away thousands of qualified students last year. NINR confronts this issue by directing 8 percent of its budget to research training to help develop the pool of nurse researchers who also become faculty. 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 is another initiative that helps produce an adequate number of nurse researchers. The Committee encourages these ongoing efforts. The Committee also encourages NINR to facilitate research projects located in rural areas that serve minority nursing students through community colleges.

Research Training.—Increasing the number of new nurse scientists is critical for advancing nursing research, especially in light of the ongoing nursing shortage. Innovative strategies for recruiting and training new researchers are needed. The Committee encourages NINR to support training programs that will develop the next generation of nurse scientists, especially those with multidisciplinary research skills and those from underserved populations.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2006	$435,630,000
Budget estimate, 2007	433,318,000
House allowance	433,318,000
Committee recommendation	436,630,000

The Committee recommends an appropriation of $436,630,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. The budget request was $433,318,000 and the fiscal year 2006 appropriation was $435,630,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Alaska Substance Abuse.—The Committee is aware of serious problems with alcohol and substance abuse in Alaska, especially among its Alaska Native population, and of the need for translating research into clinical applications for this population. The Committee urges NIAAA to sponsor a Research to Practice Forum with the Substance Abuse and Mental Health Services Administration and universities 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.

Clinician's Guide.—The Committee understands that NIAAA has recently revised its publication "Helping Patients Who Drink Too Much: A Clinician's Guide." The Committee applauds that the guide has been disseminated to thousands of primary care and mental health practitioners and organizations through an extensive program of direct mail and email announcements. The Committee encourages NIAAA to further develop guide materials, including information for clinicians about how to best use the guide, and short pamphlets that are targeted toward special subpopulations, and to work with professional organizations, SAMHSA, and other international organizations to further disseminate this important resource.

Epigenetic (Environmental) Effects Underlying Alcoholism.—The Committee understands that alcoholism is a complex behavioral disorder and that the genetic composition of an individual contributes to over half of the risk for developing this behavior, while the individual's environmental interactions and influences also contribute significantly to this risk. Research supported by NIAAA has identified several candidate genes that increase an individual's risk for developing an alcohol use disorder once the person chooses to drink alcohol. The Committee encourages NIAAA to continue to fund research to determine the role of the environment and environmental factors in producing lasting and potentially life-altering changes in gene expression and gene function that contributes to the development of alcohol abuse and addiction with the ultimate

goal of developing new medication for the treatment of alcohol use disorders.

Underage Drinking.—The Committee commends the NIAAA for its team approach in developing and guiding its research programs to understand the many factors that contribute to the onset of drinking and abuse of alcohol by youth. The Committee is aware that the NIAAA has partnered with the Surgeon General in the preparation of "A Call to Action on Underage Drinking," which will provide guidance to the public on this topic. The Committee commends the NIAAA for providing the scientific foundation for this report through the research supported by its Underage Drinking Initiative and for continuing to work with the Office of the Surgeon General and other Federal agencies on this effort.

Understanding Natural Recovery from Alcohol Dependence.—Recent research has demonstrated that many individuals transition out of alcohol dependence without professional treatment. The Committee encourages NIAAA to investigate the mechanisms through which individuals alter their drinking behavior without professional treatment in order to design more effective treatments for alcohol use disorders.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2006	$999,342,000
Budget estimate, 2007	994,829,000
House allowance	994,829,000
Committee recommendation	1,000,342,000

The Committee recommends an appropriation of $1,000,342,000 for the National Institute on Drug Abuse [NIDA]. The budget request was $994,829,000. The fiscal year 2006 appropriation was $999,342,000. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Adolescent Brain Development.—The Committee notes neuroimaging research by NIDA and others showing that the human brain does not fully develop until about age 25. This adds to the rationale for referring to addiction as a "developmental disease." The Committee encourages NIDA to continue its emphasis on adolescent brain development to better understand how developmental processes and outcomes are affected by drug exposure, the environment and genetics.

Collaboration With Single State Authorities [SSAs].—The Committee commends NIDA for its outreach and work with SAMHSA's Center for Substance Abuse Treatment [CSAT] and State substance abuse directors, also known as Single State Authorities [SSAs], to reduce the current 15- to 20-year lag between the discovery of an effective treatment intervention and its availability at the community level. In particular, the Committee applauds NIDA for working with SAMHSA on a recent RFA designed to strengthen State Substance Abuse agencies' capacity to support and engage in research that will foster State-wide adoption of meritorious science-based policies and practices. The Committee also encourages NIDA to continue its collaborative work with SSAs by working through the national association representing State substance abuse directors on its "blending activities" to ensure that research findings are relevant and adaptable by State substance abuse systems.

Co-Occurring Disorders.—The Committee recognizes that substance abuse is a disorder that can affect the course of other diseases, such as HIV/AIDS, mental illness, trauma, cancer, and cardiovascular disease. To adequately address co-occurring health problems, the Committee encourages the Institute to work with other agencies to stimulate new research to develop effective strategies and to ensure the timely adoption and implementation of evidence-based practices for the prevention and treatment of co-occurring disorders.

Drug Abuse and HIV/AIDS.—The Committee understands that one of the most significant causes of HIV virus acquisition and transmission is drug-taking practices and related risk factors in different populations. Drug abuse prevention and treatment interventions can be very effective in reducing HIV risk. The Committee congratulates NIDA on its "Drug Abuse and HIV—Learn the Link" public awareness campaign, targeting young people, and urges the Institute to continue supporting research that focuses on developing and testing drug-abuse related interventions designed to reduce the spread of HIV/AIDS.

Drug Treatment in Criminal Justice Settings.—The Committee is very concerned about the well-established connections between drug use and crime. Research continues to demonstrate that providing treatment to individuals involved in the criminal justice system significantly decreases future drug use and criminal behavior, while improving social functioning. The Committee strongly supports NIDA's efforts in this area, particularly the Criminal Justice Drug Abuse Treatment Studies [CJ–DATS].

Emerging Drug Problems.—The Committee recognizes that drug use patterns are constantly changing and is pleased with NIDA's efforts to monitor drug use trends and to rapidly inform the public of emerging drug problems. The Committee especially encourages NIDA to continue supporting research that provides reliable data on emerging drug trends, particularly among youth and in major cities across the country.

Genetics and New Technological Advances to Curtail Addiction.—The Committee recognizes that not everyone who takes drugs becomes addicted. Research has shown that genetics plays a critical role in addiction, and that the interplay between genetics and environment is crucial. The Institute is urged to further investigate this phenomenon.

Health Disparities.—The Committee notes that the consequences of drug abuse disproportionately impact minorities, especially African American populations. The Committee is pleased to learn that NIDA is encouraging researchers to conduct more studies in this population and to target their studies in geographic areas where HIV/AIDS is high and or growing among African Americans, including in criminal justice settings.

Inhalant Abuse.—The Committee understands and is alarmed that inhalant use continues to be a significant problem among our youth. The Committee urges the Institute to continue its support of research on prevention and treatment of inhalant abuse, and to enhance public awareness on this issue.

Marijuana Use.—The Committee is concerned with the continuing widespread use of marijuana. The Committee urges NIDA

to continue support for efforts to assess the long-term consequences of marijuana use on cognitive abilities, achievement, and mental and physical health, as well as work with the private sector to develop medications focusing on marijuana addiction.

Medications Development.—The Committee applauds NIDA for its leadership in working with private industry to develop anti-addiction medications and is pleased this collaboration has resulted in a new medication for opiate addiction. The Committee encourages NIDA to continue its efforts to engage the private sector in the development of anti-addiction medications, particularly for cocaine, methamphetamine, and marijuana.

Methamphetamine Abuse.—The Committee is very concerned about the continued abuse of methamphetamine across the United States. The Committee notes the advances in understanding methamphetamine abuse and addiction, and is encouraged by the growing evidence of treatment effectiveness in these populations. The Committee urges NIDA to continue supporting research to address the broad medical consequences of methamphetamine abuse.

Primary Care Settings and Youth.—The Committee recognizes that primary care settings are potential key points of access to prevent and treat problem drug use among young people. The Committee encourages NIDA to continue to support health services research on effective ways to educate primary care providers about drug abuse and develop brief behavioral interventions for preventing and treating drug use and related health problems; and develop methods to integrate drug abuse screening, assessment, prevention and treatment into primary health care settings.

Reducing Prescription Drug Abuse.—The Committee notes the continued increases in the numbers of people, especially young people, who use prescription drugs for non-medical purposes. Particular concern revolves around the inappropriate use of opioid analgesics—very powerful pain medications. The Committee commends NIDA for its research focus in this area, and for the new Prescription Opioid Use and Abuse in the Treatment of Pain initiative. Research targeting a reduction in prescription drug abuse, particularly among our Nation's youth, should continue to be a priority for NIDA.

Social Neuroscience.—Research-based knowledge about the dynamic interactions of genes with the environment confirms addiction as a complex and chronic disease of the brain with many contributors to its expression in individuals. The Committee applauds NIDA's involvement in the recently released "social neuroscience" request for applications, and encourages the Institute to continue its focus on the interplay between genes, environment, and social factors and their relevance to drug abuse and addiction.

Translational Research—Ensuring Research is Adaptable and Useable.—The Committee commends NIDA for its broad and varied information dissemination programs. The Committee also understands that the Institute is focused on stimulating and supporting innovative research to determine the components necessary for adopting, adapting, delivering, and maintaining effective research-supported policies, programs, and practices. As evidence-based strategies are developed, the Committee urges NIDA to support re-

search to determine how these practices can be best implemented at the community level.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2006	$1,402,551,000
Budget estimate, 2007	1,394,806,000
House allowance	1,394,806,000
Committee recommendation	1,403,551,000

The Committee recommends an appropriation of $1,403,551,000 for the National Institute of Mental Health [NIMH]. The budget request was $1,394,806,000 and the fiscal year 2006 appropriation was $1,402,551,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Adolescent Depression and Suicide.—Depressive disorders, one of the major risk factors for suicide, continue to be very common in adolescence. The Committee is pleased to note that NIMH, in partnership with NIDA and NIAAA, is supporting three research centers whose primary focus is on new trials to reduce adolescent suicidality. Suicide now accounts for 13 percent of all adolescent deaths and ranks third as a cause of death among teenagers. The Committee therefore strongly encourages NIMH to continue this investment in finding ways to better identify the risk factors in children and adolescents, and examining the outcomes of actions taken to assist those found to be at risk.

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 supporting research examining various aspects of the pathophysiology and genetics of Alzheimer's disease, and studies examining behavioral, emotional and psychiatric symptoms associated with the disorder and their treatment. The Committee encourages NIMH to continue to assign a high priority to this research.

Autism.—The Committee is pleased to learn that the NIMH is placing increased emphasis on studies of autism in its intramural research program on the Bethesda campus. The Committee supports these NIMH efforts in addition to its significantly higher levels of support for autism research throughout the country. One such intramural study will seek to better understand regressive autism, which occurs in children who appear to develop normally for the first 12–15 months of life and then begin to lose language skills and developmental milestones. This study will gather information about the behavioral and medical characteristics of regressive autism and compare the findings with those from healthy children, children with non-regressive autism, and children with Rett's disorder (a genetic disorder in which children have autistic features with clear regression). Information from this study may help doctors diagnose autism more accurately, treat the disorder more effectively, and prevent future cases of regressive autism.

Basic Behavioral Science.—The Committee urges the Institute to maintain its support for the research on the promotion of mental health and the study of psychological, social, and legal factors that influence behavior. In particular, the Institute is encouraged to continue its commitment to basic behavioral research that exam-

ines the basic psychological functions that promote mental health or become disturbed in mental disorders.

Clinical Trials.—The committee is pleased with NIMH's major initiative involving "practical" clinical trials. Traditional clinical trials of medications must test their safety and efficacy for approval. They are usually short, limited in scope and take place in very controlled environments with carefully selected participants. However, in reality, medications are almost never used in such pristine and carefully constructed settings. Rather, they are used by people very often suffering from one or more co-morbid disorders who live in everyday, commonplace settings. In order to find out the effectiveness of these medications in "real-world" settings—comparing them with other medications in general use—NIMH launched a major effort to answer questions that patients, families and practicing physicians might ask about the use of these medications in their lives. The Committee requests a report on the major findings from these studies before the fiscal year 2008 hearings.

Down Syndrome.—The Committee encourages NIMH to develop new strategies for cataloging, understanding, diagnosing and treating behavioral disorders that are common in people with Down syndrome. They include autism, pervasive developmental disorder, obsessive compulsive disorder, depression and psychosis. The Committee urges NIMH to coordinate its research on Down syndrome with NICHD, NINDS, NIA, and other institutes.

Fragile X.—Fragile X is the most common single-gene neuropsychiatric disease known. It causes cognitive impairment, mental disorders such as obsessive-compulsive disorder, and extreme anxiety. The Committee commends the NIMH for spearheading three focused research meetings devoted to identifying critical research needs, in November 2001, January 2003, and July 2004. The Committee notes that many of these needs remain to be addressed, and it again urges the NIMH to pursue them. These include controlled studies of existing and new pharmacological treatments for Fragile X and identification of the key molecular targets that are likely candidates for designing drug treatments for Fragile X and related disorders such as autism. The Committee also urges the NIMH to include Fragile X in its studies of related neuropsychiatric disorders and to work with other Institutes such as the NICHD and NINDS to develop cooperative research support mechanisms in this area. In addition, the Committee urges the NIMH to work with industry and academia to test available medications and bring new treatments to market.

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.

Historically Black College and University [HBCU] Mental Health Consortium.—The Committee recommends that NIMH consider support for the Historically Black College and University [HBCU] mental health consortium to serve as a clearinghouse for respond-

ing to the mental health needs of the poor and underserved immediately following a disaster.

Mental Health and Older Adults.—The Committee is pleased that NIMH recognizes the importance and interrelatedness of cognitive, emotional health and mental health function in older adults and is collaborating with other institutes on efforts such as the Cognitive and Emotion Health Project. Given the increasing older adult population, it is critical to explore scientific opportunities to maintain cognitive functioning and mental health to prevent mental disorders like depression in older adults. NIMH is encouraged to continue its pivotal role as the primary institute for mental health and aging research by expanding its research on older adults to include large-scale, multi-site trials of behaviorally based treatments of depression, anxiety, and for managing behaviors associated with cognitive impairments as well as increasing opportunities for training future behavioral scientists focused on older adults.

Minority Training.—The Committee is disappointed to learn that the NIMH intends to reduce its commitment to training minority scientists through the Minority Fellowship Program and the Career Opportunities in Research Program. Both programs have demonstrated success in training biomedical and behavioral scientists who are addressing critical ethnic minority mental health issues. The Minority Fellowship Program in particular has been an important national program that has provided access to training to all, without regional or university-specific restrictions. Reducing these programs will have a disproportionate impact on minority mental health training when the focus should be on reducing health disparities for vulnerable and underserved populations.

Neuroscience Blueprint.—The Committee is pleased with NIMH's leadership role, along with NINDS, in the Neuroscience Blueprint initiative, which is a cooperative effort of 15 NIH Institutes and Centers supporting research on the nervous system. These kinds of trans-NIH initiatives should be a model because they assure the pooling of resources and expertise—essential to take full advantage of the opportunities for progress that may exist across the agency.

Parkinson's Disease.—The Committee encourages continued collaborations including additional intramural activities between NINDS, NIMH, and NIA to enhance understanding of the important psychiatric component of neurodegenerative diseases, particularly Parkinson's.

Prader-Willi Syndrome.—The Committee commends the NIMH for its efforts to further the understanding and description of the mental health components of Prader-Willi syndrome. The Committee recommends that NIMH expand its programs to develop practical treatment protocols, including pharmaceutical options, for the severe anxiety, obsessive-compulsive disorder, oppositional-defiant disorder and psychotic mental illness aspects of Prader-Willi Syndrome.

Psychological Impacts of Trauma.—The Committee is pleased that NIMH is working with the Department of Veterans Affairs to ensure that psychosocial and pharmacological interventions are available to returning soldiers, veterans and their families. The Committee supports NIMH research related to the psychological

impact of both acute and chronic exposure to threats of violence, including terrorism, war, natural disasters, and domestic and community violence. Within the area of trauma, particular emphasis should also be placed 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 psychosocial factors that promote detection or prediction, prevention, and post-exposure recovery and resilience.

Schizophrenia.—The Committee supports NIMH's initiative that targets cognitive problems for people with schizophrenia. Cognitive deficits, such as trouble with memory, attention, and executive function (capacity to make judgments and control impulses), are responsible for much of the long term disability in schizophrenia. They remain a significant barrier to a productive life for people with the disease, yet the medications currently available provide no relief for cognitive problems. There has been a lack of scientific consensus on which cognitive impairments should be targeted and which tools are best for measuring them. To address these issues, NIMH launched the Measurement and Treatment Research to Improve Cognition in Schizophrenia [MATRICS] program. It brought together representatives from academia, industry, and regulatory agencies to develop a comprehensive assessment tool to measure cognitive functioning in people with schizophrenia. This has been completed, and now in the second phase novel compounds designed to enhance cognition will be tested. NIMH has awarded a 4-year contract to six academic medical centers to create a network of Treatment Units for Research on Neurocognition and Schizophrenia [TURNS]. The research will test the effectiveness of new drug treatments for the cognitive deficits of schizophrenia.

Translating Behavioral Research.—The Committee supports NIMH's efforts to advance the application of behavioral research and interventions in clinical settings to address the public health burden of mental disorders. The Committee strongly supports additional clinical trials that examine the effectiveness of behavioral interventions in community-based settings and utilizing adaptive treatment designs. Behavioral interventions are especially needed for children and adolescents with mental disorders, including post-traumatic stress disorder, eating disorders, attention deficit-hyperactivity disorder, and the most common forms of depression. Translational research in the behavioral sciences is especially needed 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.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body. The Committee urges NIMH to explore the links between autism and TSC, and conduct epidemiology studies on the prevalence of mental illness in TSC patients. The Committee suggests that NIMH collaborate with NINDS and NICHD to sponsor a conference focused on psychiatric issues and cognitive disabilities in TSC.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2006	$485,715,000
Budget estimate, 2007	482,942,000
House allowance	482,942,000
Committee recommendation	486,315,000

The Committee recommendation includes $486,315,000 for the National Human Genome Research Institute [NHGRI]. The budget requested $482,942,000 and the fiscal year 2006 appropriation was $485,715,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Genes and Environment.—The Committee commends NIH and the Foundation for the NIH [FNIH] for initiating the Genetic Association Information Network [GAIN], a public-private partnership using genetic analysis of existing case-control studies to identify the genetic roots of common illnesses. The Committee also commends NIH for building on the momentum of GAIN to advance the trans-NIH and DHHS Genes and Environment Initiative [GEI], beginning in fiscal year 2007. This new research effort combines genetic analysis and environmental technology development to understand the causes of common diseases such as Alzheimer's, diabetes, stroke, cancer, asthma, and heart disease. The Committee encourages NHGRI to work with the NIEHS on this important project. The Committee also encourages NHGRI to follow up on the working group recommendations on a "Population-Based Cohort Study to Determine the Relationships among Genes, Environment, and Health." This kind of prospective cohort study of a large sample of Americans could provide a valuable complement to the work of GAIN and GEI.

Liver Disease.—The Committee urges NHGRI to focus on the genetic component of biliary atresia and other liver diseases with an identified genetic component.

Mapping Human Genes.—The Committee commends NHGRI for its leadership in developing technologies that will help accelerate the delivery of molecular medicine. The completion of the HapMap is a helpful tool in the identification of genes that determine susceptibility to diseases such as diabetes and heart disease. The Committee encourages NHGRI to continue its efforts to make these resources available to the research community.

Parkinson's Disease.—The Committee encourages the National Human Genome Research Institute to work with NINDS and other Institutes conducting Parkinson's research to derive biological and therapeutic insights from recently discovered Parkinson's susceptibility genes and the completed Human Genome Project. The Committee encourages continued collaborations including additional intramural activities between NINDS, NIMH, NIA and NHGRI to enhance understanding of neurodegenerative diseases and develop therapeutic applications for gene discoveries, particularly for Parkinson's.

Primary Immunodeficiency Diseases.—NHGRI is commended for its use of a public-private partnership with the Jeffrey Modell Foundation to develop a newborn screening test for X-linked SCID, the most severe form of primary immunodeficiency.

Spinal Muscular Atrophy [SMA].— The Committee is aware that SMA carrier testing is available to help persons of childbearing age

make more informed reproductive decisions with regard to the risk of SMA in their offspring. The Committee strongly encourages NHGRI to develop a pilot program to assess the optimal practices for delivery of population-based screening for SMA carriers.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body. The Committee urges NHGRI to provide assistance and advice to the TSC research community on TSC gene and genome-wide sequencing projects.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2006	$296,606,000
Budget estimate, 2007	294,850,000
House allowance	294,850,000
Committee recommendation	297,606,000

The Committee recommends an appropriation of $297,606,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB]. The budget requested $294,850,000 and the fiscal year 2006 appropriation was $296,606,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Artificial Pancreas.—Maintaining blood glucose levels as close to normal values as possible is proven to reduce the risk of long-term complications in diabetes. However, tight glucose control is difficult to achieve, especially in young children. The NIBIB is encouraged to expedite research on "closing the loop" between glucose monitoring technologies and insulin delivery devices as a means to automate glucose control and improve disease management.

Image-guided Surgery.—The Committee continues to be encouraged by the potential of image-guided surgery to improve patient outcomes. The Committee supports the Institute's efforts to expand its efforts in this area.

Liver Imaging Techniques.—Consistent with NIBIB's mission to improve all diagnostic imaging technologies, the Committee urges NIBIB to continue to make liver imaging techniques a primary focus, speeding the development of new modalities that better capture the early stages of various liver diseases, including cancer, as well as offering the potential for less invasive combinations of diagnosis and treatment and the evaluation of livers from cadaver donors. The Committee urges NIBIB to participate actively in trans-NIH initiatives that address these priorities.

Liver Tissue Engineering.—The Committee urges NIBIB to focus efforts on expanding the Tissue Engineering Program to examine how the development and function of engineered tissues and organs can improve treatment techniques for patients afflicted with liver disease.

PET and MicroPET.—The Committee continues to encourage the Institute to provide increased support for molecular imaging technologies such as positron emission tomography [PET] and microPET to take advantage of the capacities of molecular imaging to detect disease process at the molecular level and to monitor the effectiveness of targeted gene therapies now under development. The Committee also encourages the Institute to develop its research agenda in close collaboration with other, disease-specific In-

stitutes 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, 2006	$1,098,346,000
Budget estimate, 2007	1,098,242,000
House allowance	1,123,242,000
Committee recommendation	1,104,346,000

The Committee recommends an appropriation of $1,104,346,000 for the National Center for Research Resources [NCRR]. The budget request was $1,098,242,000 and the fiscal year 2006 appropriation was $1,098,346,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Extramural Construction.—Due to budget constraints, the Committee has provided no funding for the extramural biomedical facility renovation and construction.

General Clinical Research Centers/Clinical and Translational Science Award.—Last year, the Committee provided funds for the initiation of the Clinical and Translational Science Awards [CTSAs]. The Committee supports the goal of the CTSA initiative to provide an integrated setting for inter-disciplinary clinical research and clinical research training and recognizes that the ultimate goal is improved health care for the American people. The Committee has been strongly supportive of the General Clinical Research Centers [GCRCs] program, which has for decades supported clinical researchers with specialty nursing care, patient facilities, laboratory testing, and specialized monitoring and diagnostic capabilities. The Committee believes that during this transition period to CTSAs, NIH must assure that these clinical services are maintained or enhanced. The Committee has included $361,200,000 for clinical research supported by the GCRCs and the CTSAs combined. Within this amount, NIH is encouraged to ensure a smooth transition from the GCRC program to the CTSA program, in a manner that establishes the critical mass necessary to launch this new paradigm, while being attentive to the needs of those institutions and programs which have served well as the foundation for this new program. The NIH is encouraged to fully fund up to 8 new CTSA awards rather than the 10 additional new CTSA awards proposed by the NCRR. The Committee expects the GCRCs to be reconfigured into the CTSA grant and requests a status report from NIH no later than July 1, 2007, which describes the CTSA awards which have been made to date, and which details the portion of the budget allocated to GCRCs funded by M01 awards and the portion of the budget used for the new CTSA awards and that was derived from the M01 awards.

The Committee expects the NIH to involve the extramural clinical research community in the development and evaluation of the CTSA program and its anticipated impact on translational and clinical research. This review should include an assessment of whether the CTSA program provides sufficient support for clinical research focused on the health of children. The Committee requests a report no later than July 1, 2007 on the status of this evaluation

and the manner in which the recommendations and concerns of the clinical research community will be addressed in any future request for applications for CTSAs.

Human Islet Cell Resource Centers.—The Committee is encouraged that the Islet Cell Resource Centers [ICR] program has been renewed. The Committee supports the Centers' goals of providing islets for transplantation into diabetes patients and making human islets readily available for research. Further, the Committee is supportive of the Centers serving as regional islet isolation facilities with the ability to transport high-quality human islets to many transplant centers, thus expanding the availability of islet transplantation to a larger pool of diabetes patients across the Nation.

Institutional Development Awards [IDeA].—The Committee has provided $215,938,000, the same as the budget request for the IDeA program authorized by section 402(g) of the Public Health Service Act. The Committee recognizes the importance of the Centers of Biomedical Research Excellence and the IDeA Networks of Biomedical Research Excellence programs and expects funding to be maintained for both. The focus of IDeA should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within the IDeA States.

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.

Research Resource Centers.—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.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

Appropriations, 2006	$121,382,000
Budget estimate, 2007	120,554,000
House allowance	120,554,000
Committee recommendation	121,982,000

The Committee has included $121,982,000 for the National Center for Complementary and Alternative Medicine. The budget request was $120,544,000 and the fiscal year 2006 appropriation was $121,382,000. 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. The Center is charged with assuring that complementary and alternative thera-

pies be rigorously reviewed to provide consumers reliable information.

Ameliorating Liver Disease.—The Committee is pleased with NCCAM's efforts to conduct clinical trials in collaboration with NIDDK regarding the use of milk thistle as a possible treatment in slowing the progression of nonalcoholic steatohepatitis and to reduce the side effects of hepatitis C interferon treatments. The Committee looks forward to the development and dissemination of the research results associated with the use of milk thistle as a treatment to ameliorate liver disease.

Parkinson's Disease.—The Committee encourages NCCAM to continue exploration of exercise in its many forms including aerobic, anaerobic and Chinese exercises such as Tai Chi Chuan in the treatment of Parkinson's. Recent studies show exercise may increase neuroprotective chemicals in the brain and decrease falls in the elderly. The Committee also encourages continued research into significant non-motor co-morbidities in Parkinson's including magnetic stimulation for depression, and the phytomedicine Valerian for sleep dysfunction. Finally, NCCAM is encouraged to work the Office of Dietary Supplements in investigating supplements which may be neuroprotective, such as berries, alpha lipoic acid, N-acetyl-L-cysteine, acetyl-L-carnitine, vitamin E, ginko biloba, vitamin D, vitamin B12, phosphatidylcholine, and glyconutrients. In light of the many ways cell death can occur, NCCAM is encouraged to study the concurrent implementation of multiple exercise and nutrition-based strategies.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2006	$195,271,000
Budget estimate, 2007	194,299,000
House allowance	194,299,000
Committee recommendation	196,771,000

The Committee has included $196,771,000 for the National Center on Minority Health and Health Disparities. The budget request was $194,299,000 and the fiscal year 2006 appropriation was $195,271,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Genomic Analysis of Disease.—The Committee is encouraged by the opportunities that exist for NCMHD. The Center is encouraged to strengthen its focus on efforts to unravel the genomic analysis of diseases that disproportionately affect minorities; applying advances stemming from unraveling the physiology and genetics of diabetes; furthering implementation of recommendations stemming from the IOM report Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business; developing innovative strategies for improving the health status and

health outcomes of minorities; furthering the understanding of the dietary link in disease prevention and control; strengthening and expanding the involvement and participation of minority organizations including minority community-based organizations in research, outreach, awareness and prevention activities.

Glomerular Disease.—The Committee understands that glomerular disease, 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 support research activities related to glomerular injury and requests a status report on progress made in this area during the fiscal year 2008 appropriations hearings.

Health Professions.—To help close the gaps in research training and clinical applications with respect to racial and ethnic health disparities, the Committee encourages the NCMHD to work with the HRSA via pre and post doctorial training of health professions in these areas. Also, important in this area is capacity and infrastructure building for strengthening support in the areas of faculty and student research and training in an effort to build transitional bridges between high schools, junior colleges and 4-year institutions. Steps also need to be taken to intensify participatory community research that addresses priority areas in which wide gaps in health status exist as delineated in Healthy People 2010, and other national epidemiological and surveillance data sets.

Liver Disease.—The Committee notes that many liver diseases, such as hepatitis C, hepatitis B and nonalcoholic steatohepatitis, are more common in the African-American, Hispanic, Asian Pacific Islander and Native American populations than in European Americans. In addition, access to and acceptance of care is particularly problematic in these populations. The Committee therefore continues to urge the Center to initiate and participate with NIDDK, NIDA and NCI in research focused on addressing and reducing these disparities.

Minority 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 2007, 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 believes that implementation of recommendations stemming from the IOM Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care study offer significant opportunities for improving health across communities of color. NCMHD is encouraged to work with minority organizations and minority community-based efforts to disseminate research-based health information to further engage minority national organizations and minority community-based organizations in implementing recommendations of the Institute of Medicine study.

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

rector 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 and research library infrastructure at minority health professions schools.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

Appropriations, 2006	$66,332,000
Budget estimate, 2007	66,681,000
House allowance	66,681,000
Committee recommendation	66,832,000

The Committee recommends an appropriation of $66,832,000 for the Fogarty International Center [FIC]. The budget request was $66,681,000 and the fiscal year 2006 appropriation was $66,332,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Chronic Obstructive Pulmonary Disease.—The Committee notes that Chronic Obstructive Pulmonary Disease [COPD] is the fourth leading cause of death worldwide, and encourages the Fogarty International Center to expand its COPD research and training activities.

Fragile X.—International collaboration among scientists is an essential element in Fragile X research. The Committee encourages the Fogarty International Center to consider Fragile X syndrome through all appropriate programs, such as the Fogarty International Research Collaboration Award and the FIC Brain Disorders in the Developing World Program. The Committee also encourages the Fogarty International Center to establish public/private partnerships that will increase the number of international fragile X research projects and collaborations.

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

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2006	$314,694,000
Budget estimate, 2007	313,269,000
House allowance	313,269,000
Committee recommendation	315,294,000

The Committee recommends an appropriation of $315,294,000 for the National Library of Medicine [NLM]. The budget requested $313,269,000 and the fiscal year 2006 appropriation was $314,694,000. These amounts include $8,200,000 made available from program evaluation funds. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Disease Management Technology.—The Committee urges NLM to conduct outreach activities to all public and private sector organizations which have demonstrated capabilities in health information

technology. The Committee is particularly interested in disease management technology as it relates to saving health care dollars, and improving care for chronically ill individuals and the workforce.

Native Hawaiian Healing.—The Committee encourages the preservation and documentation of Native Hawaiian traditional cultural healing practices.

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.

OFFICE OF THE DIRECTOR

Appropriations, 2006	$527,238,000
Budget estimate, 2007	667,825,000
House allowance	667,825,000
Committee recommendation	687,825,000

The Committee recommends an appropriation of $687,825,000 for the Office of the Director [OD]. The budget request was $667,825,000 and the amount appropriated in fiscal year 2006 was $527,238,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee has included within the total, $96,030,000 to support specific targeted research activities needed to develop radiological/nuclear and chemical threat countermeasures.

The Committee has also included language requested in the President's budget to provide additional transfer authority for the NIH Common Fund. The Committee believes that the amounts transferred from the Institutes and Centers to the NIH Common Fund should reflect a uniform percentage of the transfer amount.

Ombudsman Activities.—The Committee understands that, with the exception of a limited number of topics such as the treatment of human subjects, neither the NIH nor the Department has a structure in place to process and address complaints by investigators and others about the ways in which NIH-funded research activities are conducted. In an agency with an annual appropriation of more than $28,000,000,000, this is not acceptable. The Committee strongly urges the NIH to put in place a structure in which complaints about NIH-funded grants and other activities can be evaluated objectively.

Office of Behavioral and Social Sciences Research

Basic Behavioral Research.—OBSSR is congratulated on its tenth anniversary at NIH. The Committee encourages OBSSR to continue working to build alliances among institutes that support and nurture basic behavioral and social sciences research. In particular, the Committee encourages OBSSR to partner with NIGMS and other funders of basic research to enhance support for work on methods, animal models, and the interplay of biological factors, behavioral and social influences underlying phenomena such as stress that influence multiple health conditions.

Social Work Research.—The Committee commends the NIH for implementing recommendations of the May 2003 NIH Plan for Social Work Research, including the release of program announcements titled "Research on Social Work Practice and Concepts in Health," which are designed to encourage social work research related to improving health outcomes for persons with medical and behavioral disorders and conditions. The Committee requests that NIH submit a progress report in June 2007 that covers the 4 years since the plan was released. The report should outline the efforts made by NIH to utilize and support social work research in areas related to aging, health disparities, child and family issues and behavioral health.

Education and the Workplace.—The Committee encourages OBSSR to intensify its efforts to increase scientific understanding of the elements of education and the workplace that most affect health. The Committee strongly encourages OBSSR to increase its investment in projects and studies that focus on maintaining behavior change in the areas of disease prevention, control, and health outcomes especially in cancer, diabetes, obesity, asthma, heart disease, HIV/AIDS, chronic obstructive pulmonary disease, and stroke.

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.

Office of Rare Disease Research

Pediatric Liver Diseases.—The Committee is pleased that the ORD has continued to provide significant funding to support 10 centers within the Biliary Atresia Clinical Research Consortium, as well as working with NCRR to research cholastatic liver disease in children.

Office of Research on Women's Health

Irritable Bowel Syndrome.—The Committee is pleased with the increased focus on irritable bowel syndrome [IBS] at the NIH's Office of Women's Health, and urges the office to continue expanding research on this prevalent functional gastrointestinal disorder.

Stroke in Women.—Recognizing that women are the single largest group at risk for death from stroke, the Committee believes that special attention should be focused on better understanding

the gender-related differences in stroke. Studies suggest that significant gender differences occur in the evaluation and treatment of stroke patients, with women often receiving fewer diagnostic tests and intervention procedures. Increased research is needed to understand these differences and provide a means to optimize stroke care for all patients. Some aspects of the disease unique to women include strokes related to pregnancy and the use of oral contraceptives; stroke in younger women requires increased attention. Stroke is additionally a leading cause of serious disability among women and may contribute to late-life cognitive decline. The Committee supports the funding of new and continuing NIH studies that investigate the impact of postmenopausal hormone replacement therapy on stroke risk. Continued support of clinical and basic research on hormone physiology in women is necessary to understanding the impact of hormones on women's vascular systems. The Committee urges NIH to increase research in stroke among women of all ages, with specific attention to gender-related differences in stroke risk, and to stroke prevention interventions, acute stroke management, post-stroke recovery, long-term outcomes, and quality of care. The Committee further urges NIH to increase research into new therapies for stroke in women as well as into ways of enhancing the vascular health of all Americans, including (1) observational research on differences in the way men and women present with stroke symptoms, (2) research addressing how stroke influences the likelihood and severity of cognitive impairment in women, (3) a clinical trial of carotid endarterectomy and angioplasty/stenting in women, (4) studies of differences in how men and women respond to antiplatelet agents for recurrent stroke prevention, and (5) basic science research to address unique brain cell death and repair mechanisms in females.

The Committee also encourages and supports NIH's initiatives toward advancing the organization of stroke care in women, including post-stroke rehabilitation, and the identification of stroke treatment and research centers that would provide rapid, early, continuous 24-hour treatment to stroke victims, including the use of the clot-buster t–PA, when appropriate. Designated areas in medical facilities equipped with the resources and personnel for treating stroke would also promote the early evaluation of innovative stroke treatments. In addition, the Committee recommends all of these important initiatives be subsumed under an NIH mandate for a Women's Agenda for Stroke Prevention, Diagnosis and Treatment.

Vulvodynia.—In recent years, NIH has supported two important research conferences on vulvodynia, as well as the first prevalence study and clinical trial on the disorder. These efforts have both clearly demonstrated the need for substantial additional research and served to heighten the research community's level of interest in studying vulvodynia. The Committee calls upon the Director to build upon these initial successes by coordinating through the ORWH an expanded, collaborative extramural and intramural research effort into the causes of, and treatments for, vulvodynia. This expanded effort should involve ORWH, NICHD, NINDS and other relevant ICs, as well as the NIH Pain Consortium. The Committee commends ORWH for initiating a dialogue with the National Vulvodynia Association to determine the best approach for

launching an educational outreach campaign on vulvodynia, as the Committee requested last year. ORWH is encouraged to implement this effort with the help of other relevant ICs and women's health offices in governmental agencies including HHS, FDA, HRSA and CDC. Finally, the Committee encourages the Director to work with the Center for Scientific Review and ICs to ensure that experts in vulvodynia, and related chronic pain and female reproductive system conditions, are adequately represented on peer review panels.

Women and AIDS Treatments.—While much progress has been made with regard to AIDS treatments, considerable work remains especially with regard to HIV/AIDS across communities of color and in women. The Committee encourages the NIH to further examine how these medications work in smaller frame women; how best to ensure women follow treatment regimens; mental health impact of HIV/AIDS in women including depression; and impact on memory, AIDS related cognitive dementia.

Women and Biomedical Research.—In 2001, the Institute of Medicine released a report that stressed the importance of biological sex as a basic variable that needs to be considered in all areas of biomedical research. Recent findings have demonstrated significant differences between men and women exist in health and disease. For many disorders, the sex of the patient influences disease etiology, natural history, diagnosis and treatment alternatives and outcomes. One of the fields where such differences are most pronounced is neuroscience. The Committee strongly encourages each of the 15 Institutes involved in the NIH Neuroscience Blueprint to carefully analyze their entire NIH Neuroscience Blueprint research portfolio to ensure sex is included as a variable,when appropriate, and to require that all reported results include sex specific analysis. The Committee would like a written report from the Director that includes information on the progress of these efforts at all 15 of the NIH Neuroscience Blueprint Institutes prior to the fiscal year 2008 hearings.

Multi-Institute Research Initiatives

Autism Spectrum Disorders.—The Committee is encouraged by the NIH's autism research matrix and urges NIH to devote sufficient resources to this research agenda. The Committee urges the NIH when implementing the autism research matrix to coordinate with autism organizations already funding research initiatives to ensure the most efficient use of its resources. The Committee also notes the promise of particular areas cited in the matrix, including genetic, gene-environment interactions, behavioral characterizations of the disorder, screening and early diagnosis, and the development of evidence-based interventions.

Autoimmune Diseases.—Congress commends the NIH Autoimmune Diseases Coordinating Committee [ADCC] for fostering collaborative, integrated multi-Institute research on issues affecting the genetically related family of autoimmune diseases. The ADCC should focus on the role of environmental and infectious agents in the initiation and/or exacerbation of autoimmune diseases. Additionally, the Committee encourages the ADCC to be proactive in identifying promising areas of autoimmune research

where collaboration among the NIH institutes enhances the potential for major advances.

Center for Scientific Review [CSR].—The Committee has received reports from scientists and professional organizations that many grant applications are referred to study sections that do not include reviewers with the appropriate expertise. The Committee is concerned that this may be adversely impacting research in important areas of science and medicine, such as cardiothoracic surgery. The Committee requests that CSR examine the pattern of grant application referral to study sections, especially as it relates to cardiothoracic surgery grants, and be prepared to report at the fiscal year 2008 hearings on the results of the examination and what recommended steps may be needed to assure that applications are reviewed by study sections that have the expertise to provide a thorough, impartial review.

Charcot-Marie-Tooth Disease.—The Committee welcomes the upcoming NINDS workshop on peripheral neuropathies and is pleased the agenda will focus on developing research opportunities to address Charcot-Marie-Tooth disease [CMT]. The Committee hopes all relevant NIH institutes and centers, including the National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institute of Diabetes and Digestive and Kidney Disorders and National Institute of Child Health and Human Development, will participate in the workshop. The Committee, therefore, requests a report on the workshop on peripheral neuropathies and on developments in CMT and CMT-related research by March 2007.

In addition, the Committee requests that in 2007 NIH begin reporting annual funding figures on CMT research supported by all of the institutes and centers.

Chronic Fatigue Syndrome.—The Committee commends the NIH for the July 14, 2005, request for applications [RFA] on CFS. The Committee supports the CFS Advisory Committee's recommendation to "establish five Centers of Excellence within the United States that would effectively utilize state of the art knowledge concerning the diagnosis, clinical management, treatment and clinical research of persons with CFS." The Committee notes that the recommendation includes modeling the CFS centers after the existing Centers of Excellence program, with funding in the range of $1,500,000 per center per year for 5 years. The Committee has reviewed the Director's July 2006 report on NIH Research Activities on Chronic Fatigue Syndrome. The coding instructions for grants appear insufficient and overly broad, allowing the inclusion of non-CFS-specific studies. Thus, the Committee remains concerned that funds for CFS are not reported appropriately. It is imperative that NIH improve its methods of accounting for disease-specific research, consistent with recommendations from the NIH's Council of Public Representatives and the Institute of Medicine's 2003 report, "Enhancing the Vitality of the NIH: Organizational Changes to Meet New Challenges." Within 60 days of passage of this bill, the Committee requests the NIH to work with the CFS Advisory Committee to refine its coding instructions and revise its report to the Committee accordingly.

Clinical Research.—The Committee is aware that NIH is establishing large, validated databases to measure patient-reported out-

comes from clinical trials that cover a wide range of chronic diseases and demographic characteristics. NIH is urged to create databases to measure and track outcomes for surgical procedures, in order to establish common data standards and facilitate comparisons among surgical clinical research studies. A report on the development of these surgical databases is expected in the fiscal year 2008 Congressional budget justifications.

Down Syndrome.—The Committee urges the Director of NIH to establish an NIH Down syndrome research task force on cognition to develop a strategic plan for genetic and neurobiological research relating to the cognitive dysfunction and the progressive late-life dementia associated with Down syndrome. The purpose of the strategic plan is to provide a guide for coordinating Down syndrome research on cognition across NIH and for enhancing the development of new research efforts based on identification of areas of greatest scientific opportunity, especially as they relate to the development of future treatments. The plan should include short-, intermediate- and long-term goals for basic and clinical research with strategies for achieving goals and with specified time frames for implementation.

Dystonia.—The Committee is very pleased with progress demonstrated by the NIH intramural research program in the treatment and understanding of dystonia. NIH intramural researchers have successfully utilized injections of Botox to treat many patients who otherwise would be severely debilitated by dystonia. The Committee urges continued work in this important area of study and treatment.

Fragile X.—The Committee notes the impressive progress made by Fragile X researchers in understanding the basic neural defects that cause this developmental disorder. The success of these translational research efforts has made treatment of Fragile X a near-term possibility. However, collaborative efforts between industry, academia and NIH Institutes are likely to be necessary to develop promising therapies. The Committee further notes that while Fragile X is a relatively common genetic disease, the treatments being developed for Fragile X may also be effective for a much larger number of people with related autism spectrum disorders. Research has shown many possible treatment strategies which merit human Fragile X clinical trials, including, but not limited to, mGluR5 antagonists, Ampakines, aripiprazole, and lithium. The Committee strongly urges the Director to facilitate and fund public/private partnerships that will enable these vital studies to proceed. The Committee also urges the Director to take an active role in coordinating Fragile X research at NIH, by organizing regular intramural meetings of program directors from all institutes sponsoring Fragile X research projects.

Gene Therapy Research.—The Committee is encouraged by promising research being undertaken in gene therapy, especially in regard to thalassemia, or Cooley's anemia. It is concerned, however, that the current mechanism for funding gene therapy research, while promoting advancement of individual components of gene therapy, lacks an overarching strategy that will coalesce these advances and encourage the ultimate goal of curing genetic disorders expeditiously. Last year, the Committee urged the Director to as-

sess the prospects for the most promising areas for breakthroughs in this field and to develop an aggressive program to focus resources on it. A meeting was convened on the topic, but the Committee believes that more focused and aggressive action is needed. NIH is strongly urged to develop a plan for assessing the prospects for success in Cooley's anemia and a broad range of diseases, with the goal of curing a single gene disorder in the shortest possible time utilizing gene therapy.

Heart Disease Research and Prevention Action Plan.—The Committee is pleased to learn that the NIH, through the NHLBI, will convene a national conference in 2006 to assess progress and opportunities in heart disease research and prevention and to develop a comprehensive, long-range, trans-agency action plan. The Committee understands that the Institute will invite stakeholders from the research, practice, and patient advocacy communities and include representatives from relevant NIH components and other Federal agencies, including CDC, AHRQ, and DOD. The Committee expects the report to be a long-range, trans-agency action plan on heart disease research and prevention, with quantifiable goals and benchmarks to measure progress in the battle against heart disease.

Hereditary Hemorrhagic Telangiectasia [HHT].—The Committee is aware that HHT is a rare, multi-system genetic disorder of the blood vessels that can result in stroke, hemorrhage, and death. The Committee encourages the NIH to explore opportunities for additional clinical and basic research on HHT.

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, including for those researchers dedicated to the study and cure of rare diseases. The Committee is aware that one of the leaders in this competitive field, the National Disease Research Interchange [NDRI], is 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 in recent years, contributing to the research community's fund of knowledge. The Committee encourages the Director to increase support NDRI receives from NCRR, and to broaden the scope of the multi-Institute initiative by strongly urging the Institute Directors of NCI, NHGRI, NHLBI, NICHD, NIMH, and NINDS to identify and expand support for NDRI.

Information, Dissemination and Outreach.—The Nation invests greatly in the NIH providing tremendous opportunities for accelerated improvements in health and quality of life. Research advances must be applied more expeditiously to ensure greater improvements in health outcomes across all communities of color and the general public. To maximize the benefits of this national Federal enterprise and resource, the Committee strongly urges the NIH to improve, strengthen, and expand its systems of information dissemination and outreach to healthcare providers, minority organizations, and the public. The NIH system must accelerate the dissemination and application of research findings and advances in

prevention, diagnosis, treatment, behavioral response, awareness, and other health improvement opportunities.

Lymphangioleiomyomatosis [LAM].—The Committee remains very interested in efforts to find a cure and treatments for LAM, a progressive and fatal lung disease that strikes women, usually in their childbearing years. Currently, there are no effective treatments. The Committee understands that recent scientific findings have presented new treatment approaches for clinical testing, and that experimental trials with the drug sirolimus have begun. The Committee urges the NHLBI, as well as the NCI, the Office of Rare Diseases, and the NINDS to find clinical treatment trials through both intramural and extramural means and to use all available mechanisms as appropriate, including support of state-of-the-science symposia, request for applications, and facilitating access to human tissues to stimulate a broad range of clinical and basic LAM research. The Committee also commends the NCRR and ORD for their roles in supporting the Rare Lung Disease Consortium.

Lymphatic Research.—The lymphatic system plays a vital role in the immune system, the digestive system, and a wide range of diseases, including lymphedema, asthma, and cancer. There is growing evidence, for example, that intervening in the lymphatic system could help reduce the spread of tumors. Other research suggests that it contributes to unwanted inflammation. Until recently, however, the scientific and medical professions have not sufficiently recognized its importance. While substantial resources have been spent to study the blood circulatory system, far fewer have been devoted to the lymphatic circulatory system. Therefore, the Committee urges the NIH to consider research on the lymphatic system as an initiative within the newly created Office of Portfolio Analysis and Strategic Initiatives. In keeping with OPASI's purpose, such research would address an area of emerging scientific opportunity, and it would not focus on a specific group of diseases, but a broad range. Furthermore, while a better understanding of the lymphatic system would benefit numerous Institutes and Centers, basic research in this area currently falls both within and between existing IC missions—a situation that contributes to the scientific neglect of the lymphatic system. The Committee also urges the NHLBI, NCI, NIAID and other ICs to improve coordination for lymphatic system research through the Trans-NIH Coordinating Committee and to specifically cite lymphatic system research in NIH funding mechanisms such as program announcements and RFAs.

Medical Challenges.—In light of new medical challenges such as SARS and the threat of bioweapons, the Director is encouraged to increase collaborative efforts to address these and other medical challenges. In addition the Committee encourages the Director to conduct multi-institute projects to address these challenges.

Minority Health Professions Institutions.—The Committee continues to be pleased with the NIH Director's implementation of various programs focused on developing research infrastructure at minority health professions institutions, including Research Centers at Minority Institutions, Extramural Biomedical Research Facilities, and the National Center on Minority Health and Health Disparities.

Nanosystems Biology.—The Committee encourages the Director, along with NCI, to support a collaborative effort to bring nanotechnology, systems biology and molecular imaging together to examine the molecular basis of cancer, consistent with the Director's Roadmap Initiative. 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 that 10 percent may represent a specific type of the disease, for which the drug in question 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 disease.

National Children's Study.—The Committee was very disappointed that the President's budget proposed to eliminate funding for the National Children's Study. The Committee supports full and timely implementation of the Study [NCS] and has included funds within the Office of the Director to continue the study. This study aims to quantify the impacts of a broad range of environmental influences, including physical, chemical, biological and social influences, on child health and development. Now that the pilot phase of the project has gotten underway, the Committee believes it is timely to reconsider the scientific strategy to measure environmental exposures and genetic factors. Major scientific advances have occurred in several fields since the National Children's Study was first authorized, and the leadership of the NCS is urged to bring in additional objective scientific expertise to assess the scientific merit of the study components. The Committee further urges the NIH to coordinate the involvement of the Departments, the lead Federal partners and other interested institutes, 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 2007.

National Commission on Digestive Diseases.—The Committee directs the Director of the National Institutes of Health is planning to extend the charter for the National Commission on Digestive Diseases from 2 years to 4 years from the date of its establishment in order to provide for adequate consideration of all study, evaluation, and planning matters as directed by the Committee in Senate Report 108–345 for fiscal year 2005 (as carried out by the Director in the notice appearing in the Federal Register of August 26, 2005, volume 70, number 165, pages 50377–50378).

National Private Research Centers.—The Committee recognizes the need to raise awareness of the availability of the National Primate Research Centers' [NPRCs] nonhuman primate resources amongst Institute and Center Directors and within the NIH-funded research community. The NPRCs provide access to resources such as: nonhuman primates for NIH-funded experiments; nonhuman cells, fluids, tissues, organs, proteins, cell lines, and nucleic acid samples; immunological reagents for nonhuman primate research; comprehensive genetic and genomic information for nonhuman primates; and venues for the assessment of nonhuman primate behav-

ior and cognition. These unique resources and expertise contribute to the overall effectiveness of the Federal investment in biomedical research.

Obesity Research Task Force.—The Committee commends the NIH for creation of an Obesity Research Task Force and for NIH's recognition of the need to prevent and treat obesity beginning in childhood. However, the Committee strongly urges the Task Force to explicitly include, across the six proposed trans-NIH obesity initiatives, investigations into the genetic causes of obesity beginning with study of Prader-Willi syndrome. Furthermore, the Committee urges the Director of NIH to conduct outreach to the Prader-Willi Syndrome community to participate in research at the proposed "Obesity Clinical Research Center." The NIH should be prepared to report on the progress made by the Obesity Research Task Force, and the trans-NIH research efforts to appropriately incorporate both children and genetics into the overall obesity research agenda during the fiscal year 2007 appropriations hearings.

Parkinson's Disease.—The Committee is aware that Parkinson's disease research would benefit from targeted and measured investment of resources by NIH which would result in significant dividends in terms of reduction in human suffering and economic costs to society. Accordingly, the Committee continues to encourage the NIH to develop a strategic plan for future investments in Parkinson's research, based on the findings of a planning conference tasked with identifying the current shortcomings and future opportunities for more effective treatments and potential cures for the disease, and with a clearly defined budget for achieving those objectives.

The Committee understood last year that the NIH convened a conference in June 2005 and instructed NIH to report back to Congress the conclusions and recommended research plan for the next 3 years of Parkinson's research. The Committee is discouraged that the report was not transmitted to the Committee as requested.

The Committee further encourages the NIH to submit an implementation plan with a research budget that outlines progress already made and specific results of investments outlined in that plan by July 1, 2007.

Peer Review of Patient-Focused Research.—The Committee remains extremely concerned about analyses by the Center for Scientific Review confirming that grant applications focused on patient-oriented research are less likely to receive funding than laboratory research grant proposals. The Committee encourages the Director to take steps to eliminate this disparity. The Committee is pleased that the NIH Roadmap is focused on efforts to improve the training of clinical investigators. However, these efforts can only partially succeed if these researchers are at a disadvantage in the peer review process. In addition, the Committee is concerned that the peer review system may be failing to recognize the merit of applications that could lead to medical breakthroughs. The Committee encourages the Director to appoint a committee of clinical investigators with experience as NIH grant reviewers to recommend specific steps that should be taken to eliminate the disparity in the review of laboratory and clinical research applications. The Committee requests a report by March 1, 2007, on steps

that are being taken to address problems highlighted in a 2002 General Accounting Office report including the lack of reliable methods for identifying and tracking patient-oriented research applications or reviewers.

Prader-Willi Syndrome.—The Committee recognizes the commitment to establish a Rare Diseases Clinical Research Center as part of the Rare Diseases Clinical Research Network for the study of Prader-Willi syndrome and other rare disorders. The Committee strongly encourages that the RDCRC program be expanded to increase the level of research being conducted.

Psoriasis.—The Committee urges the Director to expand and coordinate research and related activities with respect to psoriasis and psoriatic arthritis across all relevant institutes, centers and offices, particularly at NIAMS and NIAID, to help foster new, safe, and effective treatments for these diseases and move toward a cure.

Rehabilitation Research.—The Committee is pleased with the continuing effort of the National Center for Medical Rehabilitation Research to coordinate rehabilitation research initiatives among the several relevant institutes, including NICHD, NINDS, NIA, and NIMH. The Committee is concerned, however, that the contribution of rehabilitation sciences to the fullest possible recovery of individuals who experience functional limitations or have chronic disabilities does not meet its potential. Therefore, the Committee urges the NIH to provide a report to Congress by April 1, 2007, to address the following: efforts to increase awareness of rehabilitation research and coordination among all related institutes at NIH and inclusion in trans-NIH initiatives; the appropriateness of rehabilitation and disability research as a priority under the Office of Portfolio Analysis and Strategic Initiatives [OPASI]; and efforts to better track the NIH investment in rehabilitation and disability research.

Research Training.—The Committee commends the NIH Director for his efforts to improve training for young investigators through the new Pathway to Independence program. The Committee encourages the NIH to maintain its commitment to training future biomedical and behavioral scientists, including women and minority researchers, who are instrumental in understanding health disparities. Given the importance of reducing health disparities in diseases such as cancer, diabetes, heart disease, as well as mental disorders, it is crucial that NIH increase the coordination of data collection and the development of objectives and long-term outcome measures across institutes and centers and review whether current reductions in training are having disproportionate impacts on minority investigators.

Review of Grant Applications.—The Committee is concerned that review time for proposals submitted to the Institute at NIH continues to average about 18 months from the submission of the grant proposal to the awarding of the grant. The Committee strongly urges the Director to speed up the grant process and award grants on an expedited basis.

Small Business Research.—Innovative ideas from small businesses have the potential to be rapidly translated into patient monitoring devices or treatments. The Committee urges all Institutes

and Centers to take advantage of the Small Business Innovation Research [SBIR] and Small Business Technology Transfer [STTR] programs to speed research on new technologies that can lead to improvements in the prevention, diagnosis, and cure of diabetes and its complications.

Spinal Muscular Atrophy.—The Committee strongly urges the Director to ensure the success of the SMA Project by providing active and ongoing support from the Office of the Director as well as from other related Institute Directors. The Committee is aware that the current SMA Project is scheduled to conclude in 2007 and requests the OD begin planning for the necessary follow-on effort to maximize the results of this innovative project for SMA and to ensure it serves as a model for other diseases.

Support of Clinical Investigators.—The Committee believes that NIH should give the highest priority to programs and policies that support the work of clinical investigators who translate laboratory findings to improved patient care. While the Committee supports the goals of the Clinical and Translational Science Awards [CTSA], the initiative appears focused largely on the training of new clinical investigators and may result in a diminution of resources currently available to active clinical researchers. The Committee is concerned, for example, about whether the clinical services currently provided by General Clinical Research Centers will remain available to funded clinical investigators, particularly those in institutions that do not compete successfully for a CTSA. The Committee encourages the Director to monitor this closely and take steps to assure that the necessary clinical research infrastructure support is maintained for NIH-funded clinical investigators.

The Committee is particularly supportive of the component of the CTSA award that will make support available to researchers for pilot studies to collect preliminary data and offer researchers the opportunity to progress to research project grant support. The Committee requests a report by March 1, 2007, on the extent to which CTSA award funding or other NIH roadmap grants are being dedicated to this type of support for investigators.

Temporomandibular Joint [TMJ] Disorders.—While much work remains, the Committee is encouraged by actions taken over the last year by NIH to expand research on TMJ disorders. The Committee commends the Directors of NIDCR, NINDS and ORWH for their efforts to increase research on genetic and environmental factors that may increase risk for the onset and progression of these disorders and attract new investigators to the field. The need for safe and effective prostheses for TMJ patients who have lost jaw tissue due to disease or disease treatments remains a critical issue, and the Committee applauds NIDCR for giving high priority to advancing tissue replacement technology. In cooperation with NIBIB, recommendations from the third scientific meeting of The TMJ Association provide bioengineering approaches that can be implemented which will improve diagnostics as well as treatments for TMJ problems. Complex disease research calls for team efforts involving engineers, computer scientists and medical scientists to study the jaw anatomy, physiology and the complex nervous, endocrine and immune system interactions that orchestrate jaw function. The Committee calls on the Director to invigorate such col-

laborative efforts in these areas over the coming fiscal year and to coordinate the work of all relevant ICs and give priority to collaborative, cross-cutting research. The Committee also strongly urges the NIH to take concrete steps to develop informational materials directed to medical, dental and allied health professionals (e.g., nurses, dental hygienists) to improve understanding of TMJ diseases and disorders and their frequent co-morbidities. Such an effort should be directed and coordinated by OWRH in collaboration with other ICs, including NIDCR, NIAMS, NINDS, NIBIB and NHLBI.

Translational Research.—The Committee is very supportive of translational research and strongly encourages the NIH to integrate such research as a permanent component of the research portfolio of each institute and center. The Committee urges NIH to begin discussions to determine how best to facilitate progress in translating existing research findings and to disseminate and integrate these findings at the practice level. Translational research should also include the discovery and application of knowledge within the practice setting using such laboratories as practice-based research networks. This research spans biological systems, patients, and communities, and arises from questions of importance to patients and their physicians, particularly those practicing primary care. The Committee strongly encourages all of the NIH Institutes and Centers to support translational research in the behavioral and social sciences to address how basic behavioral processes inform the diagnosis, prevention, treatment, and delivery of services. The Committee requests the Director of NIH to include a progress update in next year's budget Justification.

Tuberous Sclerosis Complex [TSC].—The Committee urges the Office to work with all institutes involved in TSC research to revise the 10-year TSC Research Plan into a comprehensive TSC Research Strategy for a Cure. The Committee also encourages the continuation of the Program Announcement on Understanding and Treating Tuberous Sclerosis Complex.

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, 2006	$81,025,000
Budget estimate, 2007	81,081,000
House allowance	81,081,000
Committee recommendation	81,081,000

The Committee recommends an appropriation of $81,081,000 for buildings and facilities [B&F]. The budget requested $81,081,000 and the fiscal year 2006 appropriation was $81,025,000.

Building Improvements.—The Committee is aware that in the conduct of research in buildings of the type and age of those operated and owned by the NIH, it will sometimes be necessary to conduct improvements, including renovations and alterations, and/or repairs to meet program objectives; and that the needs for such activities often cannot be anticipated in budgets prepared a year or more in advance. The Committee, therefore, has included a provision to clarify that consistent with long-standing NIH practice, funds appropriated to the Institutes and Centers may be used for improvements (renovation/alterations) and repairs provided that (1) the funds are not already included in the buildings and facilities appropriation, (2) the improvements and repairs funded are principally for the benefit of the program from which the funds are drawn, and (3) such activities are conducted under and subject to the administrative policies and procedures of the NIH Office of the Director. The Committee has included a limitation on the size of projects to be funded directly by the Institutes and Centers.

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.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 2006	$3,324,536,000
Budget estimate, 2007	3,260,001,000
House allowance	3,343,135,000
Committee recommendation	3,337,312,000

The Committee recommends $3,337,312,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2007. This amount is $12,776,000 above the comparable fiscal year 2006 level and $77,311,000 above the administration request. The recommendation includes $126,129,000 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 transi-

tion 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.

In developing its fiscal year 2008 budget request, the Committee urges SAMHSA to revise the format for its congressional justification in ways that will make it more readable and easily understood. In particular, the Committee would appreciate more descriptive information for existing and proposed programs of regional and national significance, including a brief description of the program, a justification of changing funding levels, a 5-year funding history and output measures. As an example, the Committee urges SAMHSA to examine the format and level of detail contained in the Department of Education congressional justification.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2006	$883,673,000
Budget estimate, 2007	848,912,000
House allowance	890,114,000
Committee recommendation	911,805,000

The Committee recommends $911,805,000 for mental health services. This amount is $28,132,000 above the comparable level for fiscal year 2006 and $62,893,000 above the administration request. The recommendation includes $21,629,000 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 $290,994,000 for programs of regional and national significance. This amount is $27,914,000 above the comparable level for fiscal year 2006 and $62,893,000 above the administration request. Programs of regional and national significance address priority mental health needs through developing and applying best practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented and consumer-run activities.

The Committee remains deeply concerned that suicide is the third leading cause of death among adolescents. Beginning in fiscal year 2005, the Committee has provided funding for grants to States

and tribes to develop youth suicide prevention and early intervention programs. The Committee recommendation includes $30,000,000 for these grants, $12,180,000 above last year's level and the administration request. In addition, the Committee has provided $5,000,000 for campus-based programs that address youth suicide prevention. This is an increase of $50,000 above the comparable level for fiscal year 2006 and the administration request. The Committee also provides $5,000,000 for the Suicide Prevention Hotline program, which is $1,979,000 more than the fiscal year 2006 comparable level and the administration request.

The Committee intends that no less than last year's level of funding be used for preventing youth violence. This initiative includes the Safe Schools/Healthy Students interdepartmental program. The administration proposed cutting this program by $17,588,000. The Committee believes that enhanced school and community-based services can strengthen healthy child development, thus reducing violent behavior and substance use. Since 1999, over 180 communities have received and benefited from these grants. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach.

The Committee recommendation provides $25,740,000 for the State Incentive Grants for Transformation program, which is the same as the comparable level for fiscal year 2006 and $5,944,000 above the administration's request. The Committee has not included bill language, as requested by the administration, allowing States to redirect a portion of the Community Mental Health Services Block Grant for transformation activities. Instead, the Committee recommends that the administration continue funding transformation planning and implementation activities through the State Incentive Grants for Transformation program. In furtherance of achieving its goals for transformation, the Committee also urges SAMHSA to prioritize within its Programs of Regional and National Significance [PRNS] initiatives that augment the role of consumers. To that end, the Committee urges SAMHSA to provide a mechanism within its program of State Incentives Grants for Transformation to ensure that modest funding is made available to support full and active participation by community-based organizations representing consumers in all facets of transformation planning and implementation.

In support of the idea that transformation should be consumer- and family-driven, the Committee recommendation provides funding at last year's level for Statewide Consumer Network Grants and Statewide Family Network Grants. The Committee also provides funding at last year's level 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 has provided $30,000,000 to continue the important work of the National Child Traumatic Stress Network [NCTSN]. The Committee strongly urges SAMHSA to build the strongest possible network of centers by setting criteria that award competitive grants based upon expertise and experience in the field of child traumatic stress. The Committee asks SAMHSA to review

whether previously funded centers, not currently in the network, should be awarded grants to rejoin the network, if their expertise would benefit the network. The Committee also urges SAMHSA to give high priority to grants for centers that work with children and families affected by devastating hurricanes along the Gulf Coast as well as those centers that work with children and families of active, guard and reserve personnel deployed in Iraq and Afghanistan.

The Committee has included $15,000,000 for grants to fund mental health services to the homeless. This is $5,440,000 above the comparable level for fiscal year 2006 and $10,561,000 above the administration request. The Committee understands that the administration request will fund all current grantees that need continuation funds. It is the Committee's intention that the funding provided above that level shall be used to fund services in permanent supportive housing to help end chronic homelessness. The Committee directs CMHS, in consultation with CSAT, to award these grants to applicants that operate permanent supportive housing funded by HUD's Homeless Assistance Programs or comparable programs, including those that were funded through the Interagency Collaborative Initiative to Reduce Chronic Homelessness.

The Committee recommendation includes funding at last year's level for the Elderly Treatment and Outreach Program. The Committee notes that while many older Americans experience depression, dementia, anxiety, and substance abuse disorders, far too often these conditions are not recognized or treated. Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meal sites, primary care settings and other locations, is needed. The Elderly Treatment and Outreach Program is the only federally funded services program dedicated specifically to the mental health care of older adults. This grant program, which helps local communities establish the infrastructure necessary to better serve the mental health needs of older adults, has been funded at approximately $5,000,000 for fiscal years 2002–2006. The Committee urges SAMHSA to expand this program so that it can provide evidence-based mental health outreach and treatment services to the growing population of older adults in this country.

While the Committee is pleased that SAMHSA is focusing on helping persons with mental illnesses achieve recovery, a parallel effort must be made to strengthen the service capacity of safety net community-based mental health providers. Therefore, the Committee urges SAMHSA to produce a comprehensive study regarding the technical assistance furnished to Community Mental Health Centers over the last 5 years on such issues as personnel preparation, evidenced based practices, quality improvement, integrated treatment, and individualized care.

The Committee recognizes the significant impact that natural and human-made disasters can have on mental and behavioral health. In particular, such events can lead to negative mental and behavioral health consequences for vulnerable populations, including older adults, children, individuals with disabilities, and ethnic minorities. The Committee acknowledges the role of the Emergency Mental Health and Traumatic Stress Services Branch in supporting the emotional recovery of those impacted by trauma and

disasters. The Committee encourages this branch, in collaboration with FEMA, to increase attention to the mental and behavioral health needs of vulnerable populations during and in the aftermath of a disaster.

The Committee remains concerned about the need to improve the representation of minorities among behavioral health professionals providing services in the public sector. For this reason, the Committee is providing funding for the Minority Fellowship Program [MFP] at last year's level so that SAMHSA can continue this program, which has been successful in addressing this issue. The Committee does urge SAMHSA, however, to consider the inclusion in the MFP program of other professions like marriage and family therapists in so far as they provide services in the public sector.

Both the President's New Freedom Commission on Mental Health and the Surgeon General of the United States have called for greater involvement of consumers in the mental health care delivery system. The Surgeon General noted that consumers "in the role of peer-specialists integrated into case management teams led to improved patient outcomes." Peer-specialists, by providing a level of care not available from medical professionals, help to improve treatment outcomes, including reduced hospitalization and use of other services. The Committee encourages SAMHSA to include peer-support and peer-specialists in the development and application of best mental health practices.

The Committee recommendation also includes language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
Access Community Health Network, Chicago, IL, to integrate behavioral health services in a community health setting	$450,000
Alaska Dept of Health and Social Services and Catholic Community Services in Anchorage, AK to provide mental health and substance abuse treatment for seniors and their caregivers	300,000
Aliquippa Community Hospital, Aliquippa, PA, for the conduct of an Outpatient Mental Health—Partial Hospitalization program	200,000
Arc of Lackawanna County, Scranton, PA for mental health programs	100,000
BJC Behavioral Health, Farmington, MO to develop a pilot project to serve children in need of mental health services in rural areas	250,000
Centerstone, Nashville, TN, to develop improved ways of managing care of individuals with schizophrenia	500,000
Community Counseling Center, Portland, ME to provide expanded trauma assistance for the Greater Portland Trauma Assistance Network	100,000
Corporate Alliance for Drug Education (CADE), Philadelphia, PA, for violence prevention programs in schools	100,000
Family Service Partners, New Cumberland, PA, for mental health services	100,000
Foundation for Glade Run Lutheran Services, Zelienople, PA to develop and assess mental health treatment programs	100,000
Horizon House, Inc., Philadelphia, PA, for mental health treatment services	100,000
Institute for Behavior Change, Coatesville, PA to further use of the Home Facilitator Support Program	100,000
Northeast Kingdom Human Services, Inc. of Newport, VT, to expand access to mental health services	300,000
Spurwink, Portland, ME for Best Practices Models for Residential Treatment and Data Collection	135,000
State of New Mexico to help transform its public behavioral healthcare system	300,000
Tanana Chiefs Conference, in partnership with Fairbanks Native Association and the University of Alaska/Fairbanks in Fairbanks, AK to treat behavioral problems of children through the Ch'eghutsen (that Children are Precious) program	500,000
The Samaritans, Inc., Providence, RI to complete an evaluation of the state's suicide prevention hotline	150,000
United Way of Anchorage, AK for its 211 Project to develop an integrated system of resources for people with substance abuse, mental illness and homelessness	600,000
Wisconsin Department of Agriculture, Transportation and Consumer Protection, Madison, WI, to provide mental health services for farmers and their families throughout Wisconsin	100,000

Community Mental Health Services Block Grant

The Committee recommends $428,472,000 for the community mental health services block grant, which is $108,000 above the comparable fiscal year 2006 amount and is the same as the administration request. The recommendation includes $21,629,000 in transfers available under section 241 of the Public Health Service Act.

The Committee has not included bill language requested by the administration that would redirect a portion of each State's block grant funding toward transformation planning and implementation activities. Instead, the Committee directs that SAMHSA continue to preserve the funding flexibility that has marked the Community Mental Health Services Block Grant. The Committee further recommends that SAMHSA continue to work with States and the planning and advisory councils to integrate the principles of transformation with a State's service-delivery system, including the block grant. The Committee recommends that the administration continue funding transformation planning and implementation activities through the State Incentives Grants for Transformation.

The Community Mental Health Services Block Grant Program distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Because the mental health needs of our Nation's elderly population are often not met by existing programs and because the need for such services is dramatically and rapidly increasing, the Committee recommends that SAMHSA require that States' plans include specific provisions for mental health services for older adults.

CHILDREN'S MENTAL HEALTH SERVICES

The Committee recommends $104,078,000 for the children's mental health services program. This amount is $72,000 above the comparable fiscal year 2006 level and the same as the administration request. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS [PATH]

The Committee recommends $54,261,000 for the PATH Program. This amount is $38,000 above the comparable fiscal year 2006 level and the same as the administration request.

PATH 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.

Protection and Advocacy

The Committee recommends $34,000,000 for the protection and advocacy program, which is the same as the comparable fiscal year 2006 level and the administration request. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities, or while they are living in the community, including their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2006	$2,156,100,000
Budget estimate, 2007	2,133,970,000
House allowance	2,160,695,000
Committee recommendation	2,131,257,000

The Committee recommends $2,131,257,000 for substance abuse treatment programs. This amount is $24,843,000 below the comparable fiscal year 2006 funding level and $2,713,000 below the administration request. The recommendation includes $83,500,000 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 commends the Center for Substance Abuse Treatment [CSAT] for its continued collaboration with the National Institute on Drug Abuse [NIDA] and State substance abuse directors, also known as Single State Authorities [SSAs] for Substance Abuse, to improve the manner in which evidence-based practices are used in our publicly funded system. The Committee encourages CSAT to continue its Blending Initiative with NIDA and the SSAs to ensure that research findings are relevant and adaptable by State substance abuse systems.

Programs of Regional and National Significance

The Committee recommends $342,666,000 for programs of regional and national significance [PRNS]. The recommendation includes $4,300,000 in transfers available under section 241 of the Public Health Service Act. The recommendation is $56,009,000 below the comparable fiscal year 2006 level and $32,713,000 below the administration request.

Programs of regional and national significance include three primary activities: best practice programs are used to develop more information on how best to serve those most in need; training and technical assistance supports dissemination of information through knowledge development; and targeted capacity expansion programs enable the agency to respond to service needs in local communities.

The Committee has not included funding for the administration's proposed Access to Recovery voucher incentive program. The ad-

ministration requested $70,488,000 for this program, which would give priority to States that use a portion of their Substance Abuse Prevention and Treatment [SAPT] block grant to deliver services through the use of vouchers. The Committee is aware that State addiction systems currently employ a broad range of purchasing mechanisms to ensure successful outcomes. At the same time, the Committee continues to strongly support the SAPT block grant program. Therefore, the Committee is re-directing a portion of the proposed funding for the voucher incentive program to the SAPT block grant to ensure that all States and territories are afforded adequate resources for addiction treatment and prevention.

Since fiscal year 2004 the Committee has funded, through the President's original Access to Recovery program, 14 States and one tribal entity for the purpose of piloting programs to purchase treatment and recovery support services through the use of vouchers. The first 3-year grant cycle ends September 30, 2006. The Committee supports SAMHSA's proposal to evaluate the extent to which the ATR programs were successful and urges SAMHSA, as part of the ATR evaluation, to review and report on the extent to which the use of vouchers impacts clinical outcomes compared to the use of other purchasing strategies.

The Committee is aware that the administration has proposed $24,750,000 for a methamphetamine treatment initiative that would require successful applicants to purchase methamphetamine treatment services through the use of vouchers. The Committee appreciates and supports efforts to help expand access to clinically appropriate methamphetamine treatment. While the perception exists that methamphetamine addicts do not respond well to treatment, studies indicate that over 60 percent of methamphetamine users remain abstinent 6 months after being discharged from treatment. However, the Committee believes that States and local communities are currently achieving effective outcomes for the treatment of methamphetamine addiction by tailoring their strategies, including how services are delivered, in ways that best address local needs. Therefore, the Committee has provided $25,000,000 for methamphetamine treatment services within the targeted capacity expansion program with no requirements as to how grantees choose to provide services.

The Committee continues to be concerned about the incidence of drug addiction among pregnant and parenting women. The unavailability of family-based treatment is manifested in the overrepresentation of substance-abusing mothers in the child welfare system. Up to 80 percent of the families who come to the attention of child welfare agencies are substance abusing. The Committee believes that increased capacity for family-based treatment programs is imperative. Within the funds appropriated for CSAT, the Committee recommends $15,000,000 for treatment programs for pregnant, postpartum, and residential women and their children. This amount is $4,116,000 above the comparable level for fiscal year 2006 and $11,068,000 above the administration request. Moreover, since women and children are disproportionately affected by the meth epidemic, the Committee directs SAMHSA to explore ways to increase family treatment capacity within the methamphetamine treatment program.

The Committee recommendation includes $31,151,000 for the Screening, Brief Intervention, Referral, and Treatment [SBIRT] program as requested. This competitive grant program assists States, territories, and tribes in targeting nondependent drug users and is designed to avert the progression of patients from chronic substance abuse problems. The SBIRT program works in primary and general care settings to identify patients in need of treatment and to provide them with appropriate intervention and treatment options.

The Committee remains concerned about substance abuse among American Indian and Alaskan Native populations. It notes that the rate of current illicit drug use as reported by the 2004 National Survey on Drug Use and Health was 12.3 percent among American Indians and Alaska Natives, nearly 50 percent higher than among whites, blacks, or Hispanics. It also notes that among youth aged 12 to 17, the rate of current illicit drug use was highest among American Indians or Alaskan Natives at 26 percent, which is more than twice the rate among all youth. Thus the Committee has included $5,000,000 for grants to American Indian and Alaskan Native tribes or tribal organizations to address substance abuse problems.

The Committee commends SAMHSA for encouraging substance abuse prevention and treatment grantees to make prevention of hepatitis a part of their comprehensive prevention and treatment program and for encouraging them to use other resources to fund treatment or for providing vaccines where appropriate. In particular, the Committee commends CSAT for taking a leadership role in hepatitis prevention through the implementation of the Adult Hepatitis Vaccine Demonstration Project, and encourages the continuation and evaluation of this program.

The Committee recommendation also includes language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
Akeela, Inc., in Anchorage, AK to continue its Re-Entry Program for newly released prisoners with substance abuse problems	$450,000
City and County of San Francisco Department of Human Services, CA, for mental health and substance abuse services for the homeless	400,000
County of Alameda Health Care Services Agency, CA, for the Detoxification and Recovery Services Center	150,000
Doe Fund, Inc, Philadelphia, PA, to provide substance abuse treatment services	100,000
Fairbanks Memorial Hospital, in Fairbanks, AK for the Fairbanks Community Initiative for Chronic Inebriates	500,000
Gateway Rehabilitation Center, Aliquippa, PA, for expanded treatment services	100,000
Maniilaq Association, in Kotzebue, AK for the Maniilaq Family Recovery Program	500,000
Municipality of Anchorage, with the Dept. of Health and Social Services and Cook Inlet Tribal Council, Anchorage, AK for the Anchorage Downtown Partnership Pathways to Sobriety Project	400,000
Potter County Human Services, Roulette, PA to expand drug and alcohol treatment services	100,000
Salvation Army of Clark County, Las Vegas, NV, for an adult rehabilitation program	500,000
Starting Place, Hollywood, FL, for substance abuse treatment for adolescents	100,000
Teen Challenge of Illinois, Decatur, IL, for drug abuse treatment services for girls and women	250,000
Will County Health Department, Joliet, IL, for substance abuse programs for the mentally ill	500,000

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends $1,788,591,000 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 recommendation is $31,166,000 above the comparable level for fiscal year 2006 and $30,000,000 above the administration request. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually.

The Committee is aware that the Substance Abuse Prevention and Treatment [SAPT] block grant is the backbone of our Nation's publicly funded treatment and prevention system in every State and territory in the country. The SAPT block grant funds over 10,500 community-based organizations and serves our Nation's most vulnerable citizens, including pregnant and parenting women, those with HIV/AIDS and others. The Committee is also aware that the data demonstrate the efficiency and effectiveness of services funded by the SAPT block grant. In particular, programs funded by the SAPT block grant help people remain abstinent from alcohol and other drug use; find employment; find stable housing; stay away from criminal activity; and live productive lives in recovery. As a result, the Committee continues to express its strong support for the SAPT block grant.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2006	$192,767,000
Budget estimate, 2007	180,598,000
House allowance	195,805,000
Committee recommendation	196,729,000

The Committee recommends $196,729,000 for programs to prevent substance abuse, which is $3,962,000 above the comparable fiscal year 2006 level and $16,131,000 above the administration request.

Programs of Regional and National Significance

The Committee has provided $196,729,000 for programs of regional and national significance [PRNS]. The recommendation is $3,962,000 above the comparable fiscal year 2006 level and $16,131,000 above the administration request. The Center for Substance Abuse Prevention [CSAP] is the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. Through the PRNS, 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 recognizes the important role played by the 20 percent prevention services set-aside within the Substance Abuse Prevention and Treatment [SAPT] block grant. This vital substance abuse prevention program helped contribute to the fact that 600,000 fewer teens used drugs in 2004 compared to 2001, according to the Monitoring the Future Survey.

The Committee has provided $16,131,000 above the President's request for CSAP in recognition of its role as the lead Federal agency for preventing substance use among youth. The Committee is concerned by the overall level of funding requested by the administration for prevention activities. According to the President's National Drug Control Strategy, the amount of Federal funding requested for prevention across all agencies in fiscal year 2007 represents a decline of over $474,000,000, or 24 percent, from fiscal year 2005 levels. Furthermore, only 35 percent of the Federal drug control budget was requested for demand reduction activities, compared to 65 percent for supply reduction. While the Committee is supportive of efforts to disrupt the flow of illicit drugs into this country, the growing emphasis on these activities suggests a belief by the administration that they are more effective than demand reduction programs, and prevention programs in particular. The Committee strongly disagrees with this approach and believes that a successful drug control strategy must provide sufficient funding to prevention and treatment programs in addition to market disruptions activities.

The Committee expects CSAP to focus its efforts on reducing youth drug and alcohol use through the Strategic Prevention Framework State Incentive Grant [SPFSIG] program. The Committee's recommendations include $106,650,000 for the SPFSIG program, which is the same as the comparable level for fiscal year 2006 level. Given the scarce resources available for substance use prevention, the Committee expects CSAP to work with the State SPFSIG recipients to focus their funds on environmental and population-based strategies, due to the cost effectiveness of these approaches; and to ensure that community anti-drug coalitions, funded under the Drug Free Communities program, are utilized, to the maximum extent possible, as SPFSIG sub-recipients, in order to maximize Federal investments in prevention.

The SPFSIG program is designed to promote, bolster, and sustain prevention infrastructure for every State in the country. The Committee recognizes that a linchpin of this program is State flexibility so that each State may tailor initiatives and direct resources in ways that are most appropriate for its own jurisdiction. The Committee encourages SAMHSA to promote maximum flexibility in managing the SPFSIG program and the 20 percent prevention set-aside within the SAPT block grant so that each State may employ a range of effective strategies to meet its unique needs and local circumstances.

The Committee recommendation includes $850,000 for the continuation of the Ad Council's parent-oriented media campaign to combat underage drinking. The Committee believes this campaign represents a critical component of the Nation's commitment to combating underage drinking by providing the first-ever visible, consistent federally backed message challenging parental complacency about the risks of underage drinking. The Committee considers the continuity of this program a top priority, and provides a fourth year of funding for this essential public health message.

The Committee is pleased that the Inter-Agency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD] has taken steps to engage State officials on evidence-based strategies

for combating underage drinking and to promote increased State action to reduce youth alcohol use. The Committee appreciates the ICCPUD's January 2006 submission of a proposed Federal underage drinking prevention plan. While it provides a good description of the scope of the problem and existing Federal activities in this area, the Committee is disappointed by the plan's lack of vision. The plan sets three performance targets for 2009: reducing the prevalence of past month alcohol use by those aged 12–20 by 10 percent; reducing the prevalence of those aged 12–20 reporting binge alcohol use in the past 30 days by 10 percent; and increasing the average age of first use from 15.6 to 16.5. These are modest goals, and they expire in just 3 years. It is well recognized, however, that reducing underage drinking will take a concerted effort over many years—certainly more than 3—and no one should be satisfied with 10 percent reductions. The Committee strongly urges ICCPUD to set more ambitious, longer-term targets in its next annual report.

The Committee is pleased that the ICCPUD plan includes a "Call to Action" by the Surgeon General on underage drinking prevention. The Committee directs the ICCPUD to ensure that the "Call to Action" is vigorously promoted and disseminated to policymakers and the public. Finally, the Committee requests that the ICCPUD work with the National Institute on Drug Abuse [NIDA] to ensure that NIDA's Monitoring the Future Survey, which tracks youth substance use, separately and prominently highlights underage drinking findings and trends.

The Committee recommendation also includes language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
Community Health Center on the Big Island of Hawaii, for youth anti-drug program	$200,000
Dakota County, Hastings, MN, for the All Children Excel program	300,000
Institute for Research, Education & Training in Addictions (IRETA), Pittsburgh, PA, for substance abuse prevention programs	100,000
Maine Lighthouse Corporation, Bar Harbor, ME to combat community substance abuse	100,000
Ramsey County, Saint Paul, MN, for the All Children Excel program	200,000
Seton Hill University, Westmoreland County, PA, to provide individual and family therapy to juveniles referred from the court system	100,000
Valley Prevention Services, Williamsport, PA to utilize a community-based approach to enhance alcohol and other drug prevention efforts in Clinton County	100,000

PROGRAM MANAGEMENT

The Committee recommends $97,521,000 for program management activities of the agency. The recommendation includes $21,000,000 in transfers available under section 241 of the Public Health Service Act. The recommendation is $5,521,000 above the comparable level for fiscal year 2006 and $1,000,000 above the budget request.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer SAMHSA's programs.

The Committee recommendation includes $1,000,000 to continue the collaborative effort by SAMHSA and CDC to establish a population-based source of data on the mental and behavioral health needs in this country.

The Committee is aware of collaborative work by State substance abuse directors, also known as Single State Authorities [SSAs] for Substance Abuse, and SAMHSA to improve the quality and utility of substance abuse prevention and treatment data through the use of a core set of National Outcome Measures [NOMS] across all SAMHSA funding mechanisms, including services funded by the SAPT block grant. The Committee commends the States and SAMHSA for working to streamline data reporting, reduce administrative burden, and improve accountability. The Committee strongly encourages SAMHSA to work with State substance abuse directors on all aspects of NOMs and State Outcomes Measurement and Management System [SOMMS] implementation and evaluation—including work to examine and promote effective nonproprietary data management tools. This partnership will further support the infrastructure for substance abuse data reporting at the State and national levels.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2006	$318,695,000
Budget estimate, 2007	318,695,000
House allowance	318,695,000
Committee recommendation	318,695,000

The Committee recommends $318,695,000 for the Agency for Healthcare Research and Quality [AHRQ]. This amount is the same as both the comparable funding level for fiscal year 2006 and the administration request. The Committee has funded AHRQ through budget authority rather than 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 $260,695,000 for research on health costs, quality and outcomes [HCQO]. This amount is the same as both the comparable amount for fiscal year 2006 and the administration request. 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.

Of the total amount provided for HCQO the Committee has included $84,000,000 to determine ways to reduce medical errors. Of this amount, $50,000,000 will support the Department's initiative

to promote the development, adoption, and diffusion of information technology in health care.

The Committee recommendation includes $15,000,000 for research authorized under section 1013 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The Committee's recommendation is the same as the amount provided last year.

Autoimmune Disease.—In order to support continued HHS-wide implementation of the HHS Autoimmune Diseases Research Plan, the Committee encourages AHRQ to estimate the annual treatment and societal costs of autoimmune diseases in the United States, in order to project their future impact and burden on the healthcare system.

Duchenne and Becker Muscular Dystrophy.—The Committee is pleased that AHRQ is working with the Centers for Disease Control and Prevention [CDC] to establish evidence-driven standards of care for DBMD patients, and encourages both agencies to complete this work by February 1, 2007.

Medication Errors.—The Committee is pleased with AHRQ's continued emphasis on efforts to address bedside medication errors, which frequently lead to patient harm, and encourages AHRQ to give particular attention to comprehensive medication delivery systems, especially those that ensure connectivity from patient to pharmacy. The Committee understands that pilot projects are underway to demonstrate the usefulness of such integrated medication delivery systems and encourages AHRQ to continue to make these systems, which show tremendous promise in preventing bedside medication delivery errors, a strong component of its health information technology grants.

Mental Illness.—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 AHRQ to support evidence-based research projects focused on the diagnosis and treatment of mental illnesses in the geriatric population, and to disseminate evidence-based reports to physicians and other health care professionals.

Nurse-Managed Health Centers.—The Committee encourages AHRQ to include nurse managed health centers and advanced practice nurses in research and demonstration projects conducted by the agency.

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 comparable fiscal year 2006 level and the administration request. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings esti-

mates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

PROGRAM SUPPORT

The Committee recommends $2,700,000 for program support. This amount is the same as the comparable fiscal year 2006 level and the administration request. This activity supports the overall management of the agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2006	$156,954,419,000
Budget estimate, 2007	138,072,248,000
House allowance	138,072,248,000
Committee recommendation	138,072,248,000

The Committee recommends $138,072,248,000 for Grants to States for Medicaid. This amount is $18,882,171,000 below than the fiscal year 2006 appropriation and the same as the administration's request and House allowance. This amount excludes $62,783,825,000 in fiscal year 2006 advance appropriations for fiscal year 2007. In addition, $65,257,617,000 is provided for the first quarter of fiscal year 2008, as requested by the administration. The Federal share of Medicaid outlays is estimated to be $199,800,000,000 in fiscal year 2007, an increase of 3.7 percent over the estimated gross outlays of $192,700,000,000 for fiscal year 2006.

The President's budget proposes to restrict the ability of schools to claim reimbursement for administrative and transportation services for Medicaid enrolled children with disabilities who receive early intervention, special education and related services through the Individuals with Disabilities Education Act. The Committee is very concerned that this proposal will reduce the availability of and access to needed health and developmental services for students with disabilities and other low-income children with special needs. For these children, school is their primary site for healthcare delivery. The Committee directs the Centers for Medicare and Medicaid Services to submit a report to the Appropriations Committee no later than March 1, 2007, examining the impact of the proposed policy change on the availability of services for students with disabilities and other health care needs, participation rates of States and school districts in school-based Medicaid claiming and the general impact on the health of children with special needs in rural and urban areas. The Committee expects CMS to take no additional action on the proposal until the Committee has received and reviewed the report. The Secretary should be prepared to testify on this issue at a fiscal year 2008 appropriations hearing.

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, 2006	$178,647,200,000
Budget estimate, 2007	197,135,795,000
House allowance	197,017,391,000
Committee recommendation	197,017,931,000

The Committee recommends $197,017,391,000 for Federal payments to health care trust funds. This amount is $118,404,000 less than the administration's request the same as the House allowance, and is an increase of $18,370,191,000 from the fiscal year 2006 appropriation. This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare part B benefits and for Medicare part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions. The Committee has provided $139,351,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare part B enrollees. This amount is the same as the administration's request and is $10,431,000 more than the fiscal year 2006 amount. The Committee further provides $56,574,000,000 for the general fund share of benefits paid under Public Law 108–173, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The Committee includes bill language requested by the administration providing indefinite authority for paying the General Revenue portion of the part B premium match and provides resources for the part D drug benefit program in the event that the annual appropriation is insufficient. The recommendation also includes $239,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is $37,000,000 more than the fiscal year 2006 amount. The Committee also recommends $229,000,000 for Federal uninsured benefit payment. This payment reimburses the Hospital Insurance Trust Fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as the administration's request and an increase of $23,000,000 over the fiscal year 2006 level, reflecting an increase on the number of covered individuals who are currently enrolled. The Committee recommendation includes $153,000,000 to be transferred to the Hospital Insurance Trust Fund as the general fund share of CMS Program Management administrative expenses. This amount is the same as the administration's request and is $11,000,000 less than the fiscal year 2006 amount. The Committee recommendation also includes $453,319,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of part D administrative expenses. This amount is the same as the administration's request. The recommendation also provides $18,000,000 for State low-income determination activities through the prescription drug account. This amount is the same as the administration's request and is $81,100,000 less than the 2006 amount. The Committee recommendations does not include reim-

bursement to the Health Care Fraud and Abuse Control [HCFAC] fund, since the Committee did not fund this new account, for which $118,404,000 was requested; the House likewise did not fund this account.

PROGRAM MANAGEMENT

Appropriations, 2006	$3,119,818,000
Budget estimate, 2007	3,148,402,000
House allowance	3,153,547,000
Committee recommendation	3,149,250,000

The Committee recommends $3,149,250,000 for CMS program management, which is $848,000 more than the amount requested by the administration, $4,297,000 less than the House allowance, and $29,432,000 more than the fiscal year 2006 enacted level.

Research, Demonstrations, and Evaluations

The Committee recommends $57,376,000 for research, demonstrations, and evaluation activities. This amount is $15,848,000 more than the budget request, and $44,000 less than the 2006 level.

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, projects to measure the impact of Medicare and Medicaid on health care costs, projects to measure patient outcomes in a variety of treatment settings, and projects to develop alternative strategies for reimbursement, coverage, and program management.

The Committee has included $10,000,000 for Real Choice Systems Change Grants for Community Living to States to fund initiatives that establish enduring and systemic improvements in long-term services and supports.

The Committee appreciates the efforts of the Centers for Medicare and Medicaid Services in supporting a rural health interdisciplinary training demonstration project in Hilo, Hawaii. This project avails the opportunity to reduce health disparities and improve access to culturally appropriate health care for Native Hawaiians and underserved populations.

The Committee requests the Centers for Medicare and Medicaid Services consider waivers for rural and/or isolated area demonstration projects when calculating such requirements as population density in Hawaii.

The Committee urges the Centers for Medicare and Medicaid Services to avail reimbursement for services delivered in federally qualified health centers to Native Hawaiians in the same manner as it does for American Indians and Alaskan Natives.

The Committee is aware that senior citizens constitute a larger proportion of the United States rural resident population and in such rural areas, the availability of primary health care professionals and specialized services for seniors are more austere. The Committee recommends that the Centers for Medicare and Medicaid Services consider funding projects with a focus on rural healthcare, specifically those serving the elderly and minority pop-

ulations such as Native Hawaiians, Native Alaskans, and Native Americans.

The Committee commends CMS for expanding the Quality of Life Demonstration project to include oral chemotherapy regimens in its data collection on this project. The inclusion of oral chemotherapy regimes will provide a more comprehensive understanding of the quality of life issues impacting all cancer patients. The demonstration project is intended to provide a better understanding from cancer patients receiving chemotherapy on such important issues as their pain control management, minimization of nausea and vomiting, and reduction for fatigue. CMS' action to expand the demonstrations project will provide important data on all anti-cancer regimens and its impact on patients' quality of life.

The Committee recommendation also includes bill language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
Allied Services, Clarks Summit, PA for stabilizing the workforce for patient care	$291,000
Berwick Hospital Center, Berwick, PA for stabilizing the workforce for patient care	177,000
Bloomsburg Hospital, Bloomsburg, PA for stabilizing the workforce for patient care	115,000
Community Medical Center, Scranton, PA for stabilizing the workforce for patient care	530,000
Divine Providence Hospital, Williamsport, PA for stabilizing the workforce for patient care	144,000
Geisinger Wilkes-Barre, Wilkes-Barre, PA for stabilizing the workforce for patient care	296,000
Geisinger Wyoming Valley Medical Center, Wilkes-Barre, PA for stabilizing the workforce for patient care	246,000
Hazleton General Hospital, Hazleton, PA for stabilizing the workforce for patient care	170,000
Inglis Foundation, Philadelphia, PA, for healthcare and social services for low-income adults with severe physical disabilities in an effort to promote independent living	100,000
Marian Community Hospital, Carbondale, PA for stabilizing the workforce for patient care	140,000
Memorial Hospital of Rhode Island, Pawtucket, RI Study of Mercury Exposure Among Newborns	100,000
Mercy Hospital, Scranton, PA for stabilizing the workforce for patient care	450,000
Mosaic, Des Moines, IA, for the Iowa Community Integration Project	350,000
Moses Taylor Hospital, Scranton, PA for stabilizing the workforce for patient care	400,000
Patient Advocacy Foundation, Newport News, VA, to provide financial assistance to qualified insured patients	200,000
Patient Services, Incorporated, Midlothian, VA, to administer a patient premium assistance and case management demonstration for Medicare and Medicaid eligible individuals with chronic diseases	200,000
Saint Joseph Medical Center, Hazleton, PA for stabilizing the workforce for patient care	172,000
State Health Insurance Program through the Utah Division of Aging and Adult Services, Salt Lake City, UT to supplement funding for SHIP training to assist seniors with Medicare part D choices	100,000
Tyler Memorial Hospital, Tunkhannock, PA for stabilizing the workforce for patient care	100,000
University of Mississippi, Oxford, MS, Medication Use and Outcomes Research Group	500,000
Williamsport Hospital & Medical Center, Williamsport, PA for stabilizing the workforce for patient care	481,000
Wyoming Valley Health Care System, Wilkes-Barre, PA for stabilizing the workforce for patient care	586,000

Medicare Operations

The Committee recommends $2,130,208,000 for Medicare operations, which is $15,000,000 less than the House allowance and the amount requested by the administration, and $13,034,000 less then fiscal year 2006 enacted level. This $15,000,000 reduction, due to tight budget constraints should not be taken from the already reduced request for Medicare contractor fee-for-service operations.

The Medicare operations line item covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries. In addition, this line item includes a variety of projects that extend beyond the traditional fee-for-service arena.

The Committee recommends that not less than $30,000,000 be made available for the State Health Insurance Counseling Program. SHIPs provide one-on-one counseling to beneficiaries on complex Medicare-related topics, including Medicare entitlement and enrollment, health plan options, prescription drug benefits, Medigap and long-term care insurance, and Medicaid.

The Committee recommends that $48,960,000 be made available for obligation over a 2-year period ending September 30, 2007, for contract costs pursuant to the development of the Healthcare Integrated General Ledger Accounting System [HIGLAS].

The Committee recommendation retains bill language providing authority to obligate additional funds for increases in claims volumes above budgeted values; neither the budget request nor House allowance recommended continuing this proviso, carried in last year's bill.

The Committee recognizes that CMS has initiated some commendable community-based activities for an education and outreach program directed towards dual-eligible persons with mental impairments, and encourages that additional efforts be directed to one-on-one pharmaceutical benefits counseling through community-based organizations and safety net community mental health centers to help with part D enrollment.

State Survey and Certification

The Committee recommends $283,524,000, the budget estimate and House allowance, for Medicare State survey and certification activities, which is $25,396,000 more than the fiscal year 2006 level.

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 $655,377,000 for Federal administration costs, which is the same as the budget request and House allowance and an increase of $18,312,000 over the fiscal year 2006 level. This funding level allows for fixed cost increases associated with the requested staffing level of 4,531 full-time equivalent positions, 29 fewer than the fiscal year 2006 level.

The Committee recommends continuing the Healthy Start, Grow Smart program, which disseminates informational brochures to new Medicaid-eligible mothers. These brochures are distributed at the time of birth, then monthly over the first year of each child's life. Each publication focuses on activities that stimulate infant brain development and build the skills these children need to be successful in school. In addition to these educational suggestions, Healthy Start pamphlets include vital health and safety information for new parents.

The Committee is very pleased with the demonstration project at participating sites licensed by the Program for Reversing Heart Disease and encourages its continuation. The Committee further

urges CMS to continue with the demonstration project being conducted at the Mind Body Institute of Boston, Massachusetts.

The Committee urges the Centers for Medicare and Medicaid Services to consider waivers for rural or isolated area demonstration projects when calculating such requirements as population density in the State of Hawaii.

The Committee urges CMS to provide for reimbursement for services rendered to Native Hawaiians in federally qualified health centers in the same manner that it currently does for American Indians and Alaskan Natives. Further, the Committee requests a report on this matter by next year's budget hearings.

The Committee recognizes that rural residents account for 25 percent of the general population in the United States with a disproportionate number of them being seniors. Additionally, 67 percent of the country's primary care health professional shortage areas are located in rural areas and access to specialized care is limited for seniors. The Committee urges CMS to consider funding projects with a focus on rural healthcare, specifically those serving minority populations such as Native Hawaiians, Native Alaskans, and Native Americans.

The Committee recognizes that the Centers for Medicare and Medicaid Services has denied requests by community hospitals to be designated as Sole Community Hospitals on the basis that they are within 25 miles of the nearest like hospital. CMS has measured these distances by determining the absolute shortest distance between these hospitals even if the routes may be obscure, unknown, and unused by emergency vehicles. As such, the Committee recommends that when making SCH eligibility determinations, CMS calculate the distance between hospitals using improved roads which (1) are maintained by a local, State or Federal Government entity for use by the general public and (2) represent the most expeditious and accessible routes between hospitals as designated by State Departments of Transportation in accordance with the Manual on Uniform Traffic Control Devices for Streets and Highways [MUTCD] as published by the Federal Highway Administration.

The Committee expects CMS to review a pending report prepared by HRSA on the healthcare workforce as well as other relevant research, in order to develop recommendations addressing the critical care workforce shortage issue, including the possible use of the pulmonary/critical care specialty as a model for developing and testing policy approaches to address workforce shortage issues.

The Committee is concerned that patients suffering from end-stage renal disease [ESRD] are offered the proper modality for the best medical outcome and the highest quality of life. The U.S. Renal Data System [USRDS] reports that hemodialysis is dominant across the country, while the use of peritoneal dialysis is growing, but in a minority of regions. In addition, USDRS reports that prevalent rates of transplantation have grown more in some areas of the country than others. The Committee is particularly concerned about factors which may be influencing the choice of modality and the availability of services to ESRD patients. Given that Medicare provides coverage for 90 percent of the prevalent dialysis population and 69 percent of those with a transplant, the Committee urges CMS, in conjunction with other health agencies, to review

these patterns and requests CMS to provide the Committee with recommendations to ensure public health policies, in the form of reimbursement rates, public health services, research or other activities related to ESRD, give priority to positive medical outcomes and quality of life for ESRD patients.

The Committee urges CMS to consider a new Medicare benefit category for advanced interactive balancing mobility systems and to issue a National Coverage Determination to provide for Medicare reimbursement for such interactive balancing mobility systems. This type of technology allows individuals with disabilities to achieve extensive function and mobility in order to live independently.

The Committee understands that only 40 percent of Medicaid Managed Care Organizations [MCO] allow nurse practitioners to act as primary care providers. The Committee encourages CMS to closely monitor those MCOs that do not utilize these providers and actively enforce existing regulations which prohibit discrimination against a particular class of healthcare provider.

The Committee is aware that legislation authorizing direct Medicare reimbursement to nurse practitioners providing reimbursable Medicare Services, was passed by Congress and signed into law, effective January 1, 1998. Since that time, nurse practitioners have been providing reimbursable care to patients as part B Providers. Despite their ability to provide and bill for services rendered in all of these areas, they are still unable to refer patients to home health or hospice care. The apparent reason is that an expanded interpretation of the word "physician" is needed in part A, section 1814, of the Medicare law in order for home health agencies and hospice centers to accept these referrals. The Committee is very aware that nurse practitioners have demonstrated the ability to provide safe and responsible care to the patients they serve. They have expert knowledge that allows them to provide high level assessments of patients needs and recognize when additional care, such as home health and hospice care is needed or not needed by their patients. The Committee urges CMS to reinterpret the statute that will authorize home health agencies and hospices to accept orders from nurse practitioners.

The Committee is aware of the barriers faced by Asian and Pacific Islander seniors accessing programs such as those contained in the Medicare Prescription Drug, Improvement, and Modernization Act and other similar health and social services programs. The Committee urges additional focus upon this population, utilizing the expertise of organizations such as the National Asian Pacific Center on Aging.

The Committee is concerned about ongoing fraud and abuse in the power mobility device/power wheel chair program. CMS has not moved quickly enough to adopt accreditation and quality standards for suppliers. The Committee believes that these standards will help eliminate fraud and abuse by limiting the ability of fraudulent suppliers to get provider numbers. The Committee instructs CMS to issue accreditation and quality standards at the earliest possible date.

The Committee encourages CMS to conduct a demonstration project to identify effective Medication Therapy Management Pro-

gram [MTMP] models for low-income Medicare part D enrollees living with HIV/AIDS. The demonstration project should emphasize evidence-based prescribing, prospective medication management, technological innovation and outcome reporting. The Committee also encourage CMS to work with the States to establish this demonstration project for HIV/AIDS patients.

The Committee is concerned that the agency has not yet issued regulations to implement the Integrated Rural Training Track program as authorized in section 407 (c)(1)(iv) of the Balanced Budget Refinement Act of 1999, Public Law 106–113, for graduate physician training in rural areas. Without implementation of the IRTT, programs to train family physicians to practice in rural and frontier communities will continue to be unable to meet the requirements for GME programs developed for urban and suburban areas. The Committee urges the agency to develop such regulations and directs the agency to report back to the Committee on Appropriations on its progress by April 1, 2007.

Revitalization Plan

The Committee recommends the budget request and House allowance of $22,765,000 in 2-year budget authority, as the fourth-year investment in CMS's efforts to make significant improvements to key aspects of managing the agency and the Medicare program. Funding will target system-related improvements, and continue addressing long-term information technology issues, including Medicare claims processing redesign activities. The Committee urges CMS to augment information technology activities utilizing resources available under the Quality Improvement Organization program.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2006	$2,121,643,000
Budget estimate, 2007	2,759,997,000
House allowance	2,752,697,000
Committee recommendation	2,752,697,000

The Committee recommends $2,752,697,000 be made available in fiscal year 2007 for payments to States for child support enforcement and family support programs. The comparable funding level for fiscal year 2006 is $2,817,384,700 and the budget request includes $2,759,997,000 for this program. The Committee recommendation provides the full amount requested under current law, and an additional $300,000 for repatriation as proposed by the administration. The budget request includes a net increase of $7,300,000 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 non-custodial parents, determine paternity when necessary, and establish and enforce orders of support. The appropriation, when combined with the $1,200,000,000 in advance funding provided in last year's bill, an estimated $7,000,000 from offsetting collections, and an estimated

carryover of $155,465,000, supports a program level of $4,115,462,000.

The Committee also has provided $1,000,000,000 in advance funding for the first quarter of fiscal year 2008 for the child support enforcement program, the same as the budget request.

LOW–INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2006	$2,159,685,000
Budget estimate, 2007	1,782,000,000
House allowance	2,111,170,000
Committee recommendation	2,161,170,000

The Committee recommends $2,161,170,000 for fiscal year 2007 for LIHEAP. The comparable funding level for fiscal year 2006 is $2,159,685,000, and the budget request includes $1,782,000,000 for this program. LIHEAP is made up of two components: the State grant program and a contingency fund. The Deficit Reduction Act of 2005 (as amended by Public Law 109–204) provided an additional $500,000,000 for the State grant program, and $500,000,000 for the contingency fund for fiscal year 2006.

The Committee recommendation includes $1,980,000,000 for fiscal year 2007 for the State grant program. The comparable funding level for fiscal year 2006 is $1,979,725,000 and the budget request includes $1,782,000,000 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 recommends $181,170,000 for fiscal year 2007 for the contingency fund. The comparable funding level for fiscal year 2006 is $179,960,000 and the budget request did not include any regular year 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 intends that up to $27,225,000 of the amount recommended for LIHEAP for fiscal year 2007 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, 2006	$569,432,000
Budget estimate, 2007	614,935,000
House allowance	604,329,000
Committee recommendation	599,935,000

The Committee recommends $599,935,000 for fiscal year 2007 for refugee and entrant assistance. The comparable funding level for fiscal year 2006 is $569,432,000 and the budget request includes $614,935,000 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 70,000, this appropriation enables States 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.

In order to carry out the refugee and entrant assistance program, the Committee recommends $282,333,000 for transitional and medical assistance including State administration and the voluntary agency program; $9,816,000 for victims of trafficking; $149,610,000 for social services; $4,748,000 for preventive health; and $48,590,000 for targeted assistance.

The Committee encourages the efforts of the Department to assist child trafficking victims from remaining trapped in life-threatening situations. However, there is concern that the victims may fear being interrogated by law enforcement authorities. The Committee supports efforts made within the jurisdiction of the Department, under the Trafficking Victim Protection Act of 2000, to certify child victims of trafficking as eligible for emergency benefits or services, and encourages the Department to facilitate the provision of guardians ad litem for child trafficking victims to help ensure their access to these. The Committee encourages the Department to work with the Department of Justice and/or the Department of Homeland Security to ensure that needs of the victims are served in the best and most appropriate manner. Funds were not provided for a newly authorized trafficking program which would focus on domestic victims.

For unaccompanied children, pursuant to section 462 of the Homeland Security Act of 2002, the Committee recommends $95,022,000. Funds are provided for the care and placement of unaccompanied alien minors in the Office of Refugee Resettlement. In fiscal year 2007 there will be an estimated 11,500 placements for unaccompanied alien children apprehended in the United States by INS/Homeland Security agents, Border Patrol officers, or other law enforcement agencies. This would be an increase of 19.8 percent over fiscal year 2006 estimates. Therefore, additional funds have been provided for shelter needs, care, hiring of further field staff in areas of high apprehension, and to address the increased medical services and administrative costs associated with the sharp rise in UAC placements. These children are taken into care pending resolution of their claims for relief under U.S. immigration law and released to an adult family member or a responsible adult guardian. The Committee did not include additional funds for expanded background checks.

The Committee recognizes the legal representation crisis and need for guardians for unaccompanied children and is pleased with the progress ORR has made in implementing a pro bono representation program as well as a pilot program using child advocates for unaccompanied children. For this purpose, the Committee encour-

ages ORR to continue successful pilot programs, and to develop programs on a national level including a national list of pro bono representatives available to unaccompanied children in Federal custody. However, the Committee cautions the Department to ensure that funding priority goes first and foremost to serving the primary mission of the program and that no unaccompanied alien child's basic needs are unmet.

The Committee also recommends $9,816,000 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.

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, 2006	$2,060,664,000
Budget estimate, 2007	2,062,081,000
House allowance	2,062,081,000
Committee recommendation	2,062,081,000

The Committee recommends $2,062,081,000 for fiscal year 2007 for the child care and development block grant. The comparable funding level for fiscal year 2006 is $2,060,664,000 and the budget request includes $2,062,081,000 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 recommendation continues specific earmarks in appropriations language, also included in the budget request, that provide targeted resources to specific policy priorities including $18,777,370 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 continue to address the matters of before and afterschool care and the establishment of resource and referral programs with the funds provided in this program.

The Committee recommendation includes an additional $267,785,718 for child care quality activities, and sets aside $98,208,000 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 $9,821,000 for child care research, demonstration and evaluation activities.

The Committee recommendation for resource and referral activities also includes $982,080 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, 2006 [1]	$1,700,000,000
Budget estimate, 2007	1,700,000,000
House allowance	1,700,000,000
Committee recommendation	1,700,000,000

[1] Excludes $550,000,000 in emergency supplemental appropriations pursuant to Public Law 109–324.

The Committee recommends $1,700,000,000 for fiscal year 2007 for the social services block grant. The comparable funding level for fiscal year 2006 is $1,700,000,000 and the budget request includes $1,700,000,000 for this program. The Committee rejects the administration's proposed bill language to lower the authorized funding level stipulated in section 2003(c) of the Social Security Act to $1,200,000,000.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2006 [1]	$8,841,756,000
Budget estimate, 2007	8,238,602,000
House allowance	8,652,666,000
Committee recommendation	8,856,185,000

[1] Excludes $90,000,000 in emergency supplemental appropriations pursuant to Public Law 109–234.

The Committee recommends $8,856,185,000 for fiscal year 2007 for children and families services programs. The comparable funding level for fiscal year 2006 is $8,841,756,000 and the budget request includes $8,238,602,000 for this program. In addition, $10,500,000 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 $6,788,571,000 for fiscal year 2007 for Head Start. The comparable funding level for fiscal year 2006 is $6,784,862,000 and the budget request includes $6,785,771,000 for this program. The Committee recommendation includes $1,388,800,000 in advance funding that will become available on October 1, 2007.

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 is concerned that the funds available pursuant to section 640(a)(2) might not be achieving their full potential to serve American Indian/Alaska Native Head Start. These funds are used for Indian Head Start programs; Migrant and Seasonal Head Start programs and services for children with disabilities; funding programs in several Trust Territories; training and technical assistance activities; discretionary payments by the Secretary; and research, demonstration and evaluation activities. The Committee requests that the Secretary of Health and Human Services shall include in the annual congressional budget justification, detailed information on the proposed and actual use of these funds.

The Committee is aware that in May 2005, the Secretary made $35,000,000 in additional fiscal year 2005 funds available to Migrant and Seasonal Head Start programs and that these funds, which will be awarded on competitive basis, will allow for at least 4,000 additional children to access Migrant and Seasonal Head Start. The Committee is concerned that while $35,000,000 in fiscal year 2005 expansion funds were made available to Migrant and Seasonal Head Start Programs to serve additional migrant children, those funds were not released until July 2006 despite the fact that funding applications were submitted in July 2005. The Committee is troubled by this delay.

The Committee requests that ACF brief the Committee, not later than 60 days after the enactment of this act, on plans for ensuring that a greater percentage of eligible migrant and seasonal children have access to Migrant and Seasonal Head Start and for providing any future funds to Migrant and Seasonal Head Start grantees in a timely manner. The Committee continues to point to the 2001 study published by the U.S. Department of Health and Human Services which documented that only 19 percent of eligible children were able to access Migrant and Seasonal Head Start. Funding for Migrant and Seasonal Head Start as a percentage of the overall Head Start budget has not increased since this study was released in 2001. The Committee encourages ACF to consider the fiscal year 2005 funds part of the baseline to the extent that there is a demonstrated need.

The Head Start Bureau shall continue to provide the Committee with the number and cost of buses purchased, by region with Head Start in the annual congressional budget justification.

Consolidated Runaway and Homeless Youth Program

The Committee recommends $87,837,000 for fiscal year 2007 for the consolidated runaway and homeless youth program. The comparable funding level for fiscal year 2006 is $87,777,000 and the budget request includes $87,837,000 for this program. This program was reauthorized under the Runaway, Homeless, and Missing Children Protection Act of 2003. In this reauthorization a statutory formula was established to distribute funds between the Basic Center Program and the Transitional Living Program.

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 1.3 to 2.8 million runaway and 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 is discouraged by the administration's proposed voucher system for pregnant and parenting youth. This use of funds is not specifically authorized, and there are no demonstrated cases of youth being refused services due to their condition. Rather than dividing funds for this important subpopulation of homeless youth, the Committee directs the Secretary to continue to monitor and ensure 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. Committee continues to encourage 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.

Runaway Youth Prevention Program

The Committee recommends $15,027,000 for fiscal year 2007 for the runaway youth prevention program. The comparable funding level for fiscal year 2006 is $15,017,000 and the budget request includes $15,027,000 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.

Child Abuse Programs

The Committee recommends $96,967,000 for fiscal year 2007 for child abuse programs. The comparable funding level for fiscal year 2006 is $95,151,000 and the budget request includes $95,217,000 for this program. The recommendation includes $27,007,000 for

State grants, $27,530,000 for discretionary activities, and $42,430,000 for community-based child abuse prevention.

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.

Within the funds provided for child abuse discretionary activities, the Committee includes funding for the following items:

	Amount
Boys and Girls Town of Missouri, St. James, MO to expand services to children suffering from abuse and neglect	$500,000
Catholic Community Services of Juneau, AK to continue operations at its Family Resource Center for child abuse prevention and treatment	400,000
Family Communications, Inc., Pittsburgh, PA, for child abuse prevention programs	100,000
Family Resource Center, St. Louis, Missouri for a child abuse recovery initiative	150,000
Northampton County, Easton, PA, for child abuse treatment programs	100,000
State of Alaska Department of Health and Social Services, Office of Children's Services, statewide, to continue its Healthy Families Alaska home visitation program	500,000

Abandoned Infants Assistance

The Committee recommends $11,835,000 for fiscal year 2007 for abandoned infants assistance. The comparable funding level for fiscal year 2006 is $11,827,000 and the budget request includes $11,835,000 for this program.

This program provides grants to public and private nonprofit agencies, State and county child welfare agencies, universities, and community-based organizations to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children, especially those impacted by substance abuse and HIV and who are at-risk of being or are currently abandoned. By 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 $286,753,000 for fiscal year 2007 for child welfare services. The comparable funding level for fiscal year 2006 is $286,556,000 and the budget request includes $286,753,000 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 $7,335,000 for fiscal year 2007 for child welfare training. The comparable funding level for fiscal year 2006 is $7,330,000 and the budget request includes $7,335,000 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 $26,848,000 for fiscal year 2007 for adoption opportunities. The comparable funding level for fiscal year 2006 is $26,830,000 and the budget request includes $26,848,000 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 $29,654,000 for fiscal year 2007 for adoption incentives. The comparable funding level for fiscal year 2006 is $17,808,000 and the budget request includes $29,654,000 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, 2007.

Adoption Awareness

The Committee recommends $12,674,000 for fiscal year 2007 for adoption awareness. The comparable funding level for fiscal year 2006 is $12,665,000 and the budget request includes $12,674,000 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, $9,728,000 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 $2,946,000 to continue this important activity.

Compassion Capital Fund

The Committee recommends $54,549,000 for fiscal year 2007 for the compassion capital fund. The comparable funding level for fiscal year 2006 is $64,306,000 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 continues to encourage the Secretary to require private resources to match grant funding provided to public/private partnerships.

The goal of this program is to help faith-based and community organizations maximize their social impact as they provide services to those most in need. To accomplish this goal the Compassion Capital Fund administers three discretionary grant programs: a demonstration program which provides funding to intermediary organizations to provide training and technical assistance in capacity building and to provide financial support; a program to fund capacity-building activities; and a capacity-building program for the Helping America's Youth Imitative which focuses on connecting at-risk youth with family, school and their community, with specific emphasis on organizations that serve areas with significant gang activity.

Social Services Research

The Committee recommends $22,123,000 for fiscal year 2007 for social services research. The comparable funding level for fiscal year 2006 is $11,864,000 and the budget request includes $6,000,000.

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 notes ACF's efforts to assist States with meeting the extensive recordkeeping, reporting and tracking requirements of the TANF program. Working through the State Information Technology Consortium, ACF has successfully provided States with the tools necessary to strengthen and improve the complex IT systems required to support TANF. The recently enacted TANF reauthorization, however, requires States to put in place new systems and processes to more closely monitor and verify work participation rates, track and verify hours of work, and determine who is a work-eligible individual. The Committee recommends that ACF continue this successful partnership, and has provided $2,000,000 to develop, in collaboration with the States, a performance measurement capability, along with the required new processes and technologies necessary for States to comply with the new TANF requirements. Similarly, while the Child Support Enforcement program continues to make gains in enforcing child support orders, child support collections reached $23,000,000,000 in 2005 while serving an estimated 16 million child support cases, the costs and complexities of tracking, locating and coordinating child support cases is imposing heavy burdens on State automation systems. Both the Government Accountability Office and the Office of the Inspector General have recommended that ACF provide more technical assistance to help States better administer and manage these systems. In addition, broader administration and reporting requirements contained in the Deficit Reduction Act of 2005 will place additional strain on the States' ability to manage this program. ACF

is currently working with the State Information Technology Consortium to expand data exchange capabilities between the courts and State child support enforcement agencies as well as increase collection efficiency in States and tribal organizations. The Committee recommends that collaborative efforts continue, and has provided $3,000,000 for this purpose.

The Committee is aware that interstate collection of child support is often difficult and notes that a disproportionate amount of the uncollected support dollars are associated with these cases. The Committee urges ACF to utilize its authority under section 1115 and section 452(j) of the Social Security Act to expand current demonstration projects involving the co-location of State staffs to address this issue.

Within the funds provided for child abuse discretionary activities, the Committee includes funding for the following items:

	Amount
A+ For Abstinence, Waynesboro, PA for abstinence education and related services	$100,000
Alaska Children's Services, in Anchorage Alaska, for a program to serve low income youth	250,000
Alaska Statewide Independent Living Council, Inc. to continue and expand its Personal Care Attendant Program and to expand outreach efforts to the disabled living in rural Alaska	300,000
Allegheny County of Human Services, Pittsburgh, PA, for anti-gang programs targeting at-risk youth	100,000
Anchorage's Promise of Anchorage, AK to implement America's Promise child mentoring and support program in Anchorage	100,000
Anna Maria College, Paxton, MA, for program development at the Molly Bish Center for the Protection of Children and the Elderly	100,000
Best Friends Foundation, Washington, DC, to expand a national network of school-based programs which reduce risk behavior and increase physical and emotional well-being of adolescents to Erie and Pittsburgh	200,000
Big Brothers/Big Sisters, statewide, in partnership with AK Dept. of Education, the Boys and Girls Club and Cook Inlet Tribal Council for a comprehensive mentoring program for at-risk children through Alaska schools and communities	300,000
Boston Medical Center, Boston, MA, for the continued development and operation of the Children's AIDS project in Mattapan, MA	210,000
Catholic Family Center, Rochester, NY, for the Kinship Caregiver Resource Network	250,000
Catholic Social Services, Wilkesbarre, PA for abstinence education and related services	100,000
Child Care Resource and Referral Network, Tacoma, WA, for a child care quality initiative	750,000
Children's Home Society of Idaho, for the Bridge—Homes for Children Project to place Idaho children in care in loving foster families	250,000
City of Chester, Bureau of Health, Chester, PA for abstinence education and related services	100,000
Crozer Chester Medical Center, Upland, PA for abstinence education and related services	100,000
Darkness to Light, Charleston, SC to develop an online training and certification program to prevent child sexual abuse	500,000
Dauphin County Social Services for Children & Youth, Harrisburg, PA to expand Family Group Conferencing program for children in Dauphin County	200,000
Esperanza USA, Philadelphia, PA to increase the social infrastructure in Pennsylvania's Hispanic communities by awarding competitively bid sub-grants to Pennsylvania Hispanic faith- and community-based agencies for service delivery and capacity building	200,000
Fathers and Families Center, Indianapolis, IN, for supportive services for fathers	100,000
Fathers' Support Center, St. Louis, Missouri to provide noncustodial fathers with personal development, communication and relationship building skills	200,000
Friends Association for Care and Protection of Children, North Church, PA for programs to provide safe, secure housing for children through an emergency shelter for families, transitional housing, specialized foster care and adoption programs	200,000
George Washington Carver Community Center, Norristown, PA for abstinence education and related services	100,000
Greater Calvary Community Development Corporation, Erie, PA to develop program to support children of families trying to reconnect after prison and/or addiction	100,000
Guidance Center, Ridgeway, PA for abstinence education and related services	100,000
Heart Beat, Millerstown, PA for abstinence education and related services	100,000
Hope Village for Children, Meridian, MS to expand the existing program that provides shelter and therapeutic group care for foster children	150,000

	Amount
Horizons for Homeless Children, Boston, MA, for mentoring, educational, and social development programs for homeless youth	170,000
Hudson Perinatal Consortium, Jersey City, NJ, for a motherhood initiative in the Puerto Rican population, including prenatal care, support for healthy birth outcomes throughout pregnancy and for six weeks postpartum	100,000
Human Resources Center, Inc., Honesdale, PA and Friendship House, Scranton, PA to expand job training programs and expand mental/behavioral health services for underserved children and families	100,000
Keystone Central School District, Mill Hall, PA for abstinence education and related services	100,000
Keystone Economic Development Corporation, Johnstown, PA for abstinence education and related services	100,000
La Comunidad Hispana, Kennett Square, PA for a gang-reduction program aimed at providing high-risk youth with academic, vocational and social skills	100,000
Lackawanna Trail School District, Factoryville, PA for abstinence education and related services	100,000
LaSalle University, Philadelphia, PA for abstinence education and related services	110,000
Mercy Hospital of Pittsburgh, Pittsburgh, PA for abstinence education and related services	110,000
My Choice Inc., Athens, PA for abstinence education and related services	100,000
National Center for Adoption Law and Policy (NCALP) at Capital University Law School, Columbus, OH, for the Ohio Adoption Preservation Initiative	255,000
National Fatherhood Initiative, Gaithersburg, MD to improve the well being of children by increasing the proportion who grow up with involved, responsible, and committed fathers	100,000
Neighborhood United Against Drugs, Philadelphia, PA for abstinence education and related services	135,000
New Brighton School District, New Brighton, PA for abstinence education and related services	100,000
Northeast Guidance Center, Detroit, MI, for the Family Life Center project	125,000
Nueva Esperanza, Philadelphia, PA for abstinence education and related services	100,000
Partners for Healthier Tomorrows, Ephrata, PA for abstinence education and related services	100,000
Potter County Education Council, Coudersport, PA to assist single parents, teen parents and homemakers in acquiring skills needed to enter the workforce	100,000
Preble Street Resource Center, Portland, ME to support and expand the Home for Good project to assist chronically homeless individuals achieve permanent housing and stability	200,000
Rape & Victim Assistance Center of Schuylkill County, Pottsville, PA for abstinence education and related services	100,000
Real Alternatives, Harrisburg, Pennsylvania to expand crisis pregnancy and parenting support services in Pennsylvania	150,000
Real Commitment, Gettysburg, PA for abstinence education and related services	100,000
School District of Lancaster, Lancaster, PA for abstinence education and related services	100,000
School District of Philadelphia, Philadelphia, PA for abstinence education and related services	100,000
Shepherd's Maternity House, Inc, Stroudsburg, PA for abstinence education and related services	100,000
Southeast Alaska Independent Living, in South East Alaska, to continue programs to assist disabled Alaskans who live independently	200,000
Southwest Council of Governments, Silver City, NM, to develop a nontraditional child care program in Grant County	200,000
To Our Children's Future with Health, Inc, Philadelphia, PA for abstinence education and related services	110,000
Together as Adoptive Parents, Inc. (TAP), Harleysville, PA to provide support to adoptive, foster and kinship families	100,000
Tuscarora Intermediate Unit, McVeytown, PA for abstinence education and related services	100,000
Union-Snyder Community Action Agency, Selinsgrove, PA to provide learning tools for families to achieve economic self-sufficiency	100,000
United Christian Ministries Inc., Osceola, PA to provide supportive services for homeless families	100,000
Urban Family Council, Philadelphia, PA for abstinence education and related services	360,000
Victim Resource Center, Franklin, PA for abstinence education and related services	100,000
Washington Hospital Teen Outreach, Washington, PA for abstinence education and related services	135,000
Washington Hospital, Washington, PA, for a mentoring program for at risk boys	100,000
Women's Opportunities Resource Center, Philadelphia, PA to fund economic education programs for women	100,000
Women's Care Center, Erie County, Abstinence Advantage, Erie, PA for abstinence education and related services	135,000
York County Human Life Services, York, PA for abstinence education and related services	100,000
YWCA of Central New Jersey, for Services to Indigent Women and Families	200,000

Developmental Disabilities

The Committee recommends $172,623,000 for fiscal year 2007 for programs administered by the Administration on Developmental Disabilities. The comparable funding level for fiscal year 2006 is $170,718,000 and the budget request includes $170,835,000 for these programs. Within the funds provided, $156,903,000 is for car-

rying out the Developmental Disability Act, and $15,720,000 is for carrying out the Help America Vote Act of 2002.

The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities. The ADD also administers monies for election assistance for individuals with disabilities. This program is for individuals with any type of disability.

Of the funds provided, the Committee recommends $71,771,000 for State councils. These councils 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.

The Committee recommends $38,718,000 for protection and advocacy grants. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

The Committee recommends $15,720,000 for disabled voter services. Of these funds, $11,000,000 is to promote disabled voter access, and the remaining $4,720,000 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, any individual with a disability in the election process.

The Committee recommends $11,414,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities. The Committee recognizes the potential benefits that assistive technology can have for individuals with developmental disabilities. Of these funds, $5,000,000 is available to expand activities of the Family Support program. The Committee's placement of funds for family support within the Projects of National Significance account does not provide ACF with discretion on this definition of family support as defined in title II of the Developmental Disability Act. 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.

The Committee recommends $35,000,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs] which

is a network of 64 centers that are interdisciplinary education, research and public service units of a university system or are public or nonprofit entities associated with universities. UCEDDs conduct research, develop evidence-based practices and teach thousands of parents, professionals, students and people with disabilities about critical disability areas such as early intervention, healthcare, community-based services, inclusive and meaningful education, transition from school to work, employment, housing, assistive technology, aging with a disability and transportation. The Centers serve as the major vehicle to translate disability-related research into community practice and service systems and to train the next cohort of future professionals who will provide services and supports to an increasingly diverse population of people with disabilities.

Native American Programs

The Committee recommends $44,332,000 for fiscal year 2007 for Native American programs. The comparable funding level for fiscal year 2006 is $44,302,000 and the budget request includes $44,332,000 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.

Community Services

The Committee recommends $694,648,000 for fiscal year 2007 for the community services programs. The comparable funding level for fiscal year 2006 is $694,097,000 and the budget request includes $24,452,000 for this program.

Within the funds provided, the Committee recommends $630,425,000 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 continues to reject the administration's recommendation to eliminate the community services block grant funding. Although a restrictive Committee allocation prevented CSBG funding from being increased, 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.

In addition, the Committee continues to expect 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 other discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2007: community economic development, $32,404,000; individual development accounts, $24,452,000; and rural community facilities, $7,367,000. The Committee did not provide funds for the national youth sports or community food and nutrition programs.

The Committee continues to support strongly the Community Economic Development program because of the substantial record of achievement that Community Development Corporations have compiled in working in distressed urban and rural communities. The Committee, in particular, notes that Federal funds leverage substantial non-Federal resources in meeting the objectives of this program. Therefore, it is the Committee's intent that appropriated funds should be allocated to the maximum extent possible in the form of grants to qualified Community Development Corporations in order to maximize the leveraging power of the Federal investment and the number and amount of set-asides should be reduced to the most minimal levels. These 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 construction and rehabilitation, and loans or investments in private business enterprises owned by Community Development Corporations.

The Job Opportunities for Low-Income Individuals [JOLI] Program is 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 nonprofit 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 this program would provide opportunities for more low-income individuals. The Committee expects that experienced community development corporations be given appropriate consideration for grants under this program.

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.

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.

Domestic Violence Hotline

The Committee recommends $2,970,000 for fiscal year 2007 for the national domestic violence hotline. The comparable funding level for fiscal year 2006 is $2,968,000 and the budget request includes $2,970,000 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 $124,731,000 for fiscal year 2007 for battered women's shelters program. The comparable funding level for fiscal year 2006 is $124,645,000 and the budget request includes $124,731,000 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.

Mentoring Children of Prisoners

The Committee recommends $40,000,000 for fiscal year 2007 for mentoring children of prisoners. The comparable funding level for fiscal year 2006 is $49,459,000 and the budget request includes $40,000,000 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 $46,157,000 for fiscal year 2007 for independent living training vouchers. The comparable funding level for fiscal year 2006 is $46,125,000 and the budget request includes $46,157,000 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 youths leave foster care each year at age 18 and just 50 percent will have graduated from high school, 52 percent will be unemployed and 25 percent will be homeless for one or more nights.

Abstinence Education

The Committee recommends $113,400,000 for fiscal year 2007 for community-based abstinence education. The comparable funding level for fiscal year 2006 is $113,325,000 and the budget request includes $141,165,000 for this program. Within the Committee recommendation, $108,900,000 is provided for community-based abstinence education, $4,500,000 is provided through an evaluation set-aside, as requested by the administration. In addition, $50,000,000 is available from pre-appropriated mandatory funds.

This program provides support for the development and implementation of abstinence education programs for adolescents, ages 12 through 18. These programs are unique in that their entire focus is to education young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage.

Of the funds provided up to $10,000,000 may be available for a national abstinence media campaign. The Committee understands that a portion of fiscal year 2007 funds will be used for evaluation purposes. The Committee intends that ACF use available funds to continue support for an independent group to conduct a thorough and rigorous evaluation of this campaign.

Faith-Based Center

The Committee recommends $1,386,000 for fiscal year 2007 for the operation of the Department's Center for Faith-Based and Community Initiatives. The comparable funding level for fiscal year 2006 is $1,385,000 and the budget request includes $1,386,000 for this program.

Program Administration

The Committee recommends $186,265,000 for fiscal year 2007 for program administration. The comparable funding level for fiscal year 2006 is $183,239,000 and the budget request includes $188,123,000 for this program.

The Committee continues its interest in the Department's Child and Family Services reviews. These reviews are an effective method for monitoring the progress States are making in assuring the safety, health, and permanency for children in child welfare and foster care as required in the Adoption and Safe Families Act. The Committee encourages the Department to make available sufficient resources to ensure full implementation of the new collaborative monitoring system. The Committee directs ACF to continue to provide information on the progress of the reviews in the annual congressional justification.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2006	$394,039,000
Budget estimate, 2007	434,100,000
House allowance	434,100,000
Committee recommendation	420,000,000

The Committee recommends $420,000,000 for fiscal year 2007 for promoting safe and stable families. The comparable funding level for fiscal year 2006 is $394,039,000 and the budget request includes $434,100,000 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 $345,000,000 in capped entitlement funds authorized by the Social Security Act and $75,000,000 in discretionary appropriations.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 2006	$4,940,800,000
Budget estimate, 2007	5,211,000,000
House allowance	5,211,000,000
Committee recommendation	5,211,000,000

The Committee recommends $5,211,000,000 for fiscal year 2007 for payments to States for foster care and adoption assistance. The comparable funding level for fiscal year 2006 is $4,940,800,000 and the budget request includes $5,211,000,000 for this program. In addition, the Committee recommendation provides $1,810,000,000 for an advance appropriation for the first quarter of fiscal year 2008. The Committee recommendation provides the full amount requested under current law. The budget request includes a net increase of $32,000,000 based on proposed legislation for fiscal year 2007, and a net increase of $30,000,000 for the fiscal year 2008 advance appropriation.

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, 2006	$1,361,923,000
Budget estimate, 2007	1,334,835,000
House allowance	1,390,306,000
Committee recommendation	1,380,516,000

The Committee recommends an appropriation of $1,380,516,000 for aging programs. This amount is $18,593,000 above the comparable fiscal year 2006 level and $45,681,000 above the administration request.

Supportive Services and Senior Centers

The Committee recommends an appropriation of $350,595,000 for supportive services and senior centers, which is $241,000 above the comparable fiscal year 2006 level and is the same as the administration request. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers, adult day care, and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals and those residing in rural areas. Under the basic law, States have the option to transfer up to 30 percent of funds appropriated between the senior centers program and the nutrition programs, which allows the State to determine where the resources are most needed.

Preventive Health Services

The Committee recommends $21,400,000 for preventive health services, which is $15,000 above the comparable fiscal year 2006 level. The administration did not request funds for this activity. Funds appropriated for this program 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.

Protection of Vulnerable Older Americans

The Committee recommends $21,156,000 for grants to States for protection of vulnerable older Americans. This is $1,014,000 above the comparable fiscal year 2006 level and $1,990,000 above the administration request. Within the Committee recommendation, $16,010,000 is for the ombudsman services program and $5,146,000 is for the prevention of elder abuse program. 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.

National Family Caregiver Support Program

The Committee recommends $156,167,000 for the national family caregiver support program, which is $107,000 above the com-

parable fiscal year 2006 level and $1,980,000 above the administration request. Funds appropriated for this activity established a multifaceted support system in each State for family caregivers. All States are expected to implement the following five components into their program: individualized referral information services; assistance to caregivers in locating services from a variety of private and voluntary agencies; caregiver counseling, training and peer support; respite care provided in the home, an adult day care center or other residential setting located in an assisted living facility; and limited supplemental services that fill remaining service gaps.

The Committee recognizes the essential role of family caregivers who provide a significant proportion of our Nation's health and long-term care for the chronically ill and aging. While caring for a loved one can be rewarding, it may also put caregivers at risk for negative physical and mental health consequences. The Committee acknowledges the efforts of the AoA to provide vital support services for family caregivers through the National Family Caregiver Support Program. The Committee encourages increased support of services that may prevent or reduce the health burdens of caregiving, including individual counseling, support groups, respite care, and caregiver training.

Native American Caregiver Support Program

The Committee recommendation includes $6,241,000 to carry out the Native American Caregiver Support Program, which is $4,000 above the comparable fiscal year 2006 level and the same as the administration request. The program will assist tribes in providing multifaceted systems of support services for family caregivers and for grandparents or older individuals who are relative caregivers.

Congregate and Home-delivered Nutrition Services

For congregate nutrition services, the Committee recommends an appropriation of $385,319,000 which is $265,000 above the comparable fiscal year 2006 level and $1,918,000 above the administration request. For home-delivered meals, the Committee recommends $181,905,000, which is $124,000 above the comparable fiscal year 2006 level and $907,000 above the administration request. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 40 percent of funds between these programs.

The Committee encourages the Administration on Aging to test enhancing the diets of Elderly Nutrition Program [ENP] meal participants by providing a daily multivitamin/multi-mineral supplement to enhance nutritional status and thus reduce the occurrence of chronic disease.

Nutrition Services Incentives Program

The Committee recommendation includes $147,846,000 for the nutrition services incentives program [NSIP], $102,000 above the

comparable fiscal year 2006 funding level and $736,000 above the administration request. This program augments funding for congregate and home-delivered meals provided to older adults. 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.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends $26,134,000 for grants to Native Americans, which is $18,000 above the comparable fiscal year 2006 funding level and is the same as the administration request. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of supportive services and assure that nutrition services and information and assistance are available.

Training, Research, and Discretionary Projects

The Committee recommends $40,235,000 for training, research, and discretionary projects, which is $15,657,000 above the comparable fiscal year 2006 level and $4,750,000 above the administration request. These funds support activities designed to expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies that administer the Older Americans Act.

The Committee recommendation fully funds the administration request for the "Choices for Independence" initiative. This initiative, funded at $28,000,000, seeks to promote consumer-directed and community-based long term care options. It will build on recent AoA initiatives such as the Aging and Disability Resource Centers, the Cash & Counseling Demonstration Program and the Evidence-Based Disease Prevention program. Choices for Independence will integrate the best practices from these initiatives into a strategy focusing on: empowering individuals to make informed decisions about long-term support options; providing more choices for individuals at high-risk of nursing home placement, and enabling older people to make behavioral changes that will reduce the risk of disease, disability and injury.

Since the landmark 1999 Supreme Court *Olmstead* decision, this Committee has been dedicating resources toward States to move individuals out of institutions and into community-based care. These grants, known as the Real Choice Systems Change grants, are funded out of the Centers for Medicare and Medicaid Services [CMS]. The Committee believes that the significant infrastructure built by the Systems Change grants should be enhanced rather than recreated by the new Choices for Independence program. Therefore, the Committee has once again funded the Systems Change grants at $10,000,000 in CMS and urges AoA to collaborate with this program at the Federal level. In addition, AoA should

give priority to States whose applications promote collaboration at the State and local level.

Alzheimer's disease often causes patients to exhibit unusual and unpredictable behavior, including physical aggression and combativeness and drastic mood swings. AoA funds support a 24-hour call center to help families in crisis manage these behaviors with expert advice, consultation and referrals. The Committee has provided $1,000,000 to continue this valuable resource.

The Committee continues to support funding at no less than last year's level for national programs scheduled to be refunded in fiscal year 2007 that address a variety of issues, including elder abuse, Native American issues, and legal services.

The Committee continues to support strengthening the capacity of those community-based organizations dedicated to improving health care access and health care outcomes for minority elder populations. The recommendation includes continuation of current level funding for the National Minority Aging Organizations including Asian-Pacific American, Native American, and Hispanic and African-American Aging Centers.

The Committee is aware of innovative program models aimed at mobilizing older Americans, particularly the 77 million baby boomers, to serve their communities. The Committee encourages partnerships with organizations that enable older Americans to help meet critical social needs effectively.

The Committee is concerned that AoA's current regulations governing the expenditure of funds for services to the aging community do not properly consider the unique challenges of providing those services in frontier communities. The Committee directs AoA to assess the challenges facing frontier communities in the provision of services to the aging population and report back to the Committee no later than March 31, 2007 on the findings of such an assessment.

The Committee includes the following projects and activities and the following amounts for fiscal year 2007:

	Amount
City of Henderson, Henderson, NV, to expand senior programs at the Henderson Senior Center	$250,000
Coalition of Wisconsin Aging Groups, Madison, WI, to conduct outreach and education on financial elder abuse	200,000
Disability Rights Wisconsin, Milwaukee, WI, for nursing home support services	185,000
Institute of Medical Humanism, Inc of Bennington, VT, for an end-of-life care initiative	200,000
Jewish Community Services of South Florida, for Home Care Support	100,000
Jewish Family Service of Salt Lake City, UT for a Naturally Occurring Retirement Communities (NORC) demonstration project	100,000
Jewish Family Services of New Mexico for a Naturally Occurring Retirement Communities (NORC) demonstration project	530,000
Jewish Federation of Greater Indianapolis, IN for a Naturally Occurring Retirement Communities (NORC) demonstration project	750,000
Jewish Federation of Las Vegas, NV, for the Las Vegas Senior Lifeline program	300,000
Jewish Federation of St. Louis, Missouri for a Naturally Occurring Retirement Communities (NORC) demonstration project	250,000
Madlyn and Leonard Abramson Center for Jewish Life, North Whales, PA for an innovative end-stage palliative care program	200,000
Systems Unlimited, Inc., Iowa City, IA, for a home health visit demonstration program	300,000
United Jewish Communities of MetroWest NJ, Whippany NJ, for NORCs Aging in Place Demonstration	385,000

Aging Network Support Activities

The Committee recommends $13,133,000 for aging network support activities, $9,000 above the comparable amount for fiscal year 2006 and the same as the administration request. The Committee recommendation includes funding at the administration request level for the Eldercare Locator and for the Pension Information and Counseling Program.

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 30,000 people and has helped obtain more than $60,000,000 in retirement benefits for older individuals.

The Committee has provided funding at the administration request level for the National Long Term Care Ombudsman Resource Center, the National Center on Elder Abuse and the Health Care Anti-Fraud, Waste and Abuse Program.

Alzheimer's Disease Demonstration Grants to States

The Committee recommends a funding level of $12,000,000 for Alzheimer's disease demonstration grants to States, which is $340,000 above the comparable fiscal year 2006 funding level. The administration did not request funds for this activity.

An estimated 70 percent of Americans with Alzheimer's disease live at home, where family members provide the preponderance of care. The Alzheimer's disease demonstration grant program currently supports matching grants to 38 States to help stimulate and coordinate services to assist families caring for Alzheimer patients, particularly those living in underserved rural communities and minorities. This program is designed to address the unique demands Alzheimer's disease places on families, and emphasizes systems change to meet those demands. In the absence of any meaningful alternative for Alzheimer families, the Committee rejects the notion that this program should be terminated, and has provided funds for its continuation.

Program Administration

The Committee recommends $18,385,000 for program administration, which is $697,000 above the comparable fiscal year 2006 funding level and the same as the administration request. These funds support salaries and related expenses for program management and oversight activities.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2006	$357,650,000
Budget estimate, 2007	368,419,000
House allowance	363,592,000
Committee recommendation	381,575,000

The Committee recommends $381,575,000 for general departmental management [GDM]. This amount is $23,925,000 above the comparable level for fiscal year 2006 and $13,156,000 above the administration request. The Committee recommendation includes the transfer of $5,851,000 from Medicare trust funds, which is the same as the administration request. In addition, for policy evaluation activities the Committee recommends $39,552,000 in transfers available under section 241 of the Public Health Service Act.

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 recommendation does not include funding for Department-wide training on the Working for America Act, the administration's pay for performance management proposal. The Committee will reconsider funding for this activity should the proposal become enacted into law.

The Committee has included $15,000,000 above last year's level for the transformation of the Commissioned Corps. The Committee has provided funding since fiscal year 2003 to improve the ability of the Corps to respond more quickly and effectively to public health emergencies. The Committee understands that the administration will shortly submit to Congress an amended budget request that incorporates the findings of *The Federal Response to Hurricane Katrina: Lessons Learned* report of February 2006. The Committee recommendation reflects the amended request for additional fund-

ing for the Commissioned Corps to create and equip dedicated health and medical response teams, consistent with the findings of the report.

The Committee recommendation provides $500,000 for the Secretary, in collaboration with the Centers for Disease Control and Prevention, to fund a study by the Institute of Medicine of the National Academy of Sciences that will examine and make recommendations regarding various means that could be employed to reduce dietary sodium intake to levels recommended by the Dietary Guidelines for Americans. These should include, but not be limited to, actions by food manufacturers, such as new product development and food reformulation, and governmental approaches, such as regulatory, legislative approaches, and public and professional information and education. The Secretary is also directed to request a report from the Surgeon General on what HHS is doing to examine the health issues related to salt.

Chronic Fatigue.—The Committee appreciates the work of the Department's Chronic Fatigue Syndrome Advisory Committee [CFSAC]. However, the Committee is concerned that it took the Department almost one year to appoint new members to replace in March 2006 the five CFSAC appointees whose terms expired in September 2005. The Committee directs the Department to ensure a timely nomination and appointment process to replace the remaining CFSAC members whose terms will expire in 2006, and to ensure that the appointment process does not disrupt the committee's schedule of meetings.

Food Allergies.—Approximately 2,000,000 school-aged children in the United States suffer from food allergy, for which there is no cure. Allergic reactions in children often occur in the school setting and can develop into severe anaphylactic shock that can kill within minutes unless epinephrine is administered. It is estimated that 94 percent of the Nation's schools have students with food allergy, and the incidence is increasing. The Committee encourages the Department to work with the Department of Education and knowledgeable private sector organizations on the development of guidelines for the management of children with food allergy as well as a plan to disseminate and publicize these guidelines to local educational agencies and youth organizations.

Food Study.—The Committee requests that the Secretary, in conjunction with the Secretary of Agriculture, submit a report to the Committees on Appropriations of the House and the Senate and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Workforce in the House. The report could address the progress of HHS and the Department of Agriculture relating to the presence of naturally occurring and human made substances in food that may be carcinogenic or cause other toxic effects. The Committee expects the report by March 1, 2007.

Genetic Screening.—-The Committee is pleased that the Secretary's Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children has recommended a uniform screening panel for which all newborns should be screened. The Advisory Committee is encouraged to update the panel of recommended tests periodically, as well as provide the Secretary with

recommendations, advice or information on steps to improve newborn screening programs. This Committee strongly urges the Secretary to adopt or reject recommendations no later than 180 days after the Advisory Committee issues them, and to make public the justification for such determination.

Health Disparities.—The Committee is committed to ensuring the overall improved health of the American people, and strongly urges the Secretary to continue to intensify its efforts in implementing 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 eliminating health disparities and improving health across all populations. The Committee expects the Secretary to report on the progress of this action during next year's appropriations hearings.

HIV Rapid Testing Initiative.—The Committee commends the Secretary for the HHS initiative on increased rapid HIV testing for HIV/AIDS. The Committee is aware that wide-scale bulk deployment of new oral fluid rapid HIV testing for HIV is a significant step towards helping citizens throughout the United States, to know their HIV status. The Committee urges the Secretary to significantly increase the use of bulk purchasing and wide-scale deployment of FDA-approved oral fluid HIV rapid tests for all domestic HIV prevention initiatives.

Methamphetamine.—The Committee recognizes that methamphetamine abuse in the United States has been on the rise over the past few years and that this abuse is having a devastating effect on our communities. The Committee requests that the Secretary study this issue and provide a report to Congress within 6 months that outlines actions that should be taken to help combat this epidemic.

Sleep Disorders.—At the National Institutes of Health's Frontiers of Knowledge in Sleep and Sleep Disorders conference in March 2004, the U.S. Surgeon General reported on the profound impact that chronic sleep loss and untreated sleep disorders have on Americans of all ages and that the public health model is well suited to translate these essential health messages to society. The Committee continues to urge the Surgeon General to develop a Surgeon General's Report on Sleep and Sleep Disorders and requests an update regarding progress made on this initiative.

Tobacco Harm Reduction.—According to a report published by the Institute of Medicine, even with the most intensive applications of the most effective know programs for prevention and cessation, approximately 15 percent of the adults in the United States are expected to continue to be regular smokers. Among this group are many who cannot or will not stop smoking, and it is to this group that effective programs and products of tobacco harm reduction should be directed. The Committee urges the Department to continue its review and discussion of products that could significantly reduce risk to individual smokers.

The Committee includes the following projects and activities and in the following amounts for fiscal year 2007:

	Amount
Community Transportation Association of America for technical assistance to human services transportation providers on ADA requirements	$1,000,000
Palmer College on Chiropractice, Consortial Center for Chiropractic Research in Davenport, IA, and the Policy Institute for Integrative Medicine in Philadelphia, PA for a best practices initiative on lower back pain	400,000

Adolescent Family Life

The Committee has provided $30,277,000 for the Adolescent Family Life Program [AFL], which is $21,000 above the comparable fiscal year 2006 level and $95,000 below the administration request.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

Minority Health

The Committee recommends $57,325,000 for the Office of Minority Health, which is $870,000 above the comparable level for fiscal year 2006 and $10,550,000 above the administration request.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee has included $10,000,000 for specific programs focused on the following initiatives designed to impact medically underserved communities and build capacity for the training of minorities in health professions careers: (1) OMH-sponsored programs to assist medically underserved communities with the greatest need in solving health disparities and attracting and retaining health professionals; (2) assistance to minority institutions in acquiring real property to expand their campuses to increase the capacity to train minorities for medical careers; (3) support of conferences for high school and undergraduate students to pursue health professions careers; (4) support for cooperative agreements with minority institutions for the purpose of strengthening their capacity to train more minorities in the health professions.

Health Disparities.—The Committee expects the OMH and the National Center for Minority Health and Health Disparities at NIH to play a joint role in coordinating and monitoring the implementation of the Department's elimination of health disparities initiatives and strategic plans. The Committee expects the Secretary to report to Congress on the progress and implementation of the strategic plans in general and as related to the IOM's assessment and recommendations regarding the strategic plan during next year's

appropriations hearings, and to include a progress update in the Department's Budget Justification.

Historically Black Medical Schools.—The Committee continues to be concerned about the diminished partnership between OMH and our Nation's historically black medical schools. Consistent with the fiscal year 2006 conference report, the Committee encourages OMH to: (1) Re-establish its unique cooperative agreement with Meharry Medical College, (2) develop a formal partnership with the Morehouse School of Medicine and its National Center for Primary Care, and (3) coordinate a response to the challenges facing the Charles R. Drew University of Medicine and Science, including expanded opportunities for biomedical research and support for residency training faculty. The Committee requests an update on the status of these activities in the Department's Budget Justification.

Minority Male Consortium.—The Committee continues to recognize the importance of the educational and preventive health work being undertaken and implemented in campus and community-based projects by the five historically black colleges and universities in the New Minority Males Consortium, Inc. The Committee encourages the OMH to increase the resources necessary to expand the number of participating institutions, as well as to enhance the resources received by each of the institutions to increase their activities and to conduct the national comparative study of the incidence of certain health conditions and diseases among minority males.

The Committee includes the following projects and activities and in the following amounts for fiscal year 2007:

	Amount
Nazareth Hospital, Philadelphia, PA, for stroke prevention programs targeting the African-American community	$250,000
Winston Salem State University in Winston-Salem, NC for an initiative targeting health awareness and healthcare disparities in medically underserved communities	300,000

Office on Women's Health

The Committee recommends $28,869,000 for the Office on Women's Health. This is $624,000 above the comparable level for fiscal year 2006 and $500,000 above the administration request.

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 includes the following projects and activities and in the following amounts for fiscal year 2007:

	Amount
Saint Michael's Hospital, Newark, NJ for St. Michael's Hospital Women's Cardiovascular Disease Education Initiative	$500,000

HIV/AIDS in Minority Communities

To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee recommends $51,891,000. This amount is $36,000 above the comparable fiscal year 2006 level and is the same as the administration request. 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.

Afghanistan

The Committee recommendation includes $6,016,000 for the Secretary's Afghanistan health initiative. This amount is $128,000 above the comparable fiscal year 2006 funding level and is the same as the administration request. Funds will be used in partnership with the Department of Defense for medical training activities at the Rabia Balkhi Women's Hospital in Kabul, and for support of maternal and child health throughout Afghanistan.

Embryo Adoption

The Committee continues to believe that increasing public awareness of embryo donation and adoption remains an important goal. The Committee has provided $2,000,000 for the Department's embryo adoption awareness campaign, which is $21,000 more than the comparable fiscal year 2006 funding level and $20,000 over the administration request.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2006	$59,359,000
Budget estimate, 2007	74,250,000
House allowance	70,000,000
Committee recommendation	70,000,000

The Committee provides $70,000,000 for the Office of Medicare Hearings and Appeals, which is $10,641,000 above the comparable fiscal year 2006 level and $4,250,000 below the administration request.

The Office of Medicare Hearings and Appeals is responsible for hearing Medicare appeals at the administrative law judge level, which is the third level of Medicare claims appeals. Since fiscal year 1995 these appeals have been processed by the Social Security Administration under an interagency agreement with the Centers for Medicare and Medicaid Services. This function was transferred to the Office of the Secretary by the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2006	$61,243,000
Budget estimate, 2007	115,872,000
House allowance	98,000,000
Committee recommendation	63,243,000

The Committee provides $63,243,000 to the Office of the National Coordinator for Health Information Technology [ONC]. This amount is $2,000,000 above the comparable fiscal year 2006 level

and $52,629,000 below the administration request. The Committee recommendation includes $11,930,000 in transfers available under section 241 of the Public Health Service Act. In addition, the Committee has provided $50,000,000 for health information technology to the Agency for Healthcare Research and Quality.

The Committee understands that the administration will shortly submit to Congress an amended budget request that incorporates the findings of *The Federal Response to Hurricane Katrina: Lessons Learned* report of February 2006. The Committee recommendation reflects the amended request and includes $2,000,000 above last year's level for development and testing of a medical disaster response Electronic Health Record.

The Office of The National Coordinator for Health Information Technology is responsible for promoting the use of electronic health records in clinical practice, coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Disease Management Technology.—The Committee urges ONC to conduct outreach activities to all public and private sector organizations which have demonstrated capabilities in disease management technology as it relates to saving health care dollars, and improving care for chronically ill individuals and the workforce.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2006	$39,388,000
Budget estimate, 2007	43,760,000
House allowance	41,415,000
Committee recommendation	43,760,000

The Committee recommends an appropriation of $43,760,000 for the Office of Inspector General [OIG], which is $4,372,000 above the fiscal year 2006 comparable level and the same as the administration request. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 and the Deficit Reduction Act of 2005 both contain permanent appropriations for the Office of Inspector General. The total funds provided to the OIG from this bill and other permanent appropriations is $228,760,000 in fiscal year 2007.

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.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2006	$34,622,000
Budget estimate, 2007	36,283,000
House allowance	36,283,000
Committee recommendation	36,283,000

The Committee recommends $36,283,000 for the Office for Civil Rights [OCR]. This is $1,661,000 above the comparable level for fiscal year 2006 and the same as the administration request. The rec-

ommendation 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.

Health Disparities.—The Institute of Medicine and the U.S. Commission on Civil Rights have highlighted the need to strengthen OCR's ability to implement and enforce civil rights laws to reduce disparities in health care access, financing, research and treatment. The Committee strongly urges OCR to intensify its efforts towards the elimination of health disparities. As the primary defender of the public's right to nondiscriminatory access to health and human services, the Committee urges OCR to ensure that civil rights challenges are met in the complex and ever-changing health and human services setting. The funds provided will allow OCR to address the marked increase in responsibilities due to additional statutory obligations and court decisions.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2006	$328,552,000
Budget estimate, 2007	341,694,000
House allowance	341,694,000
Committee recommendation	341,694,000

The Committee provides an estimated $341,694,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service, the same as the administration request. This amount is $13,142,000 above the comparable level for fiscal year 2006.

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.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2006 [1]	$59,984,000
Budget estimate, 2007	160,475,000
House allowance	160,475,000
Committee recommendation	166,907,000

[1] Excludes $3,082,000,000 in emergency supplemental appropriations pursuant to Public Law 109–148 and $2,300,000,000 in emergency supplemental appropriations pursuant to Public Law 109–234.

The Committee provides $166,907,000 to the Public Health and Social Services Emergency Fund. This is $106,923,000 above the comparable fiscal year 2006 level and $6,432,000 above the administration request. The Committee's recommendation for fiscal year 2007 includes $88,027,000 for bioterrorism preparedness within the Office of the Secretary and $78,880,000 for pandemic flu activities.

The Committee understands that the administration will shortly submit to Congress an amended budget request that incorporates the findings of *The Federal Response to Hurricane Katrina: Lessons Learned* report of February 2006. The Committee recommendation for the Office of the Secretary reflects this amended request and includes the following increases over last year's level: $11,000,000 for Project Bioshield; $10,000,000 for management of emergency response; and $2,000,000 for development of electronic benefits transfer capability.

The Committee encourages the Department to consider accelerating the development of approaches, such as monoclonal and polyclonal antibodies for the protection of young infants, health care workers, immunocompromised individuals, and the treatment of other patients exposed to potential pandemic viruses. The Committee requests that the Department prepare and submit a report by June 15, 2007 on the feasibility of developing such approaches. The Committee requests that the report also address the utility and feasibility of creating a library of monoclonal antibodies associated with known strains of influenza viruses and other epidemic and bioterrorist infectious disease vectors as a jump-start for production should one of those strains or a similar strain threaten the population.

GENERAL PROVISIONS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Committee recommendation continues a provision placing a $50,000 ceiling on official representation expenses (sec. 201).

The Committee recommendation continues a provision 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 continues a provision limiting the use of grant funds to pay individuals no more than an annual rate of executive level I (sec. 204).

The Committee recommendation includes a provision limited the use of funds for Head Start to pay compensation of an individual in excess of executive level II (sec. 205).

The Committee recommendation continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees on the proposed use of funds (sec. 206).

The Committee recommendation modifies a provision authorizing the transfer of up to 2.4 percent of Public Health Service funds for evaluation activities (sec. 207).

The Committee recommendation continues a provision restricting transfers of appropriated funds and requires a 15 day notification to both the House and Senate Appropriations Committees (sec. 208).

The Committee recommendation continues a provision 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. 209).

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. 210).

The Committee recommendation continues a provision regarding requirements for family planning applicants (sec. 211).

The Committee recommendation retains language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity (sec. 212).

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. 213).

The Committee recommendation retains language which prohibits the Secretary from withholding substance abuse treatment funds (sec. 214).

The Committee recommendation continues a provision 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 modifies a provision authorizing the Director of the National Institutes of Health to enter into certain transactions to carry out research in support of the NIH Common Fund (sec. 217).

The Committee includes a provision that permits the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry to transfer funds that are available for Individual Learning Accounts to "Disease Control, Research, and Training" (sec. 218).

The Committee recommendation includes bill language allowing use of funds to continue operating the Council on Graduate Medical Education (sec. 219).

The Committee recommendation retains language pertaining to Head Start waivers for the transportation of children (sec. 220).

The Committee recommendation modifies language pertaining to use of the Centers for Disease Control aircraft (sec. 221).

The Committee recommendation includes a new provision permitting the National Institutes of Health to use up to $2,500,000 of per project for improvements and repairs of facilities (sec. 222).

The Committee includes a new provision which authorizes funding for the Delta Health Alliance (sec. 223).

The Committee includes a new provision which grants waivers to under title XXVI of the Public Health Service Act for Louisiana, Mississippi, Alabama, and Texas (sec. 224).

TITLE III

DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2006	$14,481,161,000
Budget estimate, 2007	16,469,541,000
House allowance	14,652,541,000
Committee recommendation	14,447,189,000

The Committee recommends an appropriation of $14,447,189,000 for education for the disadvantaged. The comparable funding level for fiscal year 2006 is $14,481,161,000 and the budget request includes $16,469,541,000 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 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 by the end of the 2013–2014 school year, 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 are, over time, 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 are 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 supplemental educational services from a public- or private-sector provider selected by their parents.

Funds appropriated in this account primarily support activities in the 2007–2008 school year.

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 16 million students in nearly all school districts and more than half of all public schools—including two-thirds of the Nation's elementary schools.

Title I schools help students reach challenging State standards through one of two models: "targeted assistance" that supplements the regular education program of individual children deemed most in need of special assistance, or a "schoolwide" approach that allows schools to use title I funds—in combination with other Federal, State, and local funds—to improve the overall instructional program for all children in a school.

States are required to reserve 4 percent of their allocation under this program for school improvement activities, unless such action would require a State to reduce the grant award of a local educational agency to an amount below the preceding year. At the funding level recommended by the Committee for fiscal year 2007, this set-aside would generate up to $499,000,000 for this purpose. States must distribute 95 percent of these reserved funds to local educational agencies for schools identified for improvement, corrective action, or restructuring.

The budget request proposes bill language to allow States to generate the 4 percent school improvement set aside authorized in the No Child Left Act, even if it means reducing a school district's title I award. The Committee bill does not include the requested language, despite its continued concern about how this requirement of law is working.

The Committee intends for States to utilize these funds along with those available under the School Improvement Grants program to make competitive awards to school districts that are of sufficient size and scope, and of a multi-year duration, so that schools may undertake sustainable, scientifically based research reform activities that have a positive impact on improving instructional practices in the classroom.

The Committee strongly urges the Secretary to ensure that the funds available under the school improvement set-aside authorized by section 1003(a) of the No Child Left Behind Act and the appropriation for the School Improvement Grants program authorized by section 1003(g) of such act are used consistent with the intent expressed in this section and in the section under the School Improvement Grants program.

The Committee is concerned that, so far, the Department has been able to provide very little information about the ways in which States have used their set-aside funding to help improve the performance of schools identified for improvement. The Committee directs the Department to provide, not later than 60 days after enactment of this act, a report, based on its monitoring and other relevant sources of information, of specific scientifically based research strategies identified and implemented by school districts using the 4 percent set-aside for school improvement and other Federal funds. The Committee expects this report to contain, at a minimum, a full and complete accounting of the average per stu-

dent grant amount, and the duration and number of grants made to local education agencies; the criteria used to distribute grant funds; the types of activities supported with such funds and the evidence of effectiveness justifying their use; and the number of schools receiving assistance that have been removed from State watch lists or are now making adequate yearly progress.

The appropriation for title I grants to LEAs primarily supports activities associated with the 2007–2008 academic year. Of the funds available for this program, up to $3,472,000 shall be available on October 1, 2006, not less than $5,326,352,000 will become available on July 1, 2007, and $7,383,301,000 will become available on October 1, 2007. The funds that become available on July 1, 2007 and October 1, 2007 will remain available for obligation until September 30, 2008.

Title I grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant [EFIG].

For title I basic grants, including up to $3,472,000 transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $6,808,408,000. The comparable funding level for fiscal year 2006 and the budget request are both $6,808,408,000 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 2006 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.

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 $2,269,843,000. The comparable funding level for fiscal year 2006 and the budget request both are $2,269,843,000 for this funding stream.

The Committee recommends an appropriation of $2,269,843,000 for education finance incentive grants [EFIG]. The comparable funding level for fiscal year 2006 and the budget request both are $2,269,843,000 for the EFIG funding stream. The EFIG funding stream is allocated using State-level equity and effort factors to make allocations to States that are intended to encourage States to improve the equity of State education funding systems.

William F. Goodling Even Start Family Literacy Program

The Committee does not recommend any funds for the Even Start program. The comparable funding level for fiscal year 2006 is $99,000,000 and the budget request does not include any funds 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. Funding is pro-

vided to States based on their relative share of title I, part A funds and States use these resources to make competitive subgrants to partnerships comprised of local educational agencies and other organizations serving families in high-poverty areas.

School Improvement Grants

The Committee recommendation includes $100,000,000 for the School Improvement Grants program. The President's budget requested $200,000,000 for this program, which has not been funded previously. The School Improvement Grants program was authorized as part of the No Child Left Behind Act to support a formula grant program to States that will enable them to provide assistance to schools not making adequate yearly progress for at least 2 years. Under the authorized program, States are required to allocate not less than 95 percent of their awards to schools to enable them to, among other things, develop and implement their school improvement plans (which may include research-based activities such as comprehensive school reform, professional development for teachers and staff, and extended learning opportunities.)

When subgranting these funds to LEAs, the Committee strongly urges the Secretary to inform States that they are required to make awards of sufficient size and scope to undertake activities required by sections 1116 and 1117 of NCLB, integrate these grant funds with other resources awarded by the States under this act (particularly, the 4 percent school improvement set-aside), and give priority to those LEAs with the lowest-achieving schools that demonstrate the greatest need for school improvement funding and the strongest commitment to ensuring that such funds are used to provide adequate resources to enable the lowest-performing schools to meet the goals identified in improvement plans, correction action, and restructuring plans under section 1116 of NCLB. The Committee intends for States to utilize these funds along with those available under the 4 percent school improvement set-aside to make competitive awards to school districts that are of sufficient size and scope, and of a multi-year duration, so that schools may undertake sustainable activities grounded in scientifically based research that have a positive impact on improving instructional practices in the classroom. The Committee also directs the Department to inform State and local educational agencies that they must consider the products and services of the regional educational laboratories, comprehensive centers, What Works Clearinghouse, Comprehensive School Reform Quality Center and other findings of federally funded reviews of research to provide products and services that will help States and school districts utilize the school improvement funds available in this account to support school improvement activities that are supported by scientifically based research. The Committee requests that the Department brief the Committee on its planned implementation actions not later than 14 days prior to the announcement of funding available under this program.

The Committee requests that the 2008 congressional justification include specific information about the actions taken to support the Committee's intention in providing resources for this program and other school improvement activities and steps the Department will

take to collect evidence on the outcomes achieved with school improvement funds.

The budget request proposes bill language that would override the requirement in NCLB for States to distribute 95 percent of their grant awards to school districts. The Committee bill does not include this requested language.

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 2006 and the budget request are both $1,029,234,000.

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.

The Committee reiterates its intention for funds available under the Reading First program to encourage and support the use of reading programs with the strongest possible scientific evidence of effectiveness.

Early Reading First

The Committee recommends $100,000,000 for the Early Reading First program. The comparable funding level for fiscal year 2006 and the budget request both are $103,118,000.

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 supports the intent of this program, which is to prepare young children to enter kindergarten with the necessary language, cognitive, and early reading skills to prevent reading difficulties and ensure school success. The Committee believes the Early Reading First program should continue to encourage and support State and local programs to provide research-based early literacy screening as well as providing skill building activities to enhance and build preschoolers' early reading skills, especially for students who struggle and may be at risk for learing disabilities.

Striving Readers

The Committee recommends $35,000,000 for the Striving Readers initiative. The comparable fiscal year 2006 funding level is $29,700,000 and the budget request includes $100,000,000 for the Striving Readers program. This program supports grants to develop, implement, and evaluate reading interventions for middle or

high school students reading significantly below grade level. Under this program, awards are made to local educational agencies eligible to receive funds under part A of title I with one or more high schools or middle schools serving a significant number of students reading below grade level. Awards also may be made to partnerships including institutions of higher education and eligible nonprofit or for-profit organizations. The Committee intends that funds provided in this bill continue to be utilized in accordance with the priorities established in the statement of the managers accompanying the Fiscal Year 2005 Appropriations Act that relate to a rigorous evaluation requirement and parity in funding for middle schools and high schools.

Math Now for Elementary School Students

The Committee recommendation does not include any funding for the new Math Now for Elementary School Students initiative. The budget proposes $125,000,000 for this new initiative. Under this program, the Department would make grants to institutions of higher education, eligible nonprofit organizations, and local educational agencies with one or more elementary or middle schools with significant numbers of students whose math scores are below grade level or partnerships of these entities. Grant funds would be used to implement instructional practices, programs and materials identified by the National Mathematics Advisory Panel as effective in improving mathematics learning.

Math Now for Middle School Students

The Committee recommendation does not include any funding for the new Math Now for Middle School Students initiative. The budget proposes $125,000,000 for this new initiative. Under this program, the Department would make grants to partnerships to improve mathematics instruction for middle-school students whose achievement is significantly below grade level. Awards would be made to institutions of higher education, eligible nonprofit organizations, and local educational agencies with one or more middle schools with significant numbers of students whose math scores are below grade level or partnerships of these entities. Grant funds would be used to diagnose the deficiencies of students who are not proficient in mathematics on State tests at the 6th and 7th grade level, implement scientifically based research interventions that involve intensive and systemic instruction and provide professional development for teachers, principals and district leaders.

Improving Literacy Through School Libraries

The Committee recommends $19,486,000 for the Improving Literacy Through School Libraries program, the same amount as the comparable funding level for fiscal year 2006 and the budget request.

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 re-

sources, 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.

High School Reform

The Committee recommendation does not include any funding for the new High School Reform initiative. The budget proposed $1,475,000,000 for this new initiative. Under this proposal, funds would be used to develop, implement, and evaluate interventions that increase the achievement of all high school students, particularly those at risk of failing to meet challenging State academic content standards, and annual assessments that would help educators in developing strategies to meet the needs of at-risk high school students. The proposed initiative would provide funds to States based on a formula and SEAs would then make competitive grants to LEAs using 95 percent of appropriated funds, with the balance of funds available for use by States to develop, implement, and administer two additional assessments in reading and math, and for administration, evaluation, and technical assistance.

The budget request proposes bill language that would allow a portion of the requested funds to be used for continuation costs for certain Higher Education Act programs; to authorize this new high school initiative, including the requirement for States receiving funds under the title I grant funds to develop and implement the new assessments in reading and math; and to require each State to participate in 12th grade State National Assessment of Educational Progress reading and math assessments. The Committee bill does not include the requested language.

America's Opportunity Scholarships for Kids

The Committee recommendation does not include any funding for the proposed America's Opportunity Scholarships for Kids program. The budget request proposed $100,000,000 for this new program. Under this proposed program, the Department would make competitive grant awards to States, local educational agencies, and nonprofit organizations to enable such entities to provide school choice or intensive tutoring opportunities to students from low-income households who attend a school identified for restructuring under NCLB. The Department proposed to provide a priority to applications from school districts with a large number or proportion of schools identified for restructuring.

Migrant Education Program

The Committee recommends $386,524,000 for the Migrant Education program, the same amount as the comparable fiscal year 2006 funding level and the budget request.

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 $49,797,000 for the title I neglected and delinquent program, the same amount as the comparable funding level for fiscal year 2006 and the budget request.

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 at least 15 percent, but not more than 30 percent, of their neglected and delinquent funds to help students 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.

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 continues to urge 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.

Evaluation

The Committee recommends $9,330,000 for evaluation of title I programs, the same amount as the comparable funding level for fiscal year 2006 and the budget request.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is 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 Demonstration

The Committee does not recommend additional funds for the comprehensive school reform demonstration program. The comparable funding level for fiscal year 2006 is $7,920,000 and the budget request did not include any funds for the comprehensive school reform program.

As authorized under NCLB, this program provided schools with funding to develop or adopt, and implement, comprehensive school

reforms that will enable children in participating schools to meet State standards. In the fiscal year 2006 bill, Congress provided funding only for the continuation of the Comprehensive School Reform Clearinghouse and Quality Initiatives grants.

High School Equivalency Program

The Committee recommends $18,550,000 for the high school equivalency program [HEP], the same amount as the comparable funding level for fiscal year 2006 and the budget request.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a postsecondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. At the funding level recommended by the Committee, HEP will serve roughly 7,000 migrants.

College Assistance Migrant Program

For the College Assistance Migrant Program [CAMP], the Committee recommends $15,377,000, the same amount as the comparable funding level for fiscal year 2006 and the budget request.

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, 2006	$1,228,453,000
Budget estimate, 2007	1,228,453,000
House allowance	1,228,453,000
Committee recommendation	1,228,453,000

The Committee recommends an appropriation of $1,228,453,000 for impact aid for the Department of Education. This is the same as the comparable funding level for fiscal year 2006 and the budget request.

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.

The Committee bill includes language that provides for continued eligibility for students affected by the deployment or death of their military parent, as long as these children still attend the same

school district. This language was included in the budget request and last year's appropriation bill.

Basic Support Payments.—The Committee recommends $1,091,867,000 for basic support payments. The comparable funding level for fiscal year 2006 and the budget request both are $1,091,867,000. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

Payments for Children with Disabilities.—The Committee bill includes $49,466,000 for this purpose, the same amount as the comparable funding level for fiscal year 2006 and the budget request. Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act.

Facilities Maintenance.—The Committee recommends $4,950,000 for facilities maintenance. The comparable funding level for fiscal year 2006 and the budget request both are $4,950,000 for this purpose. 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. Funds appropriated for this purpose are available until expended.

Construction.—The Committee recommends $17,820,000 for this program. The comparable fiscal year 2006 funding level and the budget request both are $17,820,000 for this purpose. Formula and competitive grants are authorized to be awarded to eligible LEAs for emergency repairs and modernization of school facilities. Funds appropriated for the construction activity are available for obligation for a period of 2 years.

The fiscal year 2006 appropriation for this activity stipulated that funds were to be used only on formula construction grants to eligible school districts. The budget request proposes bill language this year to provide construction funds on a competitive basis only. The Committee has provided this requested authority.

Payments for Federal Property.—The Committee recommends $64,350,000 for this activity. The comparable funding level for fiscal year 2006 and the budget request both are $64,350,000 for this program. 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.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2006	$5,255,477,000
Budget estimate, 2007	4,973,158,000
House allowance	4,764,559,000
Committee recommendation	5,029,943,000

The Committee recommends an appropriation of $5,029,943,000 for school improvement programs. The comparable funding level in fiscal year 2006 for this account is $5,255,477,000 and the budget request includes $4,973,158,000.

State Grants for Improving Teacher Quality

The Committee recommends $2,747,439,000 for State grants for improving teacher quality. The comparable funding level for fiscal year 2006 and the budget request both are $2,887,439,000 for this program.

The appropriation for this program primarily supports activities associated with the 2007–2008 academic year. Of the funds provided, $1,312,439,000 will become available on July 1, 2007, and $1,435,000,000 will become available on October 1, 2007. These funds will remain available for obligation until September 30, 2008.

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. However, the Committee is aware that the Secretary of Education has notified States of her intention not to withhold Federal funds as provided under NCLB, if States did not reach the 100 percent goal by the end of the 2005–2006 school year but were making a good-faith effort to reach the goal as soon as possible.

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.

Early Childhood Educator Professional Development

The Committee recommends $14,549,000 to support professional development activities for early childhood educators and caregivers in high-poverty communities. The comparable funding level for fiscal year 2006 and the budget request are both $14,549,000 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.

Mathematics and Science Partnerships

The Committee recommends $195,000,000 for the mathematics and science partnerships program. The comparable funding level for fiscal year 2006 and the budget request both are $182,160,000 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 en-

tities 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.

Innovative Education Program Strategies State Grants

The Committee does not recommend any funding for innovative education program strategies State grants. The comparable funding level for fiscal year 2006 and the budget request both are $99,000,000 for this purpose.

The innovative education program is a flexible source of Federal funds that provides support to States and LEAs for developing education reform initiatives that will improve the performance of students, schools, and teachers.

Educational Technology State Grants

The Committee recommends $272,250,000 for educational technology State grants. The comparable funding level for fiscal year 2006 is $272,250,000 and the budget request did not include any funds for this program.

The 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 high-quality professional development.

Under the No Child Left Behind Act, States may use up to 5 percent of their award for technical assistance and administrative expenses and then must distribute 50 percent of remaining funds based on a formula and 50 percent based on a grant competition. However, the fiscal year 2006 appropriations act included language allowing States to award up to 100 percent of their funds competitively. The Committee bill continues this legislative authority.

Supplemental Education Grants

The Committee recommendation includes $18,824,000 for the supplemental education grants program. The comparable funding level for fiscal year 2006 and the budget request both are $18,001,000 for this program. This grant program was authorized by the Compact of Free Association Amendments Act of 2003. The act discontinued the eligibility of Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM] for funding available from Adult, Dislocated Worker and Youth Workforce Investment Act programs, Head Start, Title I Grants to LEAs, Adult and Vocational Education State Grants, Federal Work-Study and Federal Supplemental Educational Opportunities Grants. In place

of funding from these sources, the act provided a separate supplemental education grant program that provides these entities with a more flexible source of funds that can be tailored to local needs. These funds will be transferred from the Department of Education to the Secretary of the Interior for grants to these entities. The Committee bill includes language, contained in the fiscal year 2006 appropriations act and budget request, that allows up to 5 percent to be used by the FSM and RMI to purchase oversight and technical assistance, which may include reimbursement of the Departments of Labor, Health and Human Services and Education for such services.

21st Century Community Learning Centers

The Committee recommends an appropriation of $981,166,000 for the 21st Century Community Learning Centers program, the same as both the comparable level for fiscal year 2006 and the budget request.

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 use these resources to establish or expand community 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.

State Assessments and Enhanced Assessment Instruments

The Committee recommends $407,563,000 for State assessments, the same as both the comparable funding level for fiscal year 2006 and the budget request.

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 for each year the appropriation falls below the trigger level. The trigger for fiscal year 2007 is $400,000,000. The Committee recommendation includes $400,000,000 for this purpose.

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. The Committee recommendation for the

second component is $7,563,000, the same as both the comparable funding level for fiscal year 2006 and the budget request.

The Committee continues to be concerned that many schools are unable to properly assess the performance of limited-English proficient students and students with disabilitites and is pleased that the Department has established a competitive preference for applications addressing the assessment of such students. The Committee urges the Department to continue to place a high priority on grant applications that aim to improve the quality of State assessments for students with disabilities and students with limited English proficiency, and to ensure the most accurate means of measuring their performance on these assessments.

Javits Gifted and Talented Education

The Committee recommends $5,025,000 for the Javits Gifted and Talented Students Education Program, the fiscal year 2006 funding level was $9,596,000. The President's budget proposes to eliminate funding for this program. Funds are used for awards to state and local educational 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. The Committee recommendation will fund fully all current State and local educational agencies grants, and research and development activities.

Foreign Language Assistance

The Committee recommends $26,152,000 for the foreign language assistance program. The comparable funding level for fiscal year 2006 is $21,780,000 and the budget request proposes $23,780,000 for foreign language assistance activities.

The Committee intends for funding available under this program to promote the goal of well-articulated, long-sequence language programs that lead to demonstrable results for all students. The Committee directs the Department not to make grants to schools that are replacing current traditional language programs with critical needs language instruction. The Committee is aware of the considerable research base demonstrating that second language acquisition leads to easier additional language learning, because the skills for language learning are transferable. The Committee believes it is more appropriate for the Department to build on the foundation of Federal support for traditional foreign language instruction in addressing critical needs languages and has provided funding for a grant competition in fiscal year 2007 to follow the framework of principles outlined in this paragraph.

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 has included bill language that prohibits Foreign Language Assistance program funds from being used for the Foreign Language Incentive program.

The Committee is concerned that this program, which is the only Federal program designed to help schools meet the need for foreign

language instruction, is unavailable to the poorest schools because grant recipients must provide a 50 percent match from non-Federal sources. The Committee, therefore, strongly urges the Secretary to use her ability to waive the matching requirement for qualifying schools and to increase awareness of this accommodation among the affected school population.

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 $61,871,000. The comparable fiscal year 2006 funding level and the budget request both are $61,871,000.

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 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.

Training and Advisory Services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee recommends $7,113,000. The comparable fiscal year 2006 funding level and the budget request both are $7,113,000 for these services.

The funds provided will support awards to operate 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 recommends $33,908,000. The comparable fiscal year 2006 funding level is $33,907,000 and the budget request includes $31,433,000 for these programs.

The Committee bill includes language allowing $1,250,000 of the funds recommended to be used for construction and renovation of Native Hawaiian educational facilities.

Native Hawaiian Law School Center of Excellence.——The Committee appreciates the Department's continued support of the Native Hawaiian Law School Center of Excellence. This repository houses a compilation of historical and cultural documents which facilitates preservation and examination of laws of great significance to Native Hawaiians. The Committee bill includes language stipu-

lating that $1,250,000 shall be used for a grant to the Center of Excellence at the University of Hawaii School of Law.

The Henry Kuualoha Giugni Kupuna Memorial.—The Committee recommends support of projects that support the development of academic curricula or instructional materials that are based on archives of oral histories of Native Hawaiian history and culture. Activities supported with project funds may include the development of archives for collectable media significant to the State of Hawaii in memory of former Senate Sergeant at Arms Henry Kuualoha Giugni. The Henry Kuualoha Giugni Kupuna Archives will facilitate the acquisition of historical records and stories unique to the culture of Native Hawaiians. The establishment of this archival collection is critical for recording, cataloguing, and digitalization of oral histories, both new and old, and securing their availability for development of innovative educational programs to assist Native Hawaiian students.

Alaska Native Educational Equity

The Committee recommends $33,908,000 for the Alaska Native educational equity assistance program. The comparable fiscal year 2006 funding level is $33,907,000 and the budget request is $33,908,000 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. This language is included from last year's appropriations act. The Committee expects the Department to use some of these funds to address the construction needs of rural schools.

Rural Education

The Committee recommends $168,918,000 for rural education programs, the same as both the comparable fiscal year 2006 funding level and the budget request.

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 these 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 Rural and Low-Income Schools Program,

which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

Comprehensive Centers

The Committee recommends $56,257,000 for the comprehensive centers program, the same as both the comparable fiscal year 2006 funding level and the budget request.

These funds will provide continued support to a network of 21 comprehensive centers, at least one of which will operate in each of the 10 regions of the United States. The centers are operated by research organizations, agencies, institutions of higher education or partnerships thereof, provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. Grantees have developed 5-year plans for undertaking authorized activities that address the needs of States in a region and established advisory boards to advise the centers on allocation of resources, maintaining a high standard of quality in services delivery and ensuring that activities promote progress toward improving student achievement. The National Center for Education Evaluation and Regional Assistance will provide for ongoing independent evaluation of each center to assess whether each is meeting its objectives.

The Committee notes that one of the primary missions of the 16 regional comprehensive centers is to provide intensive technical assistance to State Educational Agencies to increase their capacity to assist local educational agencies and schools with meeting the goals of No Child Left Behind. This assistance is based in large part on the work of the five content centers, which are organized by topic area so these centers can develop the information, materials and resources that the regional centers need to fulfill their mission. The Committee directs the Department to inform the centers that the assistance provided by these centers must be based on scientifically based research and used, among other activities, to help States, school districts and schools better utilize the school improvement funds available under the 4 percent school improvement set aside and $100,000,000 school improvement grant program available under the education for the disadvantaged account, so that schools identified as in need of improvement can undertake the fundamental changes in instructional practices and the learning environment that scientifically based research demonstrates will lead to improved student achievement.

The Committee is aware that the Department is developing a Promising Practices Initiative that is intended to share practices that show promise of improving student achievement based on the best available evidence. This Committee understands that this initiative will be led by the Office of Planning, Evaluation, and Policy Development. The Committee requests a report on how this initiative will be integrated and coordinated with the work of the Institute of Education Sciences What Work Clearinghouse, the Regional Educational Laboratories and other technical assistance providers funded by the Department of Education. The Committee requests a briefing on this issue not later than 30 days before the launch of this initiative and a report not later than 30 days after enactment of this act.

INDIAN EDUCATION

Appropriations, 2006	$118,690,000
Budget estimate, 2007	118,690,000
House allowance	118,690,000
Committee recommendation	118,690,000

The Committee recommends $118,690,000 for Indian Education programs. The comparable fiscal year 2006 funding level and the budget request both are $118,690,000 for such activities.

Grants to Local Education Agencies

For grants to local educational agencies, the Committee recommends $95,331,000. The comparable fiscal year 2006 funding level and the budget request both are $95,331,000 for authorized activities.

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 $19,399,000 for special programs for Indian children, the same as the comparable fiscal year 2006 funding level and the budget request.

Funds are used for demonstration grants to improve Indian student achievement through early childhood education and college preparation 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 $3,960,000 for national activities. The comparable fiscal year 2006 amount and the budget request both are $3,960,000 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, 2006	$936,486,000
Budget estimate, 2007	850,966,000
House allowance	911,413,000
Committee recommendation	989,942,000

The Committee recommends an appropriation of $989,942,000 for programs within the innovation and improvement account. The comparable fiscal year 2006 funding level for these programs is $936,486,000 and the budget request includes $850,966,000 for this account.

Troops-to-Teachers

The Committee recommends an appropriation of $14,645,000 for the Troops-to-Teachers program, the same as both the comparable funding level for fiscal year 2006 and the budget request.

This program supports the Defense Department's Troops to Teachers program, which helps recruit and prepare retiring and former military personnel to become highly qualified teachers serving 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/or 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.

Transition to Teaching

The Committee recommends $44,484,000 for the transition to teaching program, the same as both the comparable fiscal year 2006 funding level and the budget request.

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.

National Writing Project

The Committee recommends $25,000,000 for the National Writing Project. The comparable funding level for fiscal year 2006 is $21,532,000 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.

Teaching of Traditional American History

The Committee recommends $121,000,000 for the teaching of traditional American history program. The comparable fiscal year 2006 funding level is $119,790,000 and the budget request is $50,000,000 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 budget request proposes to continue language included in the fiscal year 2006 appropriations act that allows the Department to reserve up to 3 percent of funds appropriated for this program for national activities. The Committee bill includes the requested language. The Committee directs the Department to prepare and submit an operating plan to the House and Senate Committees on Appropriations, within 30 days of enactment of this act, on how these reserved funds will be used to support the intent of this program.

School Leadership

The Committee recommends $14,731,000 for the school leadership program. The comparable fiscal year 2006 funding level is $14,731,000 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 continues to recognize the critical role that principals and assistant principals play in creating an environment that fosters effective teaching and high academic achievement for students.

Advanced Credentialing

The Committee recommends $18,695,000 for the advanced credentialing program. The comparable fiscal year 2006 funding level is $16,695,000 and the budget request includes $8,000,000 for one component of the authorized program.

The Committee recommendation includes $10,695,000 for the National Board for Professional Teaching Standards [NBPTS]. The comparable fiscal year 2006 funding level is $9,821,000 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 2007 appropriation also supports $8,000,000 for the fifth and final year of a grant for the American Board for the Certification of Teacher Excellence. These funds support the development and implementation of two levels of teacher certification. Passport for Teaching is a certification for teachers entering the profession, while the Master Teacher certification is for experienced teachers.

Charter Schools Grants

The Committee recommends $214,782,000 for the support of charter schools. The comparable fiscal year 2006 funding level and the budget request both are $214,782,000 for this program.

This appropriation 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. The authorizing statute requires that amounts appropriated in excess of $200,000,000 and less than $300,000,000 be used for 5-year competitive grants to States that operate per-pupil facilities aid programs for charters schools. Federal funds are used to match State funded programs in order to provide charter schools with additional resources for charter school facilities financing. At the Committee recommendation $14,782,000 will be available to continue support for per-pupil facilities aid grants.

The Committee notes that the Department plans to use $8,000,000 in appropriated funds for national activities, which will include support for a rigorous evaluation of charter schools, technical assistance and dissemination of model charters and charter school laws. The Committee encourages the Department to continue to support such efforts and expects that additional information on these activities will be included in the fiscal year 2008 congressional budget justification.

Credit Enhancement for Charter School Facilities

The Committee does not recommend any funding for this program. The comparable funding level for fiscal year 2006 and the budget request both are $36,611,000 for this purpose. The Committee notes that the authorization for this program expired in fiscal year 2005 and, due to limited resources, does not fund this unauthorized activity. The budget request includes bill language that would continue to authorize this activity in fiscal year 2007.

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 $26,278,000 for the voluntary public school choice program, the same as both the comparable funding level for fiscal year 2006 and the budget request.

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.

Magnet Schools Assistance

The Committee recommends $106,693,000 for the magnet schools assistance program, the same as both the comparable fiscal year 2006 funding level and the budget request.

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.

Fund for the Improvement of Education

The Committee recommends an appropriation of $238,879,000 for the Fund for the Improvement of Education [FIE]. The comparable funding level for fiscal year 2006 is $158,510,000 and the budget request includes $104,043,000 for comparable activities.

For programs of national significance authorized under section 5411 of the Elementary and Secondary Education Act [ESEA], 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 recommends an additional $300,000 for this purpose within Safe and Drug-Free Schools and Communities National Programs to address issues related to school safety and healthy school buildings.

The Committee recommendation also includes resources for the following activities: National Mathematics Panel; Teach for America; Reach Out and Read; evaluation and data quality initiatives designed to improve the quality of data collected from, and evaluations conducted by, grantees under elementary and secondary education programs; peer review and other grant activities authorized under section 5411 of the ESEA.

The Committee commends the Music Educators National Conference for their work on the National Anthem Project and for highlighting the important role music teachers play in teaching our musical heritage. The Committee encourages the Department to work with the National Anthem Project to further their goal of teaching Americans the National Anthem.

The budget request also proposed funding the Language Teacher Corps, Teacher to Teacher initiative, Math and Science evaluation, and State Scholars activity under this authority. Due to limited resources, the Committee recommendation does not include funding for these activities. The Committee notes that the Teacher to Teacher initiative and State Scholars activity have been funded previously, though no funding was provided explicitly for these items.

Within the total amount for FIE, the Committee recommendation also includes funding for separately authorized programs as described in the paragraphs below.

The Committee recommends $25,043,000 to award a contract to Reading Is Fundamental, Inc. [RIF] to provide reading-motivation activities. The comparable funding level for fiscal year 2006 and the budget request both are $25,043,000 for this purpose. RIF, a private nonprofit organization, helps prepare young children and motivate older children to read, through activities including the distribution of books. Federal funds provide up to 75 percent of the costs of books, except for migrant and seasonal farmworker programs which may receive up to 100 percent of the costs of books.

The administration recommended eliminating funding for activities listed below.

The Committee recommends $10,000,000 for the Star Schools program. The comparable funding level for fiscal year 2006 is $14,850,000. The Star Schools program is designed to improve instruction in math, science, foreign languages, and other areas such as vocational education, to underserved populations by means of telecommunications technologies.

The Committee recommends $10,000,000 for the Ready to Teach program. The comparable funding level for fiscal year 2006 is $10,890,000. 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 digital educational programming grants, which encourage community partner-

ships 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 recommendation includes $9,500,000 for the Education through Cultural and Historical Organizations [ECHO] Act of 2001, as authorized by the No Child Left Behind Act. The comparable funding level for fiscal year 2006 is $8,910,000. 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, Massachusetts and Mississippi.

The Committee has included $36,500,000 for arts in education. The comparable funding level for fiscal year 2006 is $35,277,000. Within the total, $6,369,000 is for the John F. Kennedy Center for the Performing Arts; $7,440,000 is for VSA arts; $13,755,000 is for the competitive art education model grant program for the development of model projects that effectively strengthen and integrate arts and cultural partnerships into the core curriculum; $7,936,000 is for grants for professional development for music, dance, drama, and visual arts educators to be administered by the U.S. Department of Education; and $1,000,000 is to continue the evaluation and national dissemination of information regarding model programs and professional development projects funded through the Arts in Education section, including dissemination promising practices from funded projects and technical assistance for self-evaluation. Within the amount for evaluation, funds provided above the fiscal year 2006 level shall be used to support the National Center for Education Statistics Fast Response Survey System to collect data for the report of Arts Education in Public Elementary and Secondary Schools during the 2007–2008 school year. The Committee expects this survey and reporting to have the comprehensive quality of the 2002 report and to include national samples of elementary and secondary school principals, as well as surveys of elementary and secondary classroom teachers and arts specialists.

The Committee recommends $39,600,000 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 2006 is $39,600,000.

The Committee notes that 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 recommends $5,000,000 to continue support for the Mental Health Integration in Schools program. The comparable funding level for fiscal year 2006 is $4,910,000. This program supports grants to or contracts with State educational agencies, local educational agencies or Indian tribes to increase student access to mental health care by linking schools with their local mental health systems. The Committee expects this program to continue to be carried out by the Office of Safe and Drug-Free Schools.

The Committee includes $2,926,000 for the women's educational equity program. The comparable funding level for fiscal year 2006 is $2,926,000. This program supports projects that assist in the local implementation of gender equity policies and practices.

The Committee recommendation includes $1,500,000 for activities authorized by the Excellence in Economics Education Act. The comparable fiscal year 2006 funding is $1,473,000. These funds will support a grant to a nonprofit educational organization to promote economic and financial literacy among kindergarten through 12th grade students.

The Committee recommendation includes $2,436,000 to carry out the American History and Civics Education Act of 2004. The comparable funding level for fiscal year 2006 is $1,980,000. From the amount available, the Department will make grants to support Presidential Academies for Teaching of American History and Civics and Congressional Academies for Students of American History and Civics.

The Committee recommendation also includes bill language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
32nd Degree Masonic Learning Centers, Lexington, MA, for a public school initiative program in New Hampshire	$100,000
Adams County 12 Five Star Schools, Thornton, CO, for modern language labs	100,000
Alamosa School District RE 11J, Alamosa, CO, for afterschool programs	100,000
Alaska Educational Services, Anchorage, AK, for its after school alternatives program	400,000
Alaska SeaLife Center in Seward, AK, for a Marine Ecosystems Education Program	250,000
American Foundation for Negro Affairs National Education and Research Fund, Philadelphia, PA, to raise the achievement level of minority students and increase minority access to higher education	200,000
Avante Garde Learning Associates, Anchorage, AK, for following the leaders program in Alaska	1,000,000
Bass Lake Joint Union Elementary School District, Oakhurst, CA, for music and art education programs	200,000
Beaver County, PA, to implement educational programming for K–12 students, including safe and appropriate use of the Internet	100,000
Best Buddies International, Inc., Miami, FL, to enhance the lives of people with mental retardation by providing opportunities for one-to-one friendships and integrated employment	250,000
Best Buddies Virginia, McLean, VA, for program expansion	100,000
Best Buddies, Miami, FL, for establishment of a Best Buddies program in New Hampshire	250,000
Best Buddies, Miami, FL, to develop a Nevada site	500,000
Boys & Girls Club of Mount Vernon, Mount Vernon, NY, to support character and leadership development programs	150,000
Boys and Girls Harbor, New York, NY, for arts education programs at the Harbor Conservatory for Performing Arts	100,000
Bridgerland Community Ice Arena, North Logan, UT, for educational outreach and programming that meet the Utah core curriculum requirements in physical education	100,000
Brigham City Corporation, Brigham City, UT, to support a distance learning initiative	100,000
Brigham Young University of Provo, UT, for the Comprehensive Literacy Program to improve the literacy performance of low achieving students	400,000
Brooklyn Public Library, Brooklyn, NY, for the Learning Centers	500,000
Calcasieu Parish School Board, Westlake, LA, for technology enhancements	100,000
California Academy of Sciences, San Francisco, CA, for science education programs	400,000
Carnegie Hall, NY, NY, for the National Music Education Programs	250,000
Cedar Rapids School District, IA, for technology to monitor student progress and supplement teaching	350,000
Celeste Foundation, Mt. Doro, FL, to provide technical assistance to parents and caregivers of autistic children on early intervention therapies	1,400,000
Center for Advancing Partnerships in Education, Allentown, PA, for distance learning programs and technology upgrades	100,000
Challenger Learning Center of Maine, Bangor, ME, for a school improvement initiative	115,000
Chamber Education Foundation, Warwick, RI, for a mentoring program	200,000
Charter School Development Foundation, Las Vegas, NV, for technology upgrades	500,000
Charter School Institute, Philadelphia, PA, for the Shipyard Industrial Charter School Project	200,000
Chester County Intermediate Unit, Downingtown, PA, for a vocational-technical education program	100,000

	Amount
Child and Family Network Centers, Alexandria, VA, for education services to at-risk children	150,000
Children Uniting Nations, Los Angeles, CA, for the Los Angeles Mentoring Model	200,000
Children's Literacy Initiative, Philadelphia, PA, to improve the reading readiness and early literacy of children in high-poverty communities by providing professional development to teachers and principals	100,000
Christ Lutheran Community Outreach Corp., Upper Darby, PA, in partnership with the Upper Darby School District, for education programs	100,000
City of Compton, CA, for educational programs at Tomorrow's Aeronautical Museum	200,000
City of Fresno, CA, for the Teacher Housing Program Pilot	300,000
City of Indianapolis, IN, for the Indianapolis Center for Education Innovation	400,000
City of Ogden, Ogden, UT, for historical education programming, including curriculum development and materials, at Fort Buenaventura in Ogden, UT	100,000
City of Springfield, Springfield, MO, for program development, expansion, equipment and technology for the Ready to Learn Program	500,000
City of Warwick, RI, for after school programming	250,000
City of West Valley, West Valley City, UT, for a community education partnership	140,000
City Year New Hampshire, Stratham, NH, for expansion of the Young Heroes program	200,000
City Year, Inc., Philadelphia, PA, to reduce truancy and drop out rates in Philadelphia high schools	200,000
Clark County School District, Las Vegas, NV, to expand the Newcomer Academy	350,000
Clay County School system, WV, for the continuation of Following the Leaders programs in Clay and Roane counties	100,000
Clemens Center for the Performing Arts, Elmira, NY, for their classical literature program at schools	250,000
Communities in Schools, Richmond, VA, to continue providing assistance to at-risk students	100,000
Coppin State University, Baltimore, MD, for the urban education corridor program	300,000
COSI Toledo, Toledo, OH, for a science education initiative	250,000
Creative Visions in Des Moines, IA for outreach to at-risk youth	150,000
Cristo Rey High School, Chicago, IL, for its Library and Technology Center	300,000
Cuyahoga County Board of County Commissioners, Cleveland, OH, for the Invest in Children early learning program	150,000
Da Vinci Discovery Center of Science and Technology, Bethlehem, PA to support science education initiatives	100,000
Delta State University, Cleveland, MS, for the Delta Education Initiative	1,000,000
Des Moines Community School District and Urban Dreams, Des Moines, IA, to continue a demonstration on full service community schools	350,000
Des Moines Community School District to expand pre-kindergarten programs	750,000
Detroit Area Pre-College Engineering Program, Detroit, MI, for program expansion efforts and curriculum development	175,000
East Penn School District, Emmaus, PA, for a leadership training program	100,000
East Saint Louis High School, East Saint Louis, IL, to upgrade the school's technology and sciences programs	300,000
Educating Young Minds, Los Angeles, CA, for educational programs	100,000
Educational Service District 101, Spokane WA, for afterschool programs	150,000
Eisenhower Foundation for replication of the Delaney Street project in Iowa	700,000
Esmeralda County School District, NV, for an accelerated reading and math program	100,000
Fairbanks North Star Borough School District in Fairbanks, AK for the 4 R Children's program	200,000
Fairbanks North Star Borough School District in Fairbanks, AK to expand the PLATO Learning initiative	250,000
Fairbanks North Star Borough School District, Fairbanks, AK, for educational programs	1,500,000
First Book, Washington, DC, for the expansion of programs in West Virginia	220,000
First Book, Washington, DC, for the Maine Rural Outreach Initiative	100,000
First Tee, Saint Augustine, FL, for the Life Skills Initiative	500,000
Galena School District in Galena, AK, for a boarding school for low performing Native students from remote villages across Western Alaska	500,000
George C. Marshall Foundation, Lexington, VA to expand educational programs	100,000
Granite School District, Salt Lake City, UT, for the Granite Digital Student Achievement Management System	100,000
Guardian Angel Community Services, Joliet, IL for before and after school programs	100,000
Harford County Board of Education, Aberdeen, MD, for the Math and Science Academy at Aberdeen High School in partnership with the Army's Aberdeen Proving Ground	300,000
Harrisburg School District, Harrisburg, PA, for school reform and technology initiative	100,000
Hartford Public Schools, Hartford, CT, to expand the English as a Second Language program	100,000
Homer-Center School District, Homer City, PA, for development and implementation of a science curriculum	100,000
Internet Keep Safe Coalition, Salt Lake City, UT, for an internet education safety program	600,000
Iowa Association of School Boards, Des Moines, IA for the Lighthouse for School Reform project	500,000
Iowa City Community School District, IA, to implement a literacy program	500,000
Iowa Department of Education to continue the Harkin grant program	8,090,000
Iowa School Boards Association to expand the Following the Leaders project in Iowa	3,000,000

	Amount
Jamestown 400th Commemoration Commission, Williamsburg, VA for curriculum development	150,000
Jazz at Lincoln Center, NY, NY, for education programs	250,000
Jeremiah Cromwell Disabilities Center, Portland, ME, to support an elementary school disabilities awareness program	100,000
Johns Hopkins University, Baltimore, MD, for the Center for Talented Youth	150,000
Jumpstart, Boston, MA, to expand the One Child at a Time project in Rhode Island	125,000
Jumpstart, Boston, MA, to expand the One Child at a Time project in the state of Washington	250,000
Kanawha County School System, WV, for the continuation of Following the Leaders program	900,000
Kanawha County School System, WV, to implement the Project GRAD program	1,000,000
Kansas Learning Center for Health, Halstead, KS, for health education programs	100,000
Kauai Economic Development Board, HI, for math and science education	100,000
Kenai Borough School District, Soldotna, AK, for the after the bell tutoring program	100,000
KICKSTART, Houston, TX, for a character development program	200,000
Kids Voting—USA, Tempe, Arizona, for the Kids Vote for Their Future—Illinois Initiative	120,000
KIPP Foundation, San Francisco, CA, to subgrant to KIPP schools in the State of Tennessee, to support student programs	200,000
KIPP Foundation, San Francisco, CA, for curriculum development and teacher training for California schools, including subgrants	200,000
KIPP Foundation, San Francisco, CA, to subgrant to KIPP Philadelphia Charter School for educational programs	100,000
Klingberg Family Centers, New Britain, Connecticut, for the special education enhancement initiative	600,000
La Causa Charter School, Milwaukee, WI, for science and robotics curriculum and equipment	100,000
Liberty Science Center, Jersey City, NJ, for the Hudson Harbor and Estuary Ecological Learning Initiative	100,000
Lincoln Parish School Board, Ruston, LA, for technology enhancements	100,000
LISC Rhode Island Child Care Facilities Fund, Providence, RI, for training and technical assistance designed to improve the quality of early care and education	250,000
Livingston Parish School Board, Walker, LA, for technology enhancements	100,000
Loess Hills Area Education Agency in Iowa for a demonstration in early childhood education	750,000
Logan City School District, Logan, UT, for the 6th Grade Reading Assistance Project	100,000
Lower Pioneer Valley Educational Collaborative, West Springfield, MA, for the procurement of educational equipment and development of academic programs	200,000
Maine Alliance for the Arts Education, Augusta, ME to provide access to high-quality arts education	100,000
Marketplace of Ideas/Marketplace for Kids, Inc., Mandan, ND, for a statewide program focused on entrepreneurship education	250,000
Maui Economic Development Board, HI, for the girls into science program	300,000
McKelvey Foundation, New Wilmington, PA, to support McKelvey entrepreneurial college scholarships for rural, low-income Pennsylvania high school graduates	100,000
Meeting Street School, Providence, RI, for a school readiness initiative	250,000
Metropolitan Wilmington Urban League, Wilmington, DE, for Achievement Matters!	150,000
Milwaukee Public Schools, Milwaukee, WI, for afterschool programs	1,300,000
Milwaukee SCORES, Milwaukee, WI, for afterschool programs	100,000
Mississippi State University, Mississippi State, MS, for the Center for Economic Education	100,000
Monterey Bay Aquarium, Monterey, CA, for ocean science education for students learning English	200,000
National American Indian, Alaskan, and Hawaiian Educational Development Center, Sheridan, WY, to expand its training of staff serving Native students in an early literacy learning and math framework	400,000
National History Day for a history competition in Iowa	100,000
Negro Leagues Baseball Museum, Kansas City, MO, for curriculum development	250,000
New Mexico State University, Las Cruces, NM, for the Southern New Mexico Science, Engineering, Mathematics and Aerospace Academy	139,000
New Orleans Outreach, New Orleans, LA, to coordinate volunteer efforts at charter schools	300,000
New School University, New York, NY, for the Institute for Urban Education	950,000
New York Hall of Science, Queens, NY, for science exhibits and educational programming	600,000
Nome Public Schools, Nome, AK, to support vocational training provided by the Northwestern Alaska Career and Technical Center	250,000
North Country Education Services Agency, Gorham, NH, for educational opportunities through the North Country Gear Up College Prep Initiative	300,000
North Slope Borough School District, Barrow, AK, for an Early Childhood Education Program	300,000
Oakland School of the Arts, CA, for educational programs	300,000
Ogden City School District, Ogden, UT, for the Ogden Telepresence-Enabled Academic Mentoring program	100,000
Ohio Council of Urban Leagues, Elyria, OH, for a mentoring initiative	500,000
Pacific Islands Center for Educational Development in American Samoa, for a mentoring program aimed at college prep	400,000
PE4life Foundation, Kansas City, MO, for expansion and assessment of PE4life programs across Iowa	600,000
Pennsylvania Department of Education, Harrisburg, PA, for development of an instructional model for improving instruction and student outcomes	200,000

	Amount
People for People, Inc., Philadelphia, PA, to expand an after school program	300,000
Philadelphia Martin Luther King, Jr. Association for Nonviolence Inc., Philadelphia, PA, for its College for Teens program	100,000
Philadelphia School District, Philadelphia, PA for a summer school initiative	1,000,000
Plaquemines Parish School Board, Harvey, LA, for technology enhancements	100,000
Portfolio Gallery and Educational Center, St. Louis, MO, to develop an after school art program for underserved students	100,000
Project GRAD Knoxville, TN, for school reform activities	200,000
Project HOME, Philadelphia, PA, for an after school program	100,000
Project Rainbow, Philadelphia, PA, for early childhood services and after-school programs	100,000
Providence Community Action Program, Inc, Providence, RI, for the Providence Interim Middle School Intervention Center	100,000
Providence School Department, Providence, RI, for an extended learning pilot program	200,000
Provo Community Arts Center, Provo, UT, for a community arts program	100,000
Public/Private Ventures, Philadelphia, PA, for Youth Net programs, in partnership with the School District of Philadelphia	100,000
Putnam County Educational Service Center, Ottawa, OH, for a structured reading mentoring project primarily for children with disabilities	300,000
Rapides Parish School Board, Alexandria, LA, for technology enhancements	100,000
Ready Readers, St. Louis, MO, to serve additional students through the after school reading program	100,000
Re-Inventing Schools Coalition, Anchorage, AK to expand statewide its Alaska Quality Schools Model	500,000
Rhode Island MicroEnterprise Association, North Kingstown, RI, for the Rhode Island Youth Entrepreneurship Program	100,000
Riverside School District, Taylor, PA, for curriculum and equipment for a physical education program	100,000
Roberto Clemente Charter School, Allentown, PA, to enable bi-lingual, economically disadvantaged high school students to prepare for careers in nursing and other healthcare professions	100,000
Rodale Institute, Kutztown, PA, for educational programming	100,000
Rose Brooks Center, Kansas City, MO, for a school based anti-violence education project	250,000
Rutgers University-Camden Campus, Center For Strategic Urban Community Leadership, Camden, for the LEAP Early Child Research Learning Academy	965,000
Saint Bernard Parish School Board, Chalmette, LA, for technology enhancements	100,000
Saint Joseph Institute for the Deaf, Chesterfield, MO, for special education services to the hearing impaired	250,000
Saint Joseph's University, Philadelphia, PA, to develop a Public Education Partnership to provide professional development for area principals and teachers	100,000
Saint Louis SCORES, Saint Louis, MO, for an after school education pilot project	200,000
San Bernardino Boys and Girls Club, San Bernardino, CA, to serve at-risk youth	1,000,000
San Juan School District, Blanding, UT, for the PUSH program	110,000
San Miguel School, Providence, RI, for curriculum development, community education and operating costs	100,000
Save the Children, Westport, CT, for early childhood, after school, summer, or in-school literacy programs in rural or Gulf Coast areas in Mississippi, which may be carried out through subgrants to local partners	500,000
Save the Children, Westport, CT, to implement literacy programs in rural schools in Nevada	500,000
Scholars' Academy, St. Louis, MO, for curriculum development	100,000
Scranton School District, Scranton, PA, for curriculum development and training to teachers in foreign language, arts and humanities instruction	100,000
Sevier School District, Richfield, UT, for math and literacy interventions	100,000
Slater Mill, Pawtucket, RI, for curriculum-based museum education programming	150,000
Sophia Academy, Providence, RI, to improve education for girls from socio-economically disadvantaged backgrounds	100,000
SouthCoastConnected, New Bedford, MA, for implementation of the Drop the Drop-Out Rate Initiative	100,000
Southeast Island School District, Thorne Bay, AK, to develop two-way interactive video conferencing to provide special education services at isolated school sites in Southeast Alaska	100,000
Southern Methodist University, Dallas, TX, for the Dallas Kids Program	300,000
State of Alaska Department of Education and Early Development, Anchorage, AK, for a statewide teacher mentoring and retention initiative	2,950,000
Susquehanna Valley House of Hope, Selinsgrove, PA, for education programs for at-risk youth	100,000
Teach for America, Las Vegas, NV, to expand Teach for America's operations in Clark County, Nevada	250,000
Technological Research and Development Authority, Titusville, FL, for Endeavor Academy Titusville, FL	100,000
The Bushnell Center for Performing Arts, Hartford, CT, for the Arts Education Community Engagement Program	250,000
Thelonious Monk Institute of Jazz, Washington, DC, for jazz education programs in Alaska schools	250,000
Town of Barnstable, MA, for the development of programs and procurement of educational equipment at youth and community center	250,000
Tri-County Community Action Partnership, Bridgeton, NJ, for the Literacy Program	250,000

	Amount
United Inner City Services, Kansas City, MO, to enhance and expand early learning programs	750,000
University of Maine, Orono, ME, for Sports Done Right for defining, shaping and maintaining healthy interscholastic and youth sports programs	140,000
University of Northern Iowa to continue the 2+2 teacher education demonstration program	500,000
University of Northern Iowa, Cedar Falls, IA, for an early childhood science and math program	100,000
University of Pennsylvania, Philadelphia, PA, to support a global languages and culture program to serve area K–12 students	500,000
University of Southern Mississippi, Hattiesburg, MS, for the Center for Literacy and Assessment	1,000,000
University of Southern Mississippi, Hattiesburg, MS, for the Frances A. Karnes Center for Gifted Studies	300,000
University of Vermont, Burlington, VT, to establish the Educational Excellence program	3,000,000
University of Wisconsin-Platteville, Platteville, WI, to establish an English as a Second Language teacher certification program	150,000
University of Wisconsin-Whitewater, Whitewater, WI, to establish a certification program for science teachers	150,000
Urban Family Council in partnership with the School District of Philadelphia, Philadelphia, PA, for the Saturday Morning Alternative Reach and Teach program	200,000
Utah State Office of Education, Salt Lake City, UT, for a teacher mentoring program	1,000,000
Vermillion Parish School Board, Abbeville, LA, for technology enhancements	100,000
W.E.B. DuBois Learning Center in Kansas City, MO, for an after school tutoring program	100,000
Waldo County Preschool & Family Service, Belfast, ME, to increase reading and learning success for Maine children	100,000
Washington County School District, St. George, UT, for the Family Focus Project	100,000
Washington Education Foundation, Issaquah WA, for the Leadership 1000 Scholarship Program	1,000,000
Washington Jesuit Academy, Washington, DC, for a mentoring and achievement program	400,000
Washoe County School District, Reno, NV, to expand the Classroom on Wheels program	350,000
Whitaker Center for Science and the Arts, Harrisburg, PA, for science instruction through the arts	100,000
Wilkes University, Wilkes-Barre, PA, for curriculum development and equipment acquisition	100,000
YMCA of Greater St. Louis, St. Louis, MO, to expand after school programming at the Monsanto Family YMCA	250,000
York School District, York, PA, for technology and equipment	100,000
Youth Advocate Programs, Inc., Harrisburg, PA, for alternative school services	300,000

Teacher Incentive Fund

The Committee recommendation includes $99,000,000 for the teacher incentive fund program. The comparable funding level for fiscal year 2006 and the budget request both are $99,000,000 for this purpose.

The appropriation supports a pilot program to develop and implement innovative ways to provide financial incentives for teachers and principals who raise student achievement and close the achievement gap in some of our Nation's highest-need schools. Under this program, the Secretary shall use not less than 95 percent of these funds to award competitive grants to local educational agencies [LEAs], including charter schools that are LEAs, States, or partnerships of (1) a local educational agency, a State, or both and (2) at least one non-profit organization to design and implement fair, differentiated compensation systems for public school teachers and principals based primarily on measures of gains in student achievement, in addition to other factors, for teachers and principals in high-need schools. Performance-based compensation systems must consider gains in student achievement as well as classroom evaluations conducted multiple times during each school year and provide educators with incentives to take on additional responsibilities and leadership roles. Each applicant for funding must demonstrate a significant investment in, and ensure the sustainability of, its project by committing to pay for an increasing share of the total cost of the project, for each year of the grant, with State, local, or other non-Federal funds. In addition, the Secretary

gives a priority to applications that demonstrate the majority support of educators for such compensation systems.

Not more than 5 percent of the appropriation may be used by the Secretary to provide schools with assistance in implementing this program through one or more grants to an organization or organizations with expertise in providing research-based expert advice to support schools initiating and implementing differentiated compensation systems, training school personnel, disseminating information on effective teacher compensation systems, and providing program outreach through a clearinghouse of best practices. This set aside also will support the design and implementation of an appropriate, long-term and rigorous evaluation of this program which will be used to inform Congress on the results achieved under this program.

The budget request, and Committee bill, continue language included in last year's appropriations act authorizing this program.

Ready to Learn Television

The Committee recommends an appropriation of $24,255,000 for the Ready to Learn Television program. The comparable funding level for fiscal year 2006 and the budget request both are $24,255,000 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 directs the Department to utilize funds provided for fiscal year 2007 in the same proportions as fiscal year 2006 program resources. In the statement of the managers accompanying the fiscal year 2006 appropriations act, the conferees indicated that funds provided above the fiscal year 2005 level were to be used for the outreach cooperative agreement to expand successful models of public television station-based outreach activities that incorporate local adult training workshops. The Committee intends for outreach funds to be used in fiscal years 2006 and 2007 for this purpose.

Dropout Prevention

The Committee does not recommend any funding for the dropout prevention program. The comparable funding level for fiscal year 2006 is $4,851,000 and the budget request did not include any funding for the dropout prevention program. These funds have been used to help schools implement school dropout prevention and re-entry programs.

Close Up Fellowships

The Committee recommendation includes $1,500,000 for Close Up Fellowships. The comparable funding level for fiscal year 2006 is $1,454,000 and the budget request did not include any funds for this purpose. The Close Up Fellowships, formerly called Ellender Fellowships, 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 spend 1 week in Washington attending seminars and meeting with representatives of the three branches of the Federal Government.

Advanced Placement Program

The Committee recommends $40,000,000 for advanced placement. The comparable funding level for fiscal year 2006 is $32,175,000 and the budget request includes $122,175,000 for this purpose.

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.

The budget request proposes bill language to require grant recipients to offer incentives to teachers to become qualified to teach advanced placement courses in math, sciences and critical foreign languages, and to teachers whose students pass tests in those subjects. The budget request also proposes bill language to require grantees to provide a match of $2 in non-Federal funds for each $1 in Federal funds received under this program.

The Committee bill does not include the requested language, but the Committee notes that the No Child Left Behind Act establishes clear priorities for the Department to utilize in conducting grant competitions under the advanced placement incentive program. The Committee intends for funds to be used for these priorities to increase the availability of such programs in the highest poverty school districts.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2006	$729,518,000
Budget estimate, 2007	266,627,000
House allowance	623,627,000
Committee recommendation	653,204,000

Safe and Drug-Free Schools and Communities

The Committee recommends a total of $653,204,000 for activities to promote Safe Schools and Citizenship Education. The comparable fiscal year 2006 funding level is $729,518,000 and the budget request includes $266,627,000 for these activities.

State Grant Program.—The Committee recommends $310,000,000 for the safe and drug-free schools and communities State grant program. The comparable fiscal year 2006 funding level is $346,500,000 and the budget request did not include any funds for this purpose. The State grant program is the backbone of youth drug prevention efforts in the United States. This formula-based State grant program provides resources to Governors, State educational agencies, and local educational agencies for developing and implementing activities that help create and maintain safe and drug-free learning environments in and around schools.

National Programs.—The Committee has included $131,112,000 for the national programs portion of the safe and drug-free schools and communities program. The comparable funding level for fiscal year 2006 is $141,112,000 and the budget request includes $196,992,000 for these programs. The Committee recommendation includes $4,000,000 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. These funds are available until expended.

The Committee continues to be concerned about the increasing problem of alcohol and drug abuse on college campuses. The Committee has included bill language requiring the Department to spend $850,000 on a 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 includes these funds within the requested $6,584,000 for post-secondary alcohol prevention efforts proposed in the budget request.

The Committee expects that the Department will provide $300,000 for the continued operation of the National Clearinghouse for Educational Facilities. These funds will be used to address issues related to school safety and healthy school buildings. The Committee has included additional funds for the Clearinghouse through the Fund for the Improvement of Education.

The Committee recommendation does not include $52,500,000 as requested by the Department for a new grant program for local educational agencies. This program was proposed to replace the State grant program, a proposal rejected by the Committee.

The Committee recommendation includes $27,000,000 to continue and expand the school safety initiative. The Committee believes that this initiative should be broadened to include grants for non-profit organizations to support technical assistance that helps early care and education programs undertake crisis response planning that will better prepare early care and education providers for necessary actions that will need to be taken in the event of an emergency. The Committee is aware that such programs were not prepared adequately for the Gulf hurricanes and are not being integrated into crisis response planning that is being undertaken. The Committee encourages the Department to coordinate with the Administration for Children and Families of the Department of Health and Human Services on this initiative.

The Committee recommendation includes $11,000,000 for school-based drug testing programs for students. The comparable fiscal year 2006 funding level is $10,380,000 and the budget request includes $15,000,000. Within this amount, the Committee has included $1,900,000 for the ongoing rigorous evaluation of the student drug testing grants.

The Committee recommendation also includes $3,036,000 to continue data management improvement grants and related technical assistance; $72,792,000 for Safe Schools Healthy Students; $1,400,000 for the required impact evaluation; and $5,000,000 for other activities.

Alcohol Abuse Reduction

The Committee recommends $32,409,000 for grants to LEAs to develop and implement programs to reduce underage drinking in secondary schools. The comparable funding level for fiscal year 2006 is $32,409,000 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 continue to work together on this effort.

Mentoring

The Committee recommends $19,000,000 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 2006 funding level is $48,814,000 and the budget request is $19,000,000 for this purpose.

Character Education

The Committee recommends $24,248,000 to provide support for the design and implementation of character education programs. The comparable funding level for fiscal year 2006 and the budget request both are $24,248,000 for this purpose.

Elementary and Secondary School Counseling

The Committee recommends $34,650,000 to establish or expand counseling programs in elementary schools. The comparable fiscal year 2006 funding level is $34,650,000 and President's budget proposes to eliminate funding for this program. As authorized by the No Child Left Behind Act, all amounts appropriated up to $40,000,000 are used only for elementary school counseling programs.

Carol M. White Physical Education for Progress Program

The Committee recommends $72,674,000 to help LEAs and community-based organizations initiate, expand and improve physical education programs for students in grades K–12, as authorized by Public Law 107–110. The comparable funding level for fiscal year 2006 is $72,674,000 and the budget request includes $26,387,000 for this program. 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.

Civic Education

The Committee recommends $29,111,000 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 2006 funding level is $29,111,000 and the budget request proposed to eliminate funding for this purpose.

Civic Education program funds support both the We the People programs and the Cooperative Education Exchange. The Com-

mittee recommends $17,039,000 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 program, 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 for the We the People program, the Committee recommends the following: that $2,995,000 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 Democracy at the National Conference of State Legislatures; and that $1,498,000 be used for continuation and expansion of the school violence prevention demonstration program including the Native American program.

The Committee recommends $12,072,000 for the Cooperative Education Exchange program. Within this amount, the Committee has included $4,527,000 for the Center for Civic Education and $4,527,000 for the National Council on Economic Education. The remaining $3,018,000 should be used for a competitive grant program for civics and government education, and for economic education.

English Language Acquisition

Appropriations, 2006	$669,008,000
Budget estimate, 2007	669,007,000
House allowance	669,007,000
Committee recommendation	669,007,000

The Committee recommends an appropriation of $669,007,000 for English language acquisition. The comparable funding level for fiscal year 2006 is $669,008,000 and the budget request is $669,007,000 for authorized 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. The No Child Left Behind Act also requires that 6.5 percent of the appropriation, an amount equal to $43,485,000 at the Committee recommendation funding level, be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited English proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs; and evaluation activities. The budget request includes language that would allow national activities funds to be available for 2 years. The Committee bill includes the requested language.

SPECIAL EDUCATION

Appropriations, 2006	$11,653,013,000
Budget estimate, 2007	11,697,502,000
House allowance	11,753,013,000
Committee recommendation	11,610,367,000

The Committee recommends $11,610,367,000 for special education programs authorized by the Individuals with Disabilities Education Act [IDEA]. The comparable fiscal year 2006 funding level is $11,653,013,000 and the budget request includes $11,697,502,000 for such programs.

No Child Left Behind [NCLB] and the Individuals with Disabilities Education Act [IDEA 04].—The Committee is aware of the effort made on behalf of students with disabilities as changes in NCLB policy have directly impacted these students as States have been given flexibility in assessment options with the Interim Two Percent Policy and Draft Two Percent Rule. The Committee believes the Office of Special Education and Rehabilitation Services should strengthen and increase its role in recommending guidance to States and LEAs that will define how students are identified for the Two Percent Rule and ensure eligible students have every possible opportunity for full and consistent participation in the general education curriculum and be on track to graduate with a regular diploma.

Specific Learning Disabilities [SLD].—The Committee commends the Office of Special Education Programs [OSEP] for its consistent efforts to support and conduct work on behalf of individuals with specific learning disabilities. The Committee believes OSEP should assist States and LEAs in identifying the criteria for determining an SLD and ensuring the consistency and integrity of the classification system across the States, and provide guidance and technical assistance systems for the improvement of SLD identification and eligibility. OSEP should disseminate to and assist both States and LEAs with replicable models that produce measurable positive improvements in student learning, including reliable and valid information on Responsiveness/Response to Intervention [RTI]. OSEP should provide positive, proactive guidance, based on the well established RTI models in the country, on the appropriate use of RTI in the eligibility process. OSEP should seek counsel from practitioner leaders as well as university researchers to accomplish this function. The Committee encourages OSEP to coordinate with the Parent Training and Information Centers, National Dissemination Center for Children with Disabilities and other national partners to disseminate information about accurate identification of SLDs to parents, including information on RTI, so parents will have a firm understanding of what the process may look like in their school and how to be informed and be an active partner in the process. The Committee also encourages OSEP to coordinate efforts within the Department of Education, National Institutes of Health, National Science Foundation and other Federal agencies working on related activities.

No Child Left Behind [NCLB] and the Individuals with Disabilities Education Act [IDEA 04].—The Committee urges OSEP to improve and increase its activities to educate parents of students with learning disabilities with the critical information they need to un-

derstand the impact of the Individualized Education Program Team decisions related to options for statewide assessments required by NCLB and how to improve the academic achievement of students through School Choice, Supplemental Education Services and other provisions of NCLB. The Committee encourages OSEP to develop a Toolkit for Parents of Students with Disabilities to accompany and reflect the information made available to parents of required NCLB subgroups through the Office of Communications and Outreach. The Committee notes that parents of students with disabilities need essential information on NCLB to ensure their student has every possible opportunity for full and consistent participation in the general education curriculum and to be on track to graduate with a regular diploma.

Grants to States

The Committee recommends $10,582,961,000 for special education grants to States, as authorized under part B of the IDEA. The comparable fiscal year 2006 funding level is $10,582,961,000 and the budget request includes $10,682,961,000. This program provides formula grants to assist States, Outlying Areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to local educational agencies, but may reserve some for program monitoring, enforcement, technical assistance, and other activities.

The appropriation for this program primarily supports activities associated with the 2007–2008 academic year. Of the funds available for this program, $5,158,761,000 will become available on July 1, 2007 and $5,424,200,000 will become available on October 1, 2007. These funds will remain available for obligation until September 30, 2008.

The budget request includes language capping the Department of Interior set-aside at the prior year level, adjusted by the lower of the increase in inflation or the increase in the appropriation for grants to States. The Committee bill includes this language.

Preschool Grants

The Committee recommends $380,751,000 for preschool grants. The comparable fiscal year 2006 funding level and the budget request both are $380,751,000. The preschool grants program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute a significant share of the funds to local educational agencies, if they serve all eligible children with disabilities aged 3 through 5 and have an approved application under the Individuals with Disabilities Education Act.

Grants for Infants and Families

The Committee recommends $436,400,000 for grants for the infants and families program under part C of the IDEA. The comparable fiscal year 2006 funding level and the budget request both are $436,400,000. This program provides formula grants to States, Outlying Areas and other entities to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency pro-

grams to make available early intervention services to all children with disabilities, ages 2 and under, and their families.

State Personnel Development

The Committee recommendation does not include a fiscal year 2007 appropriation for the State personnel development program. The comparable fiscal year 2006 funding level is $50,146,000 and the budget request does not include any funds for this program. The program formerly was known as the State improvement grant program, until it was changed by the Individuals with Disabilities Education Improvement Act of 2004. Under the reauthorization, this program focuses on the professional development needs in States by requiring that 90 percent of funds be used for professional development activities. The program supports grants to State educational agencies to help them reform and improve their personnel preparation and professional development related to early intervention, educational and transition services that improve outcomes for students with disabilities.

The Committee understands that the fiscal year 2006 appropriation is available still for use to cover the costs associated with fiscal year 2007 awards, so it has concurred with the budget request to not provide any funds under this authority in fiscal year 2007.

Transition Initiative

The Committee recommendation includes $2,000,000 for this initiative, which is intended to support State efforts to develop and use data to improve post-school outcomes for students with disabilities. The budget request includes $2,000,000 for this new initiative. Funds would be used to help States improve high school graduation rates; identify effective interventions such as counseling, personnel training and transition services; establish better data collection systems; and analyze and use student information through research-based practices. Grants would be made to State educational agencies on a competitive basis.

The Committee recommendation also includes $3,827,000 under the demonstration and training program in the Rehabilitation Services and Disability Research account to support this initiative.

Technical Assistance and Dissemination

The Committee recommends $48,903,000 for technical assistance and dissemination. The comparable fiscal year 2006 funding level and the budget request both are $48,903,000 for these activities. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information and other activities. Funding supports activities that are designed to improve the services provided under IDEA.

Personnel Preparation

The Committee recommends $89,720,000 for the personnel preparation program. The comparable fiscal year 2006 funding level and the budget request both are $89,720,000 for this program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related serv-

ices personnel. The reauthorization of IDEA also establishes requirements to fund several other broad areas including training for leadership personnel and personnel who work with children with low incidence disabilities, and providing enhanced support for beginning special educators.

Parent Information Centers

The Committee recommends $25,704,000 for parent information centers. The comparable fiscal year 2006 funding level and the budget request both are $25,704,000 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 $38,428,000 for technology and media services. The comparable fiscal year 2006 funding level is $38,428,000 and the budget request includes $31,063,000 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 $11,880,000 for Recording for the Blind and Dyslexic, Inc. [RFB&D]. These funds support the continued development, production, and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and accelerated use of digital technology. The administration proposed eliminating the earmark for RFB&D for these activities.

The Committee also recommends $1,485,000 to continue support of the Reading Rockets program, administered by the Greater Washington Educational Television Association. Last year, this program received $1,448,000. The administration proposed eliminating support for this program.

Special Olympics Education Programs

The Committee recommendation includes $5,500,000 for Special Olympics education programs. This is a new program in fiscal year 2007 and the budget request did not include any funds for this purpose. Under the Special Olympics Sport and Empowerment Act of 2004, the Secretary is authorized to provide financial assistance to Special Olympics for activities that promote the expansion of Special Olympics and for the design and implementation of education programs that can be integrated into classroom instruction and are consistent with academic content standards.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2006	$3,125,544,000
Budget estimate, 2007	3,180,414,000
House allowance	3,244,247,000
Committee recommendation	3,248,312,000

The Committee recommends $3,248,312,000 for rehabilitation services and disability research. The comparable fiscal year 2006 funding level is $3,125,544,000 and the budget request includes $3,180,414,000 for programs in this account.

The authorizing statute for programs funded in this account, except for those authorized under the Assistive Technology Act, expired September 30, 2004. The program descriptions provided below assume the continuation of current law.

Vocational Rehabilitation State Grants

The Committee provides $2,837,160,000 for vocational rehabilitation grants to States. The Committee recommendation provides the full amount authorized by the Rehabilitation Act of 1973. The comparable funding level for fiscal year 2006 is $2,720,192,000 and the budget request includes $2,837,160,000 for this program.

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 the most 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 2007 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 $11,782,000 for the client assistance program. The comparable fiscal year 2006 funding level and the budget request both are $11,782,000 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 $38,438,000 for training rehabilitation personnel. The comparable fiscal year 2006 funding level and the budget request both are $38,438,000 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.

Demonstration and Training Programs

The Committee bill includes $12,603,000 for demonstration and training programs for persons with disabilities. The comparable fiscal year 2006 funding level and budget request both are $6,511,000 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, $3,827,000 is available to support the Office of Special Education and Rehabilitative Services' Special Education—Vocational Rehabilitation Transition Initiative. Together with the $2,000,000 provided under the Special Education account, these funds will be used to assist States with improving high school graduation rates and post-school outcomes for students with disabilities.

The Committee recommendation also includes bill language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
Alaska Center for the Blind and Visually Impaired, in partnership with the Lions Club, statewide, to expand services to low-vision Alaskans	$250,000
American Academy of Orthotists and Prosthetists, Alexandria, VA, for continued support of Project Quantum Leap	500,000
Cleveland Sight Center, Cleveland, OH, for the development of Braille technology	300,000
Deaf Blind Service Center, Seattle, WA, for the National Support Service Provider pilot project	300,000
Enable America, Inc., Tampa, Florida, for civic/citizenship demonstration project for disabled adults	500,000
Groden Center, Providence, RI, for the Arts and Business Training Center	100,000
Helen Keller National Center for Deaf-Blind Youths and Adults, Sands Point, NY for program support	2,000,000
Kenai Peninsula Independent Living Center, Homer, AK, for the Total Recreation and Independent Living Services Project	200,000
National Ability Center, Park City, UT, to provide ADA accessible transportation for individuals with cognitive and physical disabilities	250,000
National Sports Center for the Disabled, Denver, CO, for adaptive equipment, sports program expansion and research	500,000
Pennsylvania Association for the Blind, Enola, PA, for specialized services for the blind or visually impaired	100,000
Rainbow Center for Communicative Disorders, Blue Springs, MO, to expand day habilitation programming available to individuals with severe disabilities	300,000
Southeast Alaska Independent Living, Juneau, AK, to continue a joint recreation and employment project with the Tlingit and Haida Tribe of Alaska in Southeast Alaska	200,000
Vocational Guidance Services, Cleveland, OH, for equipment acquisition which will help automate sewing operations and improve employment opportunities for individuals with disabilities	300,000

Migrant and Seasonal Farmworkers

The Committee recommends $2,279,000 for migrant and seasonal farmworkers, the same amount as the comparable fiscal year 2006

funding level. The administration proposes eliminating separate funding for this program.

This program provides grants limited to 90 percent of the costs of the projects providing comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational Programs

The Committee provides $2,518,000 for recreational programs, the same amount as the comparable fiscal year 2006 funding level. The budget request does 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.

Protection and Advocacy of Individual Rights

The Committee recommends $16,489,000 for protection and advocacy of individual rights. The comparable fiscal year 2006 funding level and the budget request both are $16,489,000.

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 $19,246,000 for projects with industry. The comparable fiscal year 2006 funding level is $19,538,000 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 supports 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 $29,700,000 for the supported employment State grant program. The comparable fiscal year 2006 funding level is $29,700,000 and the administration proposes eliminating separate funding for this program.

This program assists the most severely disabled individuals 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 $22,588,000 for independent living State grants. The comparable funding level for fiscal year 2006 and the budget request both are $22,588,000 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 $74,638,000 for independent living centers. The comparable fiscal year 2006 funding level and the budget request both are $74,638,000 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 $32,895,000 for independent living services to older blind individuals. The comparable fiscal year 2006 funding level and the budget request both are $32,895,000 for these activities. Through this program, 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.

Program Improvement Activities

The Committee recommends $835,000 for program improvement activities. The comparable fiscal year 2006 funding level and the budget request both are $835,000 for authorized activities. In fiscal year 2007, 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 technical assistance and other ongoing program improvement activities, such as improved program performance measurement.

Evaluation

The Committee recommends $1,473,000 for evaluation activities. The comparable fiscal year 2006 funding level and the budget request both are $1,473,000 for such activities.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Committee recommendation continues to support a new multi-year study of the State Vocational Rehabilitation Services program. 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 $8,511,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The comparable fiscal year 2006 funding level and budget request both are $8,511,000 for this purpose.

The Helen Keller National Center consists of a national headquarters in Sands Point, New York, 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 agencies. At the recommended level, the center would serve more than 110 persons with deaf-blindness at its headquarters facility and provide field services to approximately 2,400 individuals and families and approximately 1,100 organizations.

National Institute on Disability and Rehabilitation Research

The Committee recommends $106,705,000 for the National Institute on Disability and Rehabilitation Research [NIDRR]. The comparable fiscal year 2006 funding level and the budget request both are $106,705,000 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 commends NIDRR for recognizing Chronic Fatigue Syndrome [CFS] as an unmet area of research. The Committee encourages NIDRR to continue to pursue CFS-related research proposals through its investigator-initiated and other grants programs.

Assistive Technology

The Committee recommends $30,452,000 for assistive technology. The comparable fiscal year 2006 funding level is $30,452,000 and

the budget request includes $22,389,000 for some of the activities authorized by the Assistive Technology Act of 1998.

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. The program support various activities that help States to develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. Under the recent reauthorization, the administration of this program was moved to the Rehabilitation Services Administration from the National Institute on Disability and Rehabilitation Research. The reauthorization also requires that an annual report be submitted to Congress by December 31 of each year.

The Committee recommendation includes $24,425,000 for State grant activities authorized under section 4, $4,975,000 for protection and advocacy systems authorized by section 5, and $1,052,000 for technical assistance activities authorized under section 6.

The Committee encourages States to use the additional funds provided for State grant activities authorized under section 4 for State-level alternative financing programs. The Committee is concerned that funds are not be utilized as intended to expand access to assistive technology devices and services directly through State programs or based on coordination and collaboration with other alternative financing programs operated in a State. The Committee looks forward to reviewing the Department's mandated report on State implementation of this program, particularly the activities related to State financing and coordination and collaboration.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2006	$17,572,000
Budget estimate, 2007	17,573,000
House allowance	18,000,000
Committee recommendation	20,000,000

The Committee recommends $20,000,000 for the American Printing House for the Blind [APH]. The comparable fiscal year 2006 funding level is $17,572,000 and the budget request includes $17,573,000 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 more than 60 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 computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

In addition to its ongoing activities, the Individuals with Disabilities Education Improvement Act assigned to the American Print-

ing House for the Blind the responsibility of establishing and maintaining a National Instructional Materials Access Center. The Center will serve as a national clearinghouse, maintaining a repository of textbook files provided in the National Instructional Materials Accessibility Standard format by textbook publishers. The Center will manage the transfer of these files to State and local education agencies for production in media that are readily accessible to the blind, visually impaired, and print disabled.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2006	$56,141,000
Budget estimate, 2007	55,349,000
House allowance	57,000,000
Committee recommendation	57,500,000

The Committee recommends $57,500,000 for the National Technical Institute for the Deaf [NTID]. The comparable fiscal year 2006 funding level is $56,141,000 and the budget request includes $55,349,000 for this purpose.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research. At the discretion of the Institute, funds may be used for the Endowment Grant program.

GALLAUDET UNIVERSITY

Appropriations, 2006	$106,998,000
Budget estimate, 2007	107,598,000
House allowance	110,500,000
Committee recommendation	110,500,000

The Committee recommends $110,500,000 for Gallaudet University. The comparable fiscal year 2006 funding level is $106,998,000 and the budget request includes $107,598,000 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 and 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 curricula, materials, and models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The budget request includes $600,000 earmarked in bill language to conduct evaluation activities related to the education programs and administrative operations of the University and the Department's findings during the Program Assessment Rating Tool [PART] process. The Committee understands the Department is now updating its PART for the University, so the Committee rec-

ommendation does not include the requested funding nor the earmark language.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 2006	$1,992,159,000
Budget estimate, 2007	579,552,000
House allowance	1,925,858,000
Committee recommendation	1,899,858,000

The Committee recommendation includes a total of $1,899,858,000 for vocational and adult education, consisting of $1,296,306,000 for vocational education, $579,552,000 for adult education and $24,000,000 for other activities. The comparable funding level in fiscal year 2006 is $1,992,159,000 and the budget request includes $579,552,000 for this account.

The authorizing statute for vocational and adult education programs and the State grants for incarcerated youth offenders program funded in this account expired September 30, 2004. Descriptions for these programs provided below assume the continuation of current law.

Vocational Education

The Committee recommends $1,296,306,000 for vocational education. The comparable fiscal year 2006 funding level is $1,296,306,000 and the budget request does not include any funds for these activities. The administration proposed to redirect the funds currently allocated for vocational education to a new High School initiative.

Basic Grants.—The Committee recommends $1,182,388,000 for basic grants, the same amount as the comparable fiscal year 2006 funding level. The budget request does not include any funds for this purpose. 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.

Of the funds available for this program, $391,388,000 will become available on July 1, 2007 and $791,000,000 will become available on October 1, 2007. These funds will remain available for obligation until September 30, 2008.

Tech-Prep Education.—The Committee recommends $104,754,000 for tech-prep programs. The comparable fiscal year 2006 funding level is $104,754,000 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 be-

tween 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 $9,164,000 for national research programs and other national activities. The comparable fiscal year 2006 funding level is $9,164,000 and the budget request proposes to eliminate separate funding for this program.

Funds provided under this program support research, development, dissemination, evaluation and assessment designed to improve the quality and effectiveness of vocational and technical education. Funds have been provided to the National Research Center for Career and Technical Education and the National Dissemination Center for Career and Technical Education 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.

ADULT EDUCATION

The Committee recommends $579,552,000 for adult education, the same amount as the comparable fiscal year 2006 funding level. The budget request includes $579,552,000 for this purpose.

Adult Education State Programs.—For adult education State programs, the Committee recommends $563,975,000, the same amount as the comparable fiscal year 2006 funding level. The budget request includes $563,975,000 for authorized activities. 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, $67,896,000 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 $9,005,000 for national leadership activities. The comparable funding level for fiscal year 2006 and the budget request both are $9,005,000 for this purpose. Under this program, the Department supports applied re-

search, 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 $6,572,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act. The comparable fiscal year 2006 funding level and the budget request both are $6,572,000 for this purpose. 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.

Smaller Learning Communities

The Committee does not recommend additional funds for this program. The comparable fiscal year 2006 funding level is $93,531,000 and the budget request does not include any funds for this purpose. This program has supported competitive grants to local educational agencies to enable them to create smaller learning communities in large schools. Funds have been used to study, research, develop and implement strategies for creating smaller learning communities, as well as professional development for staff. Two types of grants were 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.

State Grants for Incarcerated Youth Offenders

The Committee has included $24,000,000 for education and training for incarcerated youth offenders. The comparable funding level for fiscal year 2006 is $22,770,000. The administration 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. Under current law, each student is eligible for a grant of not more than $1,500 annually for tuition, books, and essential materials, and not more than $300 annually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2006	$14,926,975,000
Budget estimate, 2007	13,747,000,000
House allowance	14,890,745,000
Committee recommendation	14,488,458,000

The Committee recommends an appropriation of $14,488,458,000 for student financial assistance. The comparable fiscal year 2006 funding level is $14,926,975,000 and the budget request includes $13,747,000,000 for this purpose.

Programs in this account are authorized currently through September 30, 2006, under the terms of the Second Higher Education Extension Act of 2006. Program authorities and descriptions assume the continuation of current law.

Federal Pell Grant Program

For Pell grant awards in the 2007–2008 academic year, the Committee recommends $12,606,713,000 to maintain the record maximum Pell Grant award level of $4,050. The appropriation provided in this bill, plus the estimated $271,000,000 available from the fiscal year 2006 appropriation, will maintain the current grant level without creating a shortfall in the program.

Pell grants provide need-based financial assistance that helps low-and middle-income undergraduate students and their families defray a portion of 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 budget request assumes the enactment of three legislative proposals related to the Pell Grant program. The Committee recommendation assumes this program will operate under current law.

Federal Supplemental Educational Opportunity Grants

The Committee recommends $770,933,000 for Federal supplemental educational opportunity grants [SEOG]. The comparable fiscal year 2006 funding level and the budget request both are $770,933,000 for this purpose. This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent towards 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 with exceptional need.

Federal Work-Study Programs

The Committee bill provides $980,354,000 for the Federal work-study program, the same amount as both the comparable fiscal year 2006 funding level and the budget request.

This program provides grants to more than 3,300 institutions to help an estimated 810,000 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 continues to strongly support and encourage the Work College program authorized in section 448 of the Higher Education Act. Alice Lloyd College and Berea College in Kentucky, Blackburn College in Illinois, the College of the Ozarks in Missouri, Sterling College in Vermont, and Warren Wilson College in North Carolina not only provide a high quality education for their students, but also ensure access for thousands of students from families of modest means to a college education—while avoiding overwhelming these students and their families with large student loan debts. The Committee encourages the Work Colleges to find new ways to familiarize the broader higher education community with the work college philosophy and practice, and bring new institutions into the work college family. The Committee directs the Department to provide $6,000,000 for the Work Colleges from the regular Federal Work Study appropriation.

Federal Perkins Loans

The Committee bill does not include any funds for Federal Perkins loans capital contributions. The comparable fiscal year 2006 funding level did not include such funds and the budget request does not provide any funds for this purpose.

The Federal Perkins loan program supports student loan revolving funds built up with capital contributions to nearly 1,900 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 recommends $65,471,000 for loan cancellations, the same amount as the comparable funding level for fiscal year 2006. The budget request did not include any funds for this purpose. 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.

The Committee recommendation does not include language proposed in the budget request to recall the Federal portion of loan repayments made during fiscal year 2007 to the revolving funds held by participating institutions.

The Committee recommendation will maintain a robust loan program that will support more than $1,100,000,000 in loans to more than 500,000 individuals.

The Committee recognizes the importance of the Perkins Loan Forgiveness Program for professionals in all eligible fields of study, including social work. The Committee requests that the Department of Education implement measures to better publicize that this loan forgiveness program is available to individuals in multiple fields identified in the Higher Education Act.

Leveraging Educational Assistance Partnership Program

For the leveraging educational assistance partnership [LEAP] program, the Committee recommends $64,987,000, the same amount as the comparable funding level for fiscal year 2006. 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, but States may also make awards to part-time students.

STUDENT AID ADMINISTRATION

Appropriations, 2006	$118,800,000
Budget estimate, 2007	733,720,000
House allowance	713,720,000
Committee recommendation	713,720,000

The Committee recommends $713,720,000 for the Student Aid Administration account. The comparable fiscal year 2006 discretionary funding level is $118,800,000 and the budget request includes $733,720,000 for activities funded under this account, as reauthorized by the Higher Education Reconciliation Act of 2005. These funds are available until expended. That act reclassified most of the administrative costs of the Student Aid Account that were classified as mandatory spending through fiscal year 2006. In fiscal year 2006, the comparable amount of mandatory funding provided under the Higher Education Reconciliation Act was $600,000,000.

Funds appropriated for the Student Aid Administration Account will support the Department's student aid management expenses. The Office of Federal Student Aid and Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs.

HIGHER EDUCATION

Appropriations, 2006	$1,951,053,000
Budget estimate, 2007	1,108,711,000
House allowance	1,964,203,000
Committee recommendation	2,003,192,000

The Committee recommends an appropriation of $2,003,192,000 for higher education programs. The comparable fiscal year 2006 funding level is $1,951,053,000 and the budget request includes $1,108,711,000 for such activities.

Except for the activities authorized by the Mutual Educational and Cultural Exchange Act of 1961 and Carl D. Perkins Vocational and Technical Education Act, funded programs in this account are authorized through September 30, 2006 under the Second Higher Education Extension Act of 2006. All program authorities and descriptions assume the continuation of current law.

Aid for Institutional Development

The Committee recommends $505,814,000 for aid for institutional development authorized by titles III and V of the Higher Education Act. The comparable funding level for fiscal year 2006 is $505,814,000 and the budget request includes $503,229,000 for authorized activities.

Strengthening Institutions.—The Committee bill includes $79,535,000 for the part A strengthening institutions program. The comparable fiscal year 2006 funding level and the budget request both are $79,535,000 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 $94,914,000 for institutions at which Hispanic students make up at least 25 percent of enrollment. The comparable fiscal year 2006 funding level and the budget request both are $94,914,000 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 $238,095,000 for part B grants. The comparable fiscal year 2006 funding level and the budget request both are $238,095,000 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 $57,915,000 for the part B, section 326 program. The comparable fiscal year 2006 funding level and the budget request both are $57,915,000 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 $11,785,000 for this program, the same amount as last year. The budget request includes $9,200,000 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 authority.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends $23,570,000 for strengthening tribal colleges and universities [TCUs]. The comparable funding level for fiscal year 2006 and the budget request both are $23,570,000 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 past years, the Committee has supported a competitive grant program to assist institutions in addressing long overdue and high-priority infrastructure and facilities requirements. The Committee intends for the funds provided 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 continue to address urgently needed facilities repair and expansion.

International Education and Foreign Language Studies

The bill includes a total of $105,751,000 for international education and foreign language programs. The comparable fiscal year 2006 funding level is $105,751,000 and the budget request includes $106,751,000 for such activities.

The Committee bill includes language allowing funds to be used to support visits and study in foreign countries by individuals who plan to utilize their language skills in world areas vital to the United States national security in the fields of government, international development and the professions. Bill language also allows up to 1 percent of the funds provided to be used for program evaluation, national outreach and information dissemination activities. This language is continued from last year's bill and was proposed in the budget request.

Domestic Programs.—The Committee recommends $91,541,000 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 2006 funding level is $91,541,000 and the budget request includes $92,541,000 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 $12,610,000 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 2006 funding level and the budget request both are $12,610,000 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 $1,600,000 for the Institute for International Public Policy. The comparable funding level for fiscal year 2006 and the budget request both are $1,600,000 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 $80,529,000 for the Fund for the Improvement of Postsecondary Education [FIPSE]. The comparable fiscal year 2006 funding level and the budget request both are $21,989,000 for this purpose. 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 the Department with advice from an independent board and 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 $17,030,000, the full amount requested for the comprehensive program, as well as funds for international consortia programs.

The Committee recommendation also includes bill language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
AIB College of Business, Des Moines, IA, for scholarships in captioning and court reporting	$500,000
Albertson College of Idaho, for a library technology infrastructure upgrade	600,000
Alpena Community College, MI, for its Rural Homeland Security Preparedness Education and Training Initiative	200,000
American Prosthodontic Society Foundation, Osceola Mills, PA, for scholarships and program costs related to prosthetic dentistry and clinical prosthodontics	150,000

	Amount
Arkansas State University, Jonesboro, AR, to collaborate with the University of Memphis, and the University of Mississippi, for the Delta Bridge Education Project to provide professional development for teachers	100,000
Assumption College, Worcester, MA for the procurement of technology infrastructure and educational program development	150,000
Baptist Bible College and Seminary, Clarks Summit, PA, for equipment and technology acquisition	100,000
Benjamin Franklin Institute of Technology, Boston, MA, for educational equipment and curriculum development to support medical technology professional training programs	250,000
Blue Mountain Community College, Pandleton, OR to expand and enhance distance education infrastructure	300,000
Bristol Community College, Fall River, MA, to expand adult literacy and career development academic programs	200,000
Cabrini College, Radnor, PA, for equipment and educational programming for the Center for Science, Education and Technology	100,000
California University of Pennsylvania, California, PA, for a Math and Science Institute	100,000
Cedar Crest College, Allentown, PA, for a nursing education program	100,000
Clarion University of Pennsylvania, Clarion, PA, for equipment acquisition for mathematics and science laboratories	100,000
Clinton School of Public Service, Little Rock, AR, for endowment scholarships and curriculum development	1,000,000
College Misericordia, Dallas, PA, for technology upgrades and infrastructure	100,000
Community College of Beaver County, Monaca, PA, for technology training courses and technological infrastructure upgrades	100,000
Community College of Philadelphia, Philadelphia, PA, for a distance learning initiative	100,000
Community College of Southern Nevada, Las Vegas, NV, to expand and improve Internet-based course offerings, including equipment purchase	750,000
Connecticut State University, New Haven, Connecticut, for the Statewide Teacher Training Initiative	500,000
Dakota Wesleyan University, Mitchell, SD, for archiving of former Senator George McGovern's papers	170,000
Dartmouth College, Hanover, NH, for an interdisciplinary initiative on engineering and medicine	1,000,000
Deaf West Theatre, North Hollywood, CA, for cultural experiences for the deaf	600,000
Dean College, Franklin, MA, to develop programs and procure equipment for the Learning Center	235,000
East Stroudsburg University, East Stroudsburg, PA, for science, math and technology training programs	100,000
Eastern Iowa Community College, Davenport, IA, for the creation of a center on sustainable energy, including equipment	350,000
Eastern New Mexico University, Portales, NM, for computer and telecommunications equipment for a foreign language instruction laboratory	885,000
Eastern University, St. Davids, PA, for laboratory equipment and technological infrastructure improvements	100,000
Edinboro University of Pennsylvania, Edinboro, PA, to support a computer forensics training program at the Western Pennsylvania High Tech Crime Training Center	100,000
Elizabethtown College, Elizabethtown, PA, for support of science and math programs and increase academic research opportunities for students	200,000
Emerson College, Boston, MA, for educational equipment and program development	400,000
Emmanuel College, Boston, MA, for the procurement of educational equipment and program development	220,000
Florida Memorial University, Miami, FL, for equipment for the Library Enhancement Initiative	100,000
George Meany Center for Labor Studies- the National Labor College for curriculum development	900,000
Golden Apple Foundation, Chicago, IL, for a math and science teacher training initiative	350,000
Greenville Technical College, Greenville, SC, for curriculum development for the Greenville Technical Middle College program	100,000
Harrisburg Area Community College, Harrisburg, PA, for laboratory and equipment upgrades in support of programs at the Community Center for Technology and the Arts	100,000
Henry Kuualoha Giugni Archives at the University of Hawaii at Manoa, to establish an archival facility of historical Native Hawaiian records and stories	100,000
Hepatitis B Foundation, Doylestown, PA, for education programs to prepare post-secondary students for careers in biomedical research, public health and biotechnology	100,000
Holyoke Community College, Holyoke, MA, for educational equipment and information technology	200,000
Houston Community College, Houston, TX, for the Accelerated Nursing Proficiency Center	150,000
Hudson Valley Community College, Troy, NY, to expand the nursing program	500,000
Huntington Junior College, Huntington, WV, for the expansion of the captioning program	1,200,000
Immaculata University, Immaculata, PA, for technology acquisition and infrastructure improvements	100,000
Indiana University of Pennsylvania, Indiana, PA, for equipment acquisition and program support related to a mine safety and mapping initiative	100,000
James B. Edwards College of Dental Medicine, Charleston, SC, for equipment acquisition and program support	200,000
Johnson and Wales University, Providence, RI for special education teacher training	200,000

	Amount
Keystone College, LaPlume, PA, for classroom and laboratory equipment	100,000
King's College, Wilkes-Barre, PA, for support of the Center for Community Engagement and Learning	100,000
La Salle University, Philadelphia, PA, for the University Science and Technology Center to support math and science instruction for teachers, including tuition support	100,000
Lehigh Carbon Community College, Schnecksville, PA, to support an Academy of Arts, Sciences and Advanced Technologies	100,000
Lesley University, Cambridge, MA in partnership with Lesley University Education Center, Las Vegas, NV, to develop an online special education teacher certification program	100,000
Lesley University, Cambridge, MA, for educational and research equipment to support new science instruction laboratories	250,000
Lewis-Clark State College, Lewiston, ID, to continue and expand the American Indian Students in the Leadership of Education Program	450,000
Lincoln University, Lincoln University, PA, for campus-wide technology upgrades and wiring	100,000
Lock Haven University of Pennsylvania, Lock Haven, PA for program support and equipment related to a distance education initiative	100,000
Lock Haven University, Lock Haven, PA for professional development partnerships and related services	400,000
Luzerne County Community College, Nanticoke, PA, for support of the Regional Public Safety Training Institute	100,000
Maryland Association of Community Colleges, Annapolis, MD, to expand and improve nursing programs at Maryland's sixteen community colleges	1,250,000
Messiah College, Grantham, PA, for wireless technology and technology infrastructure improvements	100,000
MidAmerica Nazarine University, Olathe, KS for the Distance Education Initiative in Western Kansas	200,000
Mid-State Technical College, Wisconsin Rapids, WI, for training and certification programs in renewable energy technologies	115,000
Miles Community College, Miles City, MT, for curriculum development and equipment for the Pathways to Careers in Health project	500,000
Millersville University of Pennsylvania, Millersville, PA, for teacher preparation programs in math and science	100,000
Mississippi Immigrants Community Development Corporation, Jackson, MS, an English language pilot program	500,000
Mississippi State University, Mississippi State, MS for the National Center on Rural Early Childhood Learning Initiatives	1,200,000
Mississippi State University, Starkville, MS for acquisition of digital technology and studio production systems	2,000,000
Mississippi State University, Starkville, MS, for support of a teacher preparation and enhancement initiative	300,000
Mississippi Valley State University, Itta Bena, MS, for foreign language and international studies curriculum development and program support	500,000
Missouri State University, Springfield, MO, for program development and equipment and technology for the Distance Learning Project on the West Plains Campus	1,000,000
Montana State University—Billings for program development in the College of Technology	500,000
Montana State University—Billings, Billings, MT, to develop health care-related degree and professional development education programs	500,000
Montgomery County Community College, Blue Bell, PA, for curriculum development and equipment acquisition	200,000
Moravian College, Bethlehem, PA, for equipment, technology, and curriculum development for a science initiative	100,000
National Association for Equal Opportunity in Higher Education, Silver Spring, MD, for the Undergraduate Credit Discipline Education and Mentoring Program at Wilberforce University and Central State University in Ohio	400,000
National Student Partnerships, Washington, DC, for student volunteer training activities to improve and evaluate methods of expansion for national training programs	100,000
Nevada State College, Henderson, NV, to create a partnership with the Community College of Southern Nevada and Clark County School District to increase the number of math and science teachers in Clark County	375,000
New Hampshire Community Technical College System, Concord, NH, for technology and telecommunications systems linking the community college campuses	500,000
New Mexico State University, New Mexico, to establish a new bridge program in manufacturing technology	200,000
North Dakota State College of Science, Wahpeton, ND, to train students in nanoscience and other advanced technologies	400,000
Northeast Community College, Nebraska, for the development of a new college center	700,000
Northern Kentucky University in Highland Heights, KY, for technology, equipment, curriculum development and program development for the Infrastructure Management Institute	1,500,000
Pacific University, Hillsboro, OR, for equipment for the health professions campus	400,000
Penn State Worthington Scranton, Dunmore, PA, for support of the Corporate Community Center	150,000

	Amount
Philadelphia University, PA, for technology upgrades and to develop an instructional delivery system which will focus on the integration of technology into coursework	100,000
Pierce College, Lakewood WA, for the Center of Excellence for Homeland Security	150,000
Pittsburgh Tissue Engineering Initiative, Pittsburgh, PA, for program development	100,000
Plymouth State University, Plymouth, New Hampshire, for a collaborative research institute for sustainable rural economics	500,000
Portland State University, Portland, OR, for the Science Research and Teaching Center	300,000
Regis University, Henderson, NV, to design and adapt an online teacher education course	250,000
Rhodes College, Memphis, TN to support the Rhodes College Learning Corridor and expand educational programs	250,000
Rice University, Houston, TX, for equipment for the Earth Sciences Laboratory at Weiss School of Natural Sciences	750,000
Robert Morris University, Moon Township, PA, for equipment and support of nursing and allied health programs	100,000
Rochester Area Colleges, Rochester, NY, for a Center for Excellence in Math and Science	800,000
Salish Kootenai College, Pablo, MT, for faculty, student recruitment and retention, and support of the nursing program	500,000
San Juan College, New Mexico, to expand training and academic programs in the School of Energy	1,000,000
Security On Campus, Inc., King of Prussia, PA, to develop and conduct regional training sessions on compliance with the Clery Act and the technical assistance handbook	100,000
Shippensburg University, Shippensburg, PA, for technology and infrastructure upgrades	100,000
Southwestern Indian Polytechnic Institute, NM, to expand training programs including equipment purchase	400,000
Southwestern University, Georgetown, TX, for curriculum development and equipment for the Center for Hispanic Studies	250,000
Stonehill College, Easton, MA, to procure equipment and develop programs for the Center for Non-Profit Management	200,000
Sweetwater Education Foundation, Chula Vista, CA, for administration of the Compact for Success program	100,000
Syracuse University, NY, to create the Global Justice Center	250,000
Temple University, Philadelphia, PA, for support of the Fox School of Business and Management Center for Competitive Government	100,000
Texas A&M University System Health Science Center, College Station, TX, for curriculum development and program support	100,000
Texas Southern University, Houston, TX, for equipment for the Center for Human and Material Science Performance	200,000
Texas Women's University, Denton, TX, for equipment and technology acquisition for the Institute of Health Sciences Dallas Center	250,000
Thaddeus Stevens College of Technology, Lancaster, PA, for support of technical education programs	250,000
Thiel College, Greenville, PA, for campus-wide technology infrastructure upgrades	100,000
Touro University School of Nursing, Henderson, NV, to recruit, train and place rural students in post-graduate nursing education	500,000
Tuscarora Intermediate Unit 11, McVeytown, PA, for a distance education initiative	100,000
University of Alaska, Anchorage for the Alaska Native Students in Engineering program	1,000,000
University of Alaska/Southeast for the Alaska Distance Education Technology Consortium	2,500,000
University of Arkansas for Medical Sciences, Little Rock, AR, for curriculum and infrastructure development enabling UAMS to participate and administer development of a multi-state master's degree program in genetic counseling and continuing education cou	380,000
University of Central Arkansas, Conway, AR, to provide faculty with appropriate instructional technology, software, and curriculum development support	500,000
University of Dubuque in Dubuque, Iowa for the establishment of a nursing education program	500,000
University of Hawaii at Hilo for an Applied Rural Science program and a Clinical Pharmacy Training Program	750,000
University of Hawaii School of Law, for a health policy center and cultural education programs	150,000
University of Idaho, Moscow, ID, for support of the Gateway to Math Program, a statewide, Internet-based outreach program for pre-college math students	500,000
University of Maryland, College Park, to develop a Maryland Center for Public Service	3,000,000
University of Mississippi Research Foundation, Oxford, MS	500,000
University of Mississippi, Oxford, MS, for program and curriculum development in public policy leadership	3,000,000
University of Nevada-Reno, Reno, NV, for the Center for Student Cultural Diversity	100,000
University of Pittsburgh, Pittsburgh, PA to support the Dick Thornburgh Legacy Project	200,000
University of Rhode Island, Kingston, RI, for an infants and toddlers care professional development program	200,000
University of San Francisco, San Francisco, CA, for science center equipment	200,000

	Amount
University of Scranton, Scranton, PA, to promote health education through the Center for Global Health, Education, and Rehabilitation	100,000
University of Southern Mississippi, Hattiesburg, MS, for the Integrated Learning Initiative	300,000
University of the Sciences in Philadelphia, Philadelphia, PA, for a Science Education Partnership	100,000
University of Tulsa, Tulsa, OK, for an information technology initiative	160,000
University of Vermont of Burlington, VT, to establish advanced practice graduate nursing program in psychiatric-mental health nursing	300,000
University of Washington Bothell, Bothell, WA, for the Nursing Faculty Consortium	300,000
University of Wisconsin-Eau Claire, Eau Claire, WI, for equipment for nanotechnology education programs	200,000
Urban College of Boston, Boston, MA, to support higher education programs serving low-income and minority students	750,000
Utah Valley State College, Orem, UT, for equipment and software for the Digital Learning Center	100,000
Villa Julie College, Stevenson, MD, to expand the Nursing Distance Learning Program	500,000
Virginia Military Institute, Lexington, VA, for curriculum development and program support	100,000
Washington & Jefferson College, Washington, PA, for a foreign language distance instruction initiative	100,000
Washington & Jefferson College, Washington, PA, for support of foreign language instruction	100,000
Washington Center for Internships and Academic Seminars, Washington, DC, for support of an internship program for minority college students and recent graduates	100,000
Washington State University, to expand and enhance science education for women	500,000
Weber State University, Ogden, UT, to improve access for and graduation rates of nursing students	750,000
West Chester University, West Chester, PA, for technology infrastructure upgrades	100,000
Western Iowa Tech Community College, Sioux City, IA, for equipment	100,000
Western Kentucky University, Bowling Green, KY, for technology and equipment for the Kentucky Academy of Mathematics and Science	1,500,000
Westminster College, Salt Lake City, UT, for development of distance learning technology and curriculum	100,000
Westmoreland County Community College, Waynesburg, PA, for classroom equipment and technology associated with programs at EverGreene Technology Park	100,000
Wheaton College, Norton, MA, to procure educational equipment and information technology to support science center expansion	200,000
Wheelock College, Boston, MA, for educational equipment and curriculum development for the K–9 science teachers program	250,000
William Paterson University, for the Center for the Study of Critical Languages	200,000
Wilson College, Chambersburg, PA, for support of the Institute for Women and Girls in Science, Mathematics and Technology	100,000
Wisconsin Association of Independent Colleges and Universities, Madison, WI, to coordinate administrative support	200,000

Minority Science and Engineering Improvement

The Committee recommends $8,730,000 for the Minority Science and Engineering Improvement program [MSEIP]. The comparable fiscal year 2006 funding level and the budget request both are $8,730,000 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.

Tribally Controlled Postsecondary Vocational Institutions

The Committee recommends $7,366,000 for tribally controlled postsecondary vocational institutions. The comparable fiscal year 2006 funding level and the budget request both are $7,366,000 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.

The Committee bill includes language carried over from last year's bill and proposed in the budget request that allows grantees to charge the regular indirect cost rate to their grants.

Federal TRIO Programs

The Committee recommends $828,178,000 for Federal TRIO Programs. The comparable fiscal year 2006 funding level is $828,178,000 and the budget request includes $380,100,000 for this program. The budget request redirects the savings from the reduction proposed for TRIO programs to provide support for a proposed High School Reform initiative.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; Student Support Services provides remedial instruction, counseling, summer programs and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

The Committee is concerned about the potential impact of the Invitational Priority for the Upward Bound program published in the Federal Register on July 3, 2006 and its potential impact on services to eligible students. The Committee encourages the Department to consider fully comments on this proposed priority. The Committee requests a briefing by the Department on this issue, prior to the announcement of the competition for the Upward Bound program.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEARUP]

The Committee recommends $303,423,000 for GEARUP. The comparable fiscal year 2006 funding level is $303,423,000 and the budget request does not include any funds for this purpose. The budget proposes to redirect these funds to provide support for a proposed High School Reform initiative.

Under this program funds are used by States and partnerships of colleges, middle and high schools, and community organizations to assist middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

Byrd Honors Scholarships

The Committee recommends $41,000,000 for the Byrd honors scholarship program. The comparable fiscal year 2006 funding level is $40,590,000 and the budget request does not include any funds for this program.

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 2007, and continue support for the 2004, 2005, and 2006 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of $1,500 to 27,333 students.

Javits Fellowships

The Committee recommends $9,699,000 for the Javits Fellowships program. The comparable fiscal year 2006 funding level and the budget request both are $9,699,000 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. The Committee bill includes language proposed in the budget that stipulates that funds provided in the fiscal year 2007 appropriation support fellowships for the 2008–2009 academic year.

Graduate Assistance in Areas of National Need [GAANN]

The Committee recommends $30,067,000 for graduate assistance in areas of national need. The comparable fiscal year 2006 funding level and the budget request both are $30,067,000 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 2005, the Secretary designated the following areas of national need: biology, chemistry, computer and information sciences, engineering, geological and related sciences, mathematics, physics, and nursing. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

The Committee is especially pleased that the Secretary included nursing as an area of national need in its fiscal year 2006 program announcement. Given the magnitude of the nursing shortage, the Committee was pleased to see the Secretary take this step in establishing a priority for a nursing program that focuses on the preparation of nurse scholars at the PhD level for educational leadership roles.

The Committee believes that the GAANN program can make a difference in helping our Nation prepare for the projected need for 1.2 million new and replacement nurses by 2014 as identified by the U.S. Bureau of Labor Statistics. The Committee encourages the

Secretary to include nursing as an area of national need in future years until our Nation develops an adequate supply of nurses and ends this projected shortage.

Teacher Quality Enhancement Grants

The Committee recommends $57,000,000 for the teacher quality enhancement grants program. The comparable fiscal year 2006 funding level is $59,895,000 and the budget request proposes to eliminate funding for this program.

The program was established to support initiatives that best meet specific teacher preparation and recruitment needs. Further, the Higher Education 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 Committee bill includes 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 continues this language from last year's bill in order to prevent funds available under this program from going unused.

Under the State grant program, funds may be used for a variety of State-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

Teacher training partnership grants, which are awarded to local partnerships comprised of at least one school of arts and science, one school or program of education, a local education agency, and a K–12 school, may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum. Partnerships may work with other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level.

The recruitment grant program supports efforts to reduce shortages of qualified teachers in high-need school districts as well as provide assistance for high-quality teacher preparation and induction programs to meet the specific educational needs of the local area.

Child Care Access Means Parents in Schools

The Committee recommends an appropriation of $15,810,000 for the Child Care Access Means Parents in School [CCAMPIS] program. The comparable fiscal year 2006 funding level and the budget request both are $15,810,000 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.

Advancing America through Foreign Language Partnerships

The Committee recommendation does not include funding for this new program. The budget request proposes $24,000,000 for a new program of grants to increase the number of Americans with professional levels of competency in languages critical to national security. Under this new program grants would be awarded to institutions of higher education for partnerships with school districts to create programs of study in kindergarten through 16th grade in critical needs languages. The budget proposes bill language to create this new program.

Demonstration Projects to Ensure Quality Higher Education for Students With Disabilities

The Committee recommends $6,875,000 for this program, the same amount as the comparable fiscal year 2006 funding level. The budget proposes no funding for this program. This program's purpose is to ensure that students with disabilities receive a high-quality postsecondary education. Grants are made to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education.

The Committee urges the Department to utilize resources available under the GPRA/data collection program to support a rigorous evaluation of outcomes achieved by grantees funded under this program and to identify the impact that these funds are having on improving opportunities for students with disabilities at institutions of higher education throughout the United States.

Underground Railroad Program

The Committee recommendation includes $1,980,000 for the Underground Railroad program, the same amount as the comparable fiscal year 2006 funding level. The budget request does not include any funds 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 $970,000 for data collection associated with the Government Performance and Results Act data collection and to evaluate programs authorized by the Higher Edu-

cation Act. The comparable fiscal year 2006 funding level and the budget request both are $970,000 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.

B.J. Stupak Olympic Scholarships

The Committee recommendation does not include funding for this program. The comparable fiscal year 2006 funding level is $970,000 and the budget request did not include funds for this activity. Funds appropriated in fiscal year 2006 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.

Thurgood Marshall Legal Educational Opportunity Program

The Committee recommendation does not include any funds for the Thurgood Marshall Legal Educational Opportunity Program. The comparable funding level for fiscal year 2006 is $2,946,000 and the budget request does not include any funds for this purpose.

Under this program, funds help low-income, minority or disadvantaged college students with the information, preparation and financial assistance to enter and complete law school study. The Higher Education Act stipulates that the Secretary make an award to or contract with the Council on Legal Education Opportunity to carry out authorized activities.

HOWARD UNIVERSITY

Appropriations, 2006	$237,391,000
Budget estimate, 2007	237,392,000
House allowance	237,392,000
Committee recommendation	237,392,000

The Committee recommends an appropriation of $237,392,000 for Howard University. The comparable fiscal year 2006 funding level is $237,391,000 and the budget request includes $237,392,000 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 more than 50 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee recommends, within the funds provided, not less than $3,600,000 shall be for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends $29,461,000 for the Howard University Hospital. The comparable fiscal year 2006 funding level and the budget request both are $29,461,000 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, 2006	$567,000
Budget estimate, 2007	486,000
House allowance	486,000
Committee recommendation	486,000

Federal Administration.—The Committee bill includes $486,000 for Federal administration of the CHAFL program. The comparable fiscal year 2006 funding level is $567,000 and the budget request includes $486,000 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 2007. 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, 2006	$208,000
Budget estimate, 2007	190,000
House allowance	190,000
Committee recommendation	190,000

Federal Administration.—The Committee recommends $190,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program. The comparable fiscal year 2006 funding level is $208,000 and the budget request includes $190,000 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, 2006	$517,468,000
Budget estimate, 2007	554,468,000
House allowance	534,916,000
Committee recommendation	535,916,000

The bill includes $535,916,000 for the Institute of Education Sciences. The comparable fiscal year 2006 funding level is $517,468,000 and the budget request includes $554,468,000 for comparable activities. This account supports education research, data collection and analysis activities, and the assessment of student progress.

Research, Development and Dissemination

The Committee recommends $162,552,000 for education research, development and national dissemination activities. The comparable fiscal year 2006 amount and the budget request both are

$162,552,000 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 strongly supports the Department's efforts to carry out congressionally authorized evaluations of Federal education programs using rigorous methodologies, particularly random assignment, that are capable of producing scientifically valid knowledge regarding which program activities are effective. To ensure that authorized evaluations are conducted in a rigorous manner that is independent of the program office and includes scientific peer review, the Committee believes that the Institute of Education Sciences should be the lead agency for the design and implementation of these evaluations. The Committee believes further that it is essential for program offices to work collaboratively with the Institute to include a priority or requirement in program solicitations for grantee participation in such evaluations, including random assignment, to the extent the Institute deems appropriate and where not specifically prohibited by law. The Committee notes that program offices and the Institute have already collaborated in this manner to advance rigorous evaluations in programs such as Student Drug Testing, Smaller Learning Communities, Student Mentoring, and Striving Readers.

The Committee is pleased with the framework identified by the Institute in June 2, 2006 correspondence from the Director that outlines concrete steps the Institute is taking to implement the national research and development centers program in fiscal year 2006, consistent with the intent of the Committee. This correspondence stated that the Institute would spend $18,000,000 in fiscal year 2006 funds for base grants for nine research and development centers, with the balance of funds available for supplemental funding of centers that have been in operation for at least 1 year. The correspondence further stated that supplemental funding requests would be considered for research and related activities relevant to and aligned with the original objectives of center awards, even if such proposals overlapped 2007 competitions announced by the Institute. The Committee intends that fiscal year 2007 funds available to the Institute will be utilized in the same manner and amounts.

The Committee is pleased that the Institute conducted a round of field-initiated research this year. The Committee recognizes the critical role the Institute plays in achieving the important goals set by the No Child Left Behind Act and encourages the Institute to continue its progress in translating scientifically based research findings into classroom practice. The Committee supports the implementation of programs that bring advances in cognitive, developmental, educational science and neuroscience into the classroom by informing curriculum development in schools and in graduate schools of education.

The Committee encourages the Institute to establish a research priority in the area of identifying and serving gifted students from culturally diverse, disabled, economically disadvantaged and other populations traditionally underselected for gifted and talented edu-

cation programs. The Committee is aware that a research and development center will be awarded in this area during fiscal year 2006, but believes that there is great potential for additional research opportunities at institutions with a long history of producing and disseminating high-quality work in this area.

Statistics

The Committee recommends $91,022,000 for data gathering and statistical analysis activities of the National Center for Education Statistics [NCES]. The comparable fiscal year 2006 funding level is $90,022,000 and the budget request includes $93,022,000 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.

The Committee has included funds above the fiscal year 2006 level under the arts in education evaluation activity and within this program for the National Center for Education Statistics to utilize its Fast Response Survey System to collect data for the report of Arts Education in Public Elementary and Secondary Schools during the 2007–2008 school year. The Committee expects this survey to be co-requested by the Office of Innovation and Improvement and the National Endowment for the Arts, and administered by the Institute for Education Sciences. The Committee believes the survey must have the comprehensive quality of the 2002 report and should include national samples of elementary and secondary school principals, as well as surveys of elementary and secondary classroom teachers and arts specialists.

Regional Educational Laboratories

The Committee recommends $65,470,000 to continue support for the regional educational laboratories. The comparable fiscal year 2006 funding level and the budget request both are $65,470,000 for this purpose. Program funds support a network of 10 laboratories that are responsible for promoting the use of broad-based systemic strategies to improve student achievement.

The Committee is pleased that the research, development, dissemination, and technical assistance activities carried out by the regional educational laboratories will be consistent with the standards for scientifically based research prescribed in the Education Sciences Reform Act of 2002. The Committee believes that the laboratories, working collaboratively with the comprehensive centers and Department-supported technical assistance providers, have an important role to play in helping parents, States, and school districts improve student achievement as called for in No Child Left Behind. In particular, the Committee intends for the laboratories and their technical assistance provider partners to provide products and services that will help States and school districts utilize the school improvement funds available in the Education for the Disadvantaged account to support school improvement activities that

are supported by scientifically based research. The Committee requests that the 2008 congressional justification include specific information about the actions taken to support the Committee's intention in providing resources for this program, other technical assistance providers and school improvement activities.

Research and Innovation in Special Education

The Committee recommends $71,840,000 for research and innovation in special education. The comparable funding level for fiscal year 2006 and the budget request both are $71,840,000 for this purpose. The reauthorization of the Individuals with Disabilities Education Act created a new National Center for Special Education Research. This new center will address gaps in scientific knowledge in order to improve special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the center will be available for obligation for 2 fiscal years.

The Committee commends the Institute for its efforts to transform education into an evidence-based field in which decision-makers routinely seek out the best available research and data before adopting programs or practices that will affect significant numbers of students. The Committee encourages the Institute to coordinate with the Head Start Bureau, the Office of Special Education Programs, the National Institutes of Health and other Federal agencies conducting research in the field of early learning, early identification, early intervention and scientific, research-based reading instruction to ensure collaboration wherever possible on the research initiatives that directly affect students with specific learning disabilities and those most at risk for specific learning disabilities.

Special Education Studies and Evaluations

The Committee recommends $9,900,000 for special education studies and evaluations. Funding for this activity was made available previously as a set-aside from the Special Education State Grants program until this new authority was created by the Individuals with Disabilities Education Improvement Act of 2004. The comparable funding level for fiscal year 2006 and the budget request both are $9,900,000 for this purpose.

This program will support competitive grants, contracts, and cooperative agreements to assess the implementation of the Individuals with Disabilities Education Act. Funds also will be used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

Statewide Data Systems

The Committee recommendation includes $38,000,000 for Statewide Data Systems. The comparable funding level for fiscal year 2006 is $24,552,000 and the budget request includes $54,552,000.

This program supports competitive grants to State educational agencies to enable such agencies to design, develop, and implement statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual student data. Funds are available

for obligation for 2 fiscal years. The Committee believes these funds are necessary to help States measure individual student performance, particularly as it relates to adequate yearly progress goals, more efficiently and accurately.

The Committee commends the Institute for its work in establishing an expert team to design the program and plan the 2005 grant competition. These actions are the first steps toward fulfilling the goals established in the Educational Technical Assistance Act and the statement of the managers accompanying the fiscal year 2005 Department of Education appropriations act. The Committee supports the progress of the Institute of Education Sciences in implementing the Statewide Longitudinal Data Systems program through the 14 grant awards made to States to date. The goals of these grants are to enhance the ability of States to use education data from individual student records to make data-driven decisions to improve student learning, to facilitate research to increase student achievement and close achievement gaps, and to comply with requirements under the Elementary and Secondary Education Act of 1965 and other reporting requirements. The Committee intends for the Institute to continue to administer this program in a manner that addresses all of these goals.

Assessment

The Committee recommends $97,132,000 for assessment. The comparable fiscal year 2006 funding level is $93,132,000 and the budget request includes $97,132,000 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 began paying for State participation in biennial reading and mathematics assessments in grades 4 and 8.

The budget request includes an increase of $4,000,000 to support essential activities for implementing in 2009 State-level assessments in the 12th grade. The Committee recommendation includes these requested funds.

The Committee expects the Department to administer the National Assessment of Educational Progress in the Arts in 2008, as is indicated in the 2007 congressional justification, which states that the fiscal year 2007 appropriation will be used in part to prepare for this assessment.

Within the funds appropriated, the Committee recommends $5,037,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP. The comparable fiscal year 2006 amount and the budget request both are $5,037,000 for NAGB.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2006	$411,150,000
Budget estimate, 2007	425,966,000
House allowance	423,916,000
Committee recommendation	423,916,000

The Committee recommends $423,916,000, for program administration. The comparable fiscal year 2006 funding level is $411,150,000 and the budget request includes $425,966,000 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 180 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

The budget request includes $4,550,000 for building renovations and related expenses associated with the upgrade of the Mary E. Switzer building. The Committee recommendation includes $2,500,000 for this purpose and makes the funds available until expended, as proposed in the budget request.

The Committee is aware that several leading professional societies and lay organizations have recognized the importance of managing life-threatening food allergies in the school setting. It is estimated that 94 percent of the Nation's schools have students with food allergy, and the incidence is increasing. The Committee encourages the Department to work with the Department of Health and Human Services and knowledgeable private sector organizations on the development of guidelines for the management of children with food allergy as well as a plan to disseminate these guidelines to State and local educational agencies.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2006	$90,611,000
Budget estimate, 2007	92,866,000
House allowance	92,866,000
Committee recommendation	92,866,000

The Committee bill includes $92,866,000 for the Office for Civil Rights [OCR]. The comparable fiscal year 2006 amount was $90,611,000 and the budget request is $92,866,000 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.

In last year's Senate report (109–103), the Committee expressed concern over the Department's "Additional Clarification of Intercollegiate Athletics Policy: Three-Part Test—Part Three" issued in March 2005 and asked the Department to prepare a report ad-

dressing the other sources of information besides surveys institutions consider to assess student interest under the third prong of the three-part test. The Committee is aware that the Secretary has reassured the Congress through several exchanges of correspondence, and in its report, that the Additional Clarification does not establish any new legal standards, but rather is intended to provide institutions with additional guidance on compliance with the third part of the three-part test. Accordingly, the Committee understands that the 2005 Additional Clarification does not change the legal standards for compliance with prong three set forth in the 1996 Policy Clarification, and that a presumption of compliance with prong three may not be achieved solely through reliance on a survey. Rather, the Committee understands that the Additional Clarification is intended to provide recipients with a model survey that they may use as one tool in the process of evaluating their compliance with prong three and any such survey may only be used in conjunction with the other methods for assessing interest that the 1996 Clarification requires recipients to evaluate (such as interviews with students and coaches and participation rates in area high school, club, intramural and community sports). The Committee also understands that any nonresponse to the Model Survey will be considered a nonresponse, rather than an expression of lack of interest, unless the institution takes appropriate and effective measures to follow up with each nonrespondent to obtain a valid response to each survey question. To eliminate confusion regarding the use of interest surveys to demonstrate compliance with prong three, the Committee urges the Department to provide public notice of the understanding of the Additional Clarification expressed in the preceding sentences to all entities covered under title IX, including by posting such notice on the Department's website. The Committee requests that the Department take this action no later than 60 days after enactment of this act.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2006	$48,510,000
Budget estimate, 2007	53,145,000
House allowance	51,000,000
Committee recommendation	51,000,000

The Committee recommends $51,000,0000 for the Office of the Inspector General. The comparable fiscal year 2006 amount is $48,510,000 and the budget request includes $53,145,000 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 transpor-

tation 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 involuntary 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 related to eligibility and the computation of payments for the Impact Aid program (sec. 305).

TITLE IV

RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Appropriations, 2006	$4,622,000
Budget estimate, 2007	4,995,000
House allowance	4,995,000
Committee recommendation	4,995,000

The Committee recommends $4,995,000 for fiscal year 2007 for Committee for Purchase From People Who Are Blind or Severely Disabled. The comparable funding level for fiscal year 2006 is $4,622,000 and the budget request includes $4,995,000 for this program.

The Committee for Purchase From People Who Are Blind or Severely Disabled was established by the Javits-Wagner-O'Day Act of 1938 as amended. Its primary objective is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

Appropriations, 2006 [1]	$899,960,000
Budget estimate, 2007	851,462,000
House allocation	822,940,000
Committee recommendation	876,537,000

[1] Excludes $10,000,000 in emergency supplemental appropriations pursuant to Public Law 109–234.

The Committee recommends $876,537,000 for the Corporation for National and Community Service, a decrease of $33,423,000 below the comparable level for fiscal year 2006 and $25,075,000 above the budget request.

The Corporation for National and Community Service, a Corporation owned by the Federal Government, was established by the National and Community Service Trust Act of 1993 (Public Law 103–82) to enhance opportunities for national and community service and provide national service education awards. The Corporation makes grants to States, institutions of higher education, public and private nonprofit organizations, and others to create service opportunities for students, out-of-school youth, and adults.

DOMESTIC VOLUNTEER SERVICE PROGRAMS

The Committee recommends $313,058,000 for fiscal year 2007 for the domestic volunteer service programs of the Corporation for National and Community Service. This amount is the same as the administration request. The comparable funding level for fiscal year

2006 is $313,050,000. Programs authorized under the Domestic Volunteer Service Act include: the Volunteers in Service to America Program [VISTA]; the Foster Grandparent Program; the Senior Companion Program; and the Retired and Senior Volunteer Program.

VISTA

The Committee recommends $95,466,000 for the Volunteers in Service to America [VISTA] Program. This amount is $2,000 above the comparable funding level for fiscal year 2006 and is the same as the budget request.

VISTA, created in 1964 under the Economic Opportunity Act, provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee recommends $217,592,000 for the National Senior Volunteer Corps programs, which is $6,000 above the comparable funding level for fiscal year 2006 and the same as the budget request.

The maximum total dollars which may be used in fiscal year 2007 for Grants.gov/eGrants support, Training and Technical Assistance, and Recruitment and Retention activities shall not exceed the amount enacted for these activities in fiscal year 2006.

Further, funds appropriated for fiscal year 2007 may not be used to implement or support service collaboration agreements or any other changes in the administration and/or governance of national service programs prior to passage of a bill by the authorizing committee of jurisdiction specifying such changes.

The CNCS shall comply with the directive that use of funds appropriated for FGP, RSVP, SCP, and VISTA shall not be used to fund demonstration activities. The Committee has not included funding for senior demonstration activities.

Foster Grandparent Program

The Committee recommends $110,943,000 for fiscal year 2007 for the Foster Grandparent Program, which is $6,000 above the comparable funding level for fiscal year 2006 and the same as the budget request. This program provides volunteer opportunities to low-income seniors age 60 and over who serve at-risk youth. This program not only involves seniors in their communities, but also provides a host of services to children.

Senior Companion Program

The Committee recommends $46,964,000 for fiscal year 2007 for the Senior Companion Program. This amount is the same as both the comparable funding level for fiscal year 2006 and the budget request.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services

to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

Retired and Senior Volunteer Program

The Committee recommends $59,685,000 for the Retired and Senior Volunteer Program. This amount is the same as both the comparable funding level for fiscal year 2006 and the budget request.

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.

NATIONAL AND COMMUNITY SERVICE PROGRAMS

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends $488,214,000 for the programs authorized under the National Community Service Act of 1990, a decrease of $26,673,000 below the comparable fiscal year 2006 level and $25,075,000 above the budget request.

The National and Community Service Programs of the Corporation for National and Community Service include: the AmeriCorps program (including AmeriCorps State and National and the National Civilian Community Corps); Learn and Serve America, Innovation, Demonstration, Assistance and Evaluation activities; State Commission Administration grants; and the National Service Trust.

The Committee recommendation includes $271,475,000 for AmeriCorps State and National operating grants (including $12,516,000 for State administrative expenses); $124,720,000 for the National Service Trust; $12,324,000 for subtitle H fund activities; $26,730,000 for AmeriCorps NCCC; $34,155,000 for Learn and Serve; $3,960,000 for audits and evaluations; $9,900,000 for the Points of Light Foundation; and $4,950,000 for America's Promise.

AmeriCorps Grants Program (not including NCCC]

Within the amount provided for AmeriCorps grants, the Committee is providing $55,695,000 for national direct grantees.

The Committee requests that the Corporation continue providing monthly reports to the Committee on Appropriations and the Corporation's Inspector General on the actual and projected year-end level of AmeriCorps membership enrollment, usage, and earnings, and the financial status of the Trust fund (revenue, expenses, outstanding liabilities, reserve, etc.).

The Committee recognizes that the Corporation has improved its management of AmeriCorps grant funds. Over the past 5 years, the Corporation has reduced the cost per AmeriCorps member service year, reduced average carryover balances even as funding has grown, and taken action to increase the rate at which grantees expend awarded funds.

However, the Committee still has concerns about the Corporation's carryover balances. In fiscal year 2006 the Corporation "recoded" unexpended balances in order to award disaster aug-

mentation grants. While this has helped to reduce carryover funds, the Committee does not believe that this approach is a fiscally responsible long-term solution to the carryover problem. Instead, the Committee encourages the Corporation to take further steps to maximize AmeriCorps grant fund utilization while maintaining sound fiscal management practices. These steps should include giving grantees more flexibility to refill vacated member positions and to move positions among subgrantees or program sites to ensure that they are filled. The Committee notes that States, tribes, and territories frequently do not request all of the funds alloted to them. The Committee encourages the Corporation to identify and recapture unexpended funds while they are still available for redistribution to States that can use more than their base allocation.

The Committee recognizes that, even with these improvements, a small lapse is to be expected in AmeriCorps grants due to member turnover. Therefore, the Committee has included bill language allowing the Corporation to transfer any funds deobligated from closed out AmeriCorps grants to the National Service Trust, offsetting the need for new budget authority in that account in the future.

Innovation, Assistance and Other Activities

Within the amount recommended for innovation, demonstration, and assistance activities, the Committee recommends $1,300,000 for next generation grants; $500,000 for Martin Luther King Jr. Day grants; $725,000 for Service Learning Clearinghouse and Exchange; $2,250,000 for training and technical assistance; $3,999,000 for disability programs; $400,000 for Presidential Freedom Scholarships; $125,000 for Faith-Based and Community Initiatives; $302,000 for the Presidential Council on Service and Presidential Volunteer Service Award; $5,000 for the National Volunteer Hotline; and $1,980,000 for Communities in Schools, Inc. The Committee has not provided any funding in this account for Teach for America; these funds were requested by the administration within the Department of Education.

AmeriCorps National Civilian Community Corps

Within the amount provided for the NCCC, the Committee has included $5,000,000 to prepare two NCCC sites for relocation in fiscal year 2007. The possible location of these sites will be identified in the report requested by the Committee in last year's conference report. The Committee expects the results of this report to be released by September 1, 2006.

SALARIES AND EXPENSES

The Committee recommends an appropriation of $70,315,000 for the Corporation's salaries and expenses. This amount is $4,233,000 above the comparable level to fiscal year 2006 and is the same as the budget request. The Committee reiterates the directive under the program account that the Corporation must fund all staffing needs from the salaries and expenses account.

The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, advisory and assistance services, communications and utilities expenses, supplies, equip-

ment, and other operating expenses necessary for management of the Corporation's activities under the National and Community Service Act of 1990 and the Domestic Volunteer Service Act of 1973.

OFFICE OF INSPECTOR GENERAL

The Committee recommends an appropriation of $4,950,000 for the Office of Inspector General [OIG]. This amount is $990,000 below the comparable level for fiscal year 2006 and is the same as the budget request.

The goals of the Office of Inspector General are to increase organizational efficiency and effectiveness and to prevent fraud, waste, and abuse. The Office of Inspector General within the Corporation for National and Community Service was transferred to the Corporation from the former ACTION agency when ACTION was abolished and merged into the Corporation in April 1994.

The Committee continues to direct the OIG to review the Corporation's management of the National Service Trust fund. The Committee directs the OIG to continue reviewing the monthly Trust reports and to notify the Committees on Appropriations on the accuracy of the reports.

ADMINISTRATIVE PROVISIONS

The Committee has included four administrative provisions carried in prior year appropriations acts as follows: language regarding: qualified student loans eligible for education awards; the availability of funds for the placement of volunteers with disabilities; the Inspector General to levy sanctions in accordance with standard Inspector General audit resolutions procedures; and language regarding the Corporation to make significant changes to program requirements or policy through public rulemaking and public notice and grant selection process.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2007	$400,000,000
Appropriations, 2008	400,000,000
Budget estimate, 2009	.....
House allowance	.....
Committee recommendation	$400,000,000

The Committee recommends $400,000,000 be made available for the Corporation for Public Broadcasting [CPB], as an advance appropriation for fiscal year 2009. The comparable funding level provided last year was $400,000,000 for fiscal year 2008. The budget request does not include advance funds for this program.

In addition, the Committee recommends $29,700,000 be made available in fiscal year 2007 for the conversion to digital broadcasting, the same as the comparable funding level for fiscal year 2006. The budget request included authority to permit CPB to spend up to $38,000,000 in previously appropriated fiscal year 2007 funds for digital conversion activities, the House provided the same authority.

In addition, the Committee recommends $36,000,000 be made available in fiscal year 2007 for the final stage in the replacement project of the interconnection system. In fiscal year 2006,

$34,650,000 was appropriated for this purpose. The House included authority to permit CPB to spend up to $36,000,000 in previously appropriated fiscal year 2007 funds for the Satellite Interconnection system.

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.

The Committee recognizes the importance of the partnership CPB has with the National Minority Public Broadcasting Consortia, which helps develop, acquire, and distribute public television programming to serve the needs of African American, Asian American, Latino, Native American, Pacific Islander, and many other viewers. As many communities in the Nation welcome increased numbers of citizens of diverse ethnic backgrounds, the local public television stations should strive to meet these viewers' needs. With an increased focus on programming to meet local community needs, the Committee encourages CPB to continue to support and expand this critical partnership.

The Committee is aware that public radio stations are taking advantage of experimental authority to develop their digital operations including multicasting. We encourage the corporation to work with the Federal Communications Commission to enable public radio and television stations to utilize the full range of digital broadcasting technology as soon as possible, including the use of multicasting for public radio stations.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 2006	$42,601,000
Budget estimate, 2007	42,842,000
House allowance	42,842,000
Committee recommendation	42,842,000

The Committee recommends $42,842,000 for fiscal year 2007 for the Federal Mediation and Conciliation Service [FMCS]. The comparable funding level for fiscal year 2006 is $42,601,000 and the budget request includes $42,842,000 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.

Within the funds provided, $400,000 is for the Labor-Management Cooperation grant program. The Committee continues to reject the administration's proposal to eliminate this program. The 1978 Labor-Management Cooperation Act authorized FMCS to encourage and support joint labor-management committees. This program awards grants to encourage these committees to develop innovative joint approaches to solve workplace problems. It has demonstrated success in improving workplace relationships and in in-

stilling effective and efficient conflict resolution. The Committee strongly supports an approach to bridge labor-management relations prior to conflict.

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 commends FMCS for their innovative look at youth violence conflict resolution and their development of a CD–ROM that will address this issue among preschool and elementary age children. Funding was not provided to continue this program, but the Committee encourages FMCS to work with other agencies and organizations to ensure full use of the substantial research and progress that has been made in the area of school mediation.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 2006	$7,731,000
Budget estimate, 2007	7,576,000
House allowance	7,731,000
Committee recommendation	7,731,000

The Committee recommends $7,731,000 for fiscal year 2007 for the Federal Mine Safety and Health Review Commission. The comparable funding level for fiscal year 2006 is $7,731,000 and the budget request includes $7,576,000 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.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

Appropriations, 2006	$247,143,000
Budget estimate, 2007	262,240,000
House allowance	280,415,000
Committee recommendation	260,075,000

The Committee recommends $260,075,000 for fiscal year 2007 for the Institute of Museum and Library Services. The comparable funding level for fiscal year 2006 is $247,144,000 and the budget request includes $262,240,000 for this program.

Office of Museum Services Operations Grants

The Committee recommends $17,152,000 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. In addition to the total recommended, $982,000 has been provided for the 21st Century Museum Professionals program, $442,000 for museum assessment, $970,000 for Native American Museum service grants, and $900,000 for Museum Grants for African American History and Culture.

Museum Conservation Programs

The Committee recommends $3,579,000 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 $7,920,000 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 Library Services State Grants

The Committee recommends $165,000,000 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. In addition to the total recommended, $3,759,000 has been provided for library services to Native Americans and Native Hawaiians. The Committee is aware that many traditional healers are aging and the world may soon lose the knowledge that they possess. For that reason, the Committee encourages IMLS to work for the preservation and documentation of Native Hawaiian traditional cultural healing practices. It is essential that these practices be documented in creative media formats due to the variety and complexity of the practices and the healers.

Library National Leadership Projects

The Committee recommends $22,575,000 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. In addition

to the total recommended, $25,000,000 has been provided for the Laura Bush 21st Century Librarian program.

Museum and Library Services Administration

The Committee recommends $11,797,000 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.

The Committee recommendation also includes bill language requiring that funds be provided to the following organizations in the amounts specified:

	Amount
Academy of Natural Sciences, Philadelphia PA to promote natural science research	$100,000
African American Cultural Center, Pittsburgh, PA for exhibit design and development	100,000
Alaska Native Heritage Center, Anchorage, AK in conjunction with Koahnic Broadcasting Corporation for an Elders Oral History Project	250,000
Autry National Center of the American West, Los Angeles, CA, for the Native American Learning Lab	300,000
Bangor Public Library Association, Bangor, PA for educational programming and outreach	150,000
Bishop Museum in Honolulu, HI, to enhance library services	150,000
Boston Children's Museum, Boston, MA, for the development of exhibitions	200,000
Carnegie Museum of Natural History, Pittsburgh, PA to upgrade environmental conditions of collection and exhibit development	200,000
Cedar Rapids Symphony Orchestra, Cedar Rapids, IA, to support the Residency program	400,000
Children's Museum of Richmond, Richmond, VA for exhibit design and development	100,000
City of Dallas, TX, to the expand outreach and programming efforts of the Women's Museum	250,000
City of Portsmouth Department of Museums, Portsmouth, VA for exhibit and program upgrades	100,000
County of Amador, CA, for the Library Literacy Project	150,000
Currier Museum of Art, Manchester, New Hampshire, for expansion of cultural and educational facilities	500,000
Delaware Art Museum, Wilmington, DE, for outreach to schools	250,000
Des Moines Art Center, IA, for exhibits	350,000
Figge Foundation, Davenport, Iowa, exhibits, education programs, community outreach, and/or operations	400,000
Fredericksburg Area Museum and Cultural Center, Fredericksburg, VA to support exhibit design and expansion	100,000
Free Library of Philadelphia, Philadelphia, PA, for technology upgrades and care and preservation of collection	100,000
High Desert Museum, Bend, Oregon for exhibit design and development	100,000
Holbrook Public Library, Holbrook, MA, for the development of exhibits	150,000
Iowa Radio Reading Information Service (IRRIS), to expand services	250,000
Knoxville Zoo, Knoxville, TN for technology upgrades and educational outreach	200,000
Lakeview Museum, Peoria, Illinois, for exhibits, equipment and technology for the museum outreach program	250,000
Mercer University, Macon, GA for technology upgrades and care and preservation of their collection	100,000
Municipality of Penn Hills, Penn Hills, PA for the Penn Hills Public Library for care and preservation of their collection	250,000
Museum of Afro-American History, Boston, MA, for the development of youth educational programs	250,000
Museum of Utah Art & History, Salt Lake City, UT for exhibit development and technology upgrades	500,000
New York Botanical Garden, Bronx, NY, for the Virtual Herbarium	500,000
Orem City Public Library, Orem, Utah for technology upgrades and care of their collection	600,000
Putnam Museum of History and Natural Science, Davenport, IA, for exhibits and community outreach	400,000
Rhode Island Historical Society, Providence; for cataloguing and on-line public access project	175,000
Saint Vincent College, Latrobe, PA to preserve materials at the Fred Rogers Center	100,000
Salem Public Library, Hamlin, PA, for technology upgrades and equipment	50,000
Skirball Cultural Center, Los Angeles, CA develop educational outreach programs	300,000
State of Vermont Department of Libraries, Montpelier, VT, to support a mobile library literacy program in Vermont	250,000
Texas Historical Commission, Austin, TX, for educational programming, outreach, and exhibit development	250,000
University of Alaska Fairbanks for the continuation of the Alaska Digital Archives project	250,000
University of Vermont of Burlington, VT to undertake digitization project for the preservation of Vermont cultural heritage materials	500,000

	Amount
Virginia Aquarium & Marine Science Center Foundation, Inc., Virginia Beach, VA to expand educational programs	100,000
Virginia Holocaust Museum, Richmond, VA for exhibit development, technology upgrades, educational outreach, and care of collection	100,000
Virginia Living Museum, Newport News, VA to expand educational programs	100,000
Western Folklife Center, Elko, NV, to develop exhibits and conduct outreach to education programs	200,000

MEDICARE PAYMENT ADVISORY COMMISSION

Appropriations, 2006	$10,066,000
Budget estimate, 2007	10,457,000
House allowance	10,457,000
Committee recommendation	10,457,000

The Committee recommends $10,457,000 for fiscal year 2007 for the Medicare Payment Advisory Commission [MedPAC]. The comparable funding level for fiscal year 2006 is $10,066,000 and the budget request includes $10,457,000 for this program. The Deficit Reduction Act of 2005 provided an additional $550,000 for two studies to be conducted by MedPAC in fiscal year 2006.

The Medicare Payment Advisory Commission 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, 2006	$983,000
Budget estimate, 2007	983,000
House allowance	983,000
Committee recommendation	983,000

The Committee recommends $983,000 for fiscal year 2007 for the National Commission on Libraries and Information Science. The comparable funding level for fiscal year 2006 is $983,000 and the budget request includes $983,000 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, 2006	$3,113,000
Budget estimate, 2007	2,772,000
House allowance	3,180,000
Committee recommendation	3,180,000

The Committee recommends $3,180,000 for fiscal year 2007 for the National Council on Disability. The comparable funding level for fiscal year 2006 is $3,113,000 and the budget request includes $2,772,000 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.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 2006	$249,745,000
Budget estimate, 2007	249,789,000
House allowance	249,789,000
Committee recommendation	249,789,000

The Committee recommends $249,789,000 for fiscal year 2007 for the National Labor Relations Board [NLRB]. The comparable funding level for fiscal year 2006 is $249,745,000 and the budget request includes $249,789,000 for this program.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

The Committee is aware that the mission of the NLRB is to carry out the statutory responsibilities of the National Labor Relations Act as efficiently as possible and in a manner that gives full effect to the rights afforded to employees, unions, and employers under the act. The Committee strongly supports this mission and understands that the caseload fluctuates based on economic conditions and changes in labor regulations. The Committee continues to be disappointed that the administration has repeatedly underestimated the funding necessary to process the increase in case intakes, but stands firm in its commitment to ensure that all cases are heard and given due process. The Committee strongly encourages the NLRB to work to address the backlog of cases.

NATIONAL MEDIATION BOARD

Appropriations, 2006	$11,512,000
Budget estimate, 2007	11,749,000
House allowance	11,749,000
Committee recommendation	12,500,000

The Committee recommends $12,500,000 for fiscal year 2007 for the National Mediation Board [NMB]. The comparable funding level for fiscal year 2006 is $11,512,000 and the budget request includes $11,749,000 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.

The Committee is deeply concerned that it takes the NMB arbiters 30 months on average to resolve a case. The Committee finds it equally distressing that it funding for arbitration cases routinely runs out several months before the end of the fiscal year. The Committee concludes that the administration has repeatedly underestimated the funding necessary to fulfill the arbitration portion of the NMB's mission. Therefore, within the funds provided, $750,000 is to specifically address the backlog of cases held by the NMB. The Committee directs the NMB to provide detailed information as to how these funds are used and their impact on the backlog in the fiscal year 2008 budget justification.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 2006	$10,405,000
Budget estimate, 2007	10,346,000
House allowance	10,510,000
Committee recommendation	10,346,000

The Committee recommends $10,346,000 for fiscal year 2007 for the Occupational Safety and Health Review Commission. The comparable funding level for fiscal year 2006 is $10,405,000 and the budget request includes $10,346,000 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, 2006	$96,030,000
Budget estimate, 2007	88,000,000
House allowance	88,000,000
Committee recommendation	88,000,000

The Committee recommends $88,000,000 for fiscal year 2007 for the Dual Benefits Payments Account, of these funds $6,000,000 is from income taxes on vested dual benefits. The comparable funding level for fiscal year 2006 is $96,030,000 and the budget request includes $88,000,000 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, 2006	$150,000
Budget estimate, 2007	150,000
House allowance	150,000
Committee recommendation	150,000

The Committee recommends $150,000 for fiscal year 2007 for interest earned on non-negotiated checks. The comparable funding level for fiscal year 2006 is $150,000 and the budget request includes $150,000 for this program.

LIMITATION ON ADMINISTRATION

Appropriations, 2006	$101,518,000
Budget estimate, 2007	103,518,000
House allowance	103,518,000
Committee recommendation	103,518,000

The Committee recommends $103,518,000 for fiscal year 2007 for the administration of railroad retirement/survivor benefit programs. The comparable funding level for fiscal year 2006 is $101,518,000 and the budget request includes $103,518,000 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 has included language to prohibit funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2006	$7,124,000
Budget estimate, 2007	7,606,000
House allowance	7,606,000
Committee recommendation	7,606,000

The Committee recommends $7,606,000 for fiscal year 2007 for the Office of the Inspector General. The comparable funding level for fiscal year 2006 is $7,124,000 and the budget request includes $7,606,000 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 Railroad Retirement Board's separate Medicare contract.

The Committee continues to be concerned about a proposal to consolidate the financial statements and audit of the National Railroad Retirement Investment Trust with that of the Railroad Retirement Board in the context of the preparation of the Railroad Retirement Board's Statement of Social Insurance. The conferees note that the Railroad Retirement and Survivors' Improvement Act of 2001 mandates that the Trust functions independently from the Railroad Retirement Board, and that the results of this audit be included in the Trust's Annual Management Report to Congress. The Committee expects that the Trust be administered and audited solely in conformance with the act of 2001.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2006	$20,470,000
Budget estimate, 2007	27,756,000
House allowance	27,756,000
Committee recommendation	27,756,000

The Committee recommends an appropriation of $27,756,000 for payments to Social Security trust funds. The comparable fiscal year 2006 funding level is $20,470,000 and the budget request includes $27,756,000 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, 2006	$29,369,174,000
Budget estimate, 2007	29,125,000,000
House allowance	29,065,000,000
Committee recommendation	29,023,000,000

The Committee recommends an appropriation of $29,023,000,000 for supplemental security income. This is in addition to the $11,110,000,000 appropriated last year as an advance for the first quarter of fiscal year 2007. The comparable fiscal year 2006 funding level is $29,369,174,000 and the budget request includes $29,125,000,000. The Committee also recommends an advance appropriation of $16,810,000,000 for the first quarter of fiscal year 2008 to ensure uninterrupted benefits payments. The program level supported by the Committee recommendation is $40,133,000,000, compared to the total program level requested in the budget of $40,235,000,000.

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 7 million persons will receive SSI benefits each month during fiscal year 2006. 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 does not include a fiscal year 2007 appropriation for beneficiary services. The comparable funding level in fiscal year 2006 is $52,000,000 and the budget request does not include any funding 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. Carryover budget authority of more than $150,000,000 is available for a portion of the obligations made during fiscal year 2006 and all of the obligations made in fiscal year 2007.

Research and Demonstration Projects

The Committee recommendation includes $27,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. The comparable fiscal year 2006 funding level and the budget request both are $27,000,000 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.

Administration

The Committee recommendation includes $2,902,000,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. The comparable fiscal year 2006 amount is $2,733,000,000 and the budget request includes $3,004,000,000 for such activities.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2006 [1]	$9,108,606,000
Budget estimate, 2007	9,494,000,000
House allowance	9,293,000,000
Committee recommendation	9,093,000,000

[1] Excludes $38,000,000 in emergency supplemental appropriations enacted pursuant to Public Law 109–234.

The Committee recommends a program funding level of $9,093,000,000 for the limitation on administrative expenses. The comparable fiscal year 2006 funding level is $9,108,606,000 and the budget request includes $9,494,000,000 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 $8,975,000,000 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 $289,000,000 of funds available within this account for continuing disability reviews under Social Security's disability programs and an additional $201,000,000 earmark for continuing disability reviews. The Committee bill language does not include the requested language. Despite the proven cost effectiveness of SSA's program integrity workloads, including continuing disability reviews which have a demonstrated return of $10 in mandatory program savings for every $1 in discretionary administrative expenses, the Committee is unable to provide the requested funding level for continuing disability reviews because of budgetary constraints.

The Committee encourages SSA officials to educate adjudicators at all levels about the functional impact of CFS and the application of the April 1999 CFS ruling (99–2p) to ensure that adjudicators remain up to date on the evaluation of disability that results from this condition. The Committee encourages SSA to examine obstacles to benefits for persons with CFS 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 $2,000,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2007.

User Fees

In addition to other amounts provided, the Committee recommends $118,000,000 for administrative activities funded from user fees. Of this amount, $117,000,000 is derived from fees paid to SSA by States that request SSA to administer State SSI supplementary payments. The remaining $1,000,000 will be generated from a fee payment process for non-attorney representatives of claimants.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2006	$91,476,000
Budget estimate, 2007	96,000,000
House allowance	94,411,000
Committee recommendation	91,476,000

The Committee recommends $91,476,000 for activities for the Office of the Inspector General. The comparable fiscal year 2006 funding level is $91,476,000 and the budget request includes $96,000,000 for this office. This includes a general fund appropriation of $25,740,000 together with an obligation limitation of $65,736,000 from the Federal old-age and survivors insurance trust fund and the Federal disability insurance trust fund.

TITLE V—GENERAL PROVISIONS

The Committee recommendation includes provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug (sec. 505); clarify Federal funding as a component of State and local grant funds (sec. 506); limit use of funds for abortion (sec. 507 and sec. 508); restrict human embryo research (sec. 509); limit the use of funds for promotion of legalization of controlled substances included last year (sec. 510); prohibits the use of funds to promulgate regulations regarding the individual health identifier (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); prohibits transfer of funds made available in this Act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act (sec. 513); prohibits Federal funding in this act for libraries and elementary and secondary schools unless they are in compliance with the Children's Internet Protection Act (sec. 514 and sec. 515); prohibits funds for the Railroad Retirement Board from being used for a non-governmental disbursing agent (sec. 516); maintains a provision clarifying procedures for reprogramming of funds (sec. 517).

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount of bill	Committee allocation	Amount of bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of budget totals for 2007: Subcommittee on Labor, HHS, Education:				
Mandatory	447,571	447,571	NA	[1] 447,445
Discretionary	142,800	142,800	NA	[1] 145,088
Projection of outlays associated with the recommendation:				
2007				[2] 592,533
2008				61,718
2009				14,547
2010				3,001
2011 and future years				562
Financial assistance to State and local governments for 2007	NA	267,927	NA	229,803

[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; Older Americans Act; Homeless Veterans Reintegration program; Title VII of the Public Health Services Act; National Cord Blood Stem Cell Bank Program; Universal Newborn Hearing Screening; Organ Transplantation; Rural Hospital Flexibility Grants; Denali Commission; Family Planning; State Offices of Rural Health; Rural and Community Access to Emergency Devices; Trauma/EMS; Health Centers; National Health Service Corps; Children's Hospital Graduate Medical Education; Healthy Start; Ryan White AIDS programs; Telehealth; Substance Abuse and Mental Health Services Programs; Agency for Healthcare Research and Quality; Infectious Diseases; Health Promotion; Health Information and Services; Environmental Health and Injury; Occupational Safety and Health; Global Health; Public Health Research; Public Health Improvement and Leadership; Preventive Health and Health Services Block Grant; CDC Business Services; Title V of the Public Health Services Act; Adolescent Family Life; Office of Minority Health; Office of Disease Prevention and Health Promotion; Low-Income Home Energy Assistance Program; Refugee and Entrant Assistance; Child Care and Development Block Grant; Head Start; Abstinence Education; Native American Programs; Community Services; Alzheimer's Disease

Demonstration Grants to States; Rehabilitation Services and Disability Research, except sections 4, 5 and 6 of the Assistive Technology Program; National Technical Institute for the Deaf; Gallaudet University; Vocational Education; Adult Education; Corporation for National and Community Service; and National Council on Disability.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 20, 2006, the Committee ordered reported, en bloc: H.R. 5631, making appropriations for the Department of Defense for the fiscal year ending September 30, 2007, and for other purposes, with an amendment in the nature of a substitute; S. 3708, an original bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2007, and for other purposes; H.R. 5576, making appropriations for the Departments of Transportation, Treasury, and Housing and Urban Development, the Judiciary, District of Columbia, and independent agencies for the fiscal year ending September 30, 2007, and for other purposes, with an amendment in the nature of a substitute; and H.R. 5385, making appropriations for Military Construction and Veterans Affairs, and related agencies for the fiscal year ending September 30, 2007, and for other purposes, with an amendment in the nature of a substitute and an amendment to the title; with each bill subject to further amendment and each subject to the budget allocation, by a recorded vote of 28–0, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Cochran	
Mr. Stevens	
Mr. Specter	
Mr. Domenici	
Mr. Bond	
Mr. McConnell	
Mr. Burns	
Mr. Shelby	
Mr. Gregg	
Mr. Bennett	
Mr. Craig	
Mrs. Hutchison	
Mr. DeWine	
Mr. Brownback	
Mr. Allard	
Mr. Byrd	
Mr. Inouye	
Mr. Leahy	
Mr. Harkin	
Ms. Mikulski	
Mr. Reid	
Mr. Kohl	
Mrs. Murray	
Mr. Dorgan	

Mrs. Feinstein
Mr. Durbin
Mr. Johnson
Ms. Landrieu

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."

The Committee bill as recommended contains no such provisions.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
TITLE I—DEPARTMENT OF LABOR							
EMPLOYMENT AND TRAINING ADMINISTRATION							
TRAINING AND EMPLOYMENT SERVICES							
Grants to States:							
Adult Training, current year	152,199	.....	142,000	88,000	−64,199	+88,000	−54,000
Advance from prior year	(704,880)	(712,000)	(712,000)	(712,000)	(+7,120)	.....	.....
Fiscal Year 2008	712,000	712,000	712,000	712,000	.....	.....	.....
Adult Training	864,199	712,000	854,000	800,000	−64,199	+88,000	−54,000
Youth Training	940,500	840,500	935,500	935,500	−5,000	+95,000	.....
Dislocated Worker Assistance, current year	341,811	27,266	345,264	345,264	+3,453	+317,998	.....
Advance from prior year	(839,520)	(848,000)	(848,000)	(848,000)	(+8,480)	.....	.....
Fiscal Year 2008	848,000	848,000	848,000	848,000	.....	.....	.....
Dislocated Worker Assistance	1,189,811	875,266	1,193,264	1,193,264	+3,453	+317,998	.....
Federally Administered Programs:							
Dislocated Worker Assistance National Reserve:							
Current year	70,092	27,316	70,800	70,800	+708	+43,484	.....
Supplemental (Public Law 109–148) (emergency)	125,000	.....	.....	.....	−125,000	.....	.....
Advance from prior year [1]	(86,130)	(212,000)	(212,000)	(212,000)	(+125,870)	.....	.....
Fiscal Year 2008	212,000	212,000	212,000	212,000	.....	.....	.....
Dislocated Worker Assistance Nat'l Reserve	407,092	239,316	282,800	282,800	−124,292	+43,484	.....
Less funding reserved for Community College Initiative (NA)	(−125,000)	.....	(−125,000)	(−125,000)	.....	(−125,000)	.....
Dislocated Worker Assistance Nat'l Reserve	282,092	239,316	157,800	157,800	−124,292	−81,516	.....
Total, Dislocated Worker Assistance	1,596,903	1,114,582	1,476,064	1,476,064	−120,839	+361,482	.....

Native Americans	53,696	51,458	50,000	50,000	−3,696	−1,458	.....
Migrant and Seasonal Farmworkers	79,252	.....	80,053	80,053	+801	+80,053	.....
National Activities:							
Pilots, Demonstrations and Research	29,700	17,700	43,361	44,815	+15,115	+27,115	+1,454
Responsible Reintegration of Youthful Offender	49,104	.....	.....	60,000	+10,896	+60,000	+60,000
Evaluation	7,857	4,921	4,921	4,921	−2,936	.....	.....
Prisoner Re-entry	19,642	19,642	.....	.....	−19,642	−19,642	.....
Community College initiative	.....	150,000	.....	.....	.....	−150,000	.....
Community College initiative (NA) [1]	(125,000)	.....	(125,000)	(125,000)	.....	(+125,000)	.....
Subtotal, CC initiative, program level	125,000	150,000	125,000	125,000	.....	−25,000	.....
Denali Commission	6,875	.....	.....	6,875	.....	+6,875	+6,875
Other	1,980	.....	.....	1,604	−376	+1,604	+1,604
Subtotal, National activities	115,158	192,263	48,282	118,215	+3,057	−74,048	+69,933
Subtotal, Federal activities	655,198	483,037	461,135	531,068	−124,130	+48,031	+69,933
Current Year	(443,198)	(271,037)	(249,135)	(319,068)	(−124,130)	(+48,031)	(+69,933)
Fiscal Year 2008	(212,000)	(212,000)	(212,000)	(212,000)	.....	.....	.....
Total, Training and Employment Services	3,649,708	2,910,803	3,443,899	3,459,832	−189,876	+549,029	+15,933
Current Year	(1,877,708)	(1,138,803)	(1,671,899)	(1,687,832)	(−189,876)	(+549,029)	(+15,933)
Emergency appropriations	(125,000)	.....	.....	.....	(−125,000)	.....	.....
Fiscal Year 2008	(1,772,000)	(1,772,000)	(1,772,000)	(1,772,000)	.....	.....	.....
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS	432,311	432,311	420,000	432,311	.....	.....	+12,311
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES	966,400	938,600	938,600	938,600	−27,800	.....	.....
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS							
Unemployment Compensation:							
State Operations	2,497,770	2,650,175	2,640,175	2,536,775	+39,005	−113,400	−103,400
National Activities	9,900	.....	9,900	9,900	.....	+9,900	.....
Subtotal, Unemployment Compensation	2,507,670	2,650,175	2,650,075	2,546,675	+39,005	−103,500	−103,400
Employment Service:							
Allotments to States:							
Federal Funds	22,883	22,016	22,016	22,016	−867	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Trust Funds	693,000	666,753	666,753	666,753	−26,247		
Subtotal, allotments to States	715,883	688,769	688,769	688,769	−27,114		
ES National Activities	33,428	32,918	32,918	32,918	−510		
Subtotal, Employment Service	749,311	721,687	721,687	721,687	−27,624		
Federal Funds	22,883	22,016	22,016	22,016	−867		
Trust Funds	726,428	699,671	699,671	699,671	−26,757		
One-Stop Career Centers/Labor Market Information	81,662	63,855	40,000	63,000	−18,662	−855	+23,000
Work Incentives Grants	19,514			19,514		+19,514	+19,514
Total, State Unemployment and Employment Srvcs	3,358,157	3,435,717	3,411,762	3,350,876	−7,281	−84,841	−60,886
Federal Funds	124,059	85,871	62,016	104,530	−19,529	+18,659	+42,514
Trust Funds	(3,234,098)	(3,349,846)	(3,349,746)	(3,246,346)	(+12,248)	(−103,500)	(−103,400)
ADVANCES TO THE UI AND OTHER TRUST FUNDS [2]	465,000	452,000	452,000	452,000	−13,000		
NEW YORK STATE UNINSURED EMPLOYERS FUND: Supplemental (Public Law 109–148) (emergency)	50,000				−50,000		
PROGRAM ADMINISTRATION							
Adult Employment and Training	43,195	44,788	44,788	44,788	+1,593		
Trust Funds	7,846	8,134	8,134	8,134	+288		
Youth Employment and Training	10,630	39,975	39,975	11,397	+767	−28,578	−28,578
Employment Security	5,979	6,426	6,426	6,426	+447		
Trust Funds	72,113	82,801	82,801	84,801	+12,688	+2,000	+2,000
Apprenticeship Services	21,438	21,415	21,415	21,415	−23		
Executive Direction	6,132	6,156	6,156	6,156	+24		
Trust Funds	2,090	1,859	1,859	1,859	−231		
Total, Program Administration	169,423	211,554	211,554	184,976	+15,553	−26,578	−26,578

Federal Funds	87,374	118,760	118,760	90,182	+2,808	−28,578	−28,578
Trust Funds	82,049	92,794	92,794	94,794	+12,745	+2,000	+2,000
Total, Employment and Training Administration	9,090,999	8,380,985	8,877,815	8,818,595	−272,404	+437,610	−59,220
Federal Funds	5,774,852	4,938,345	5,435,275	5,477,455	−297,397	+539,110	+42,180
Current Year	(4,002,852)	(3,166,345)	(3,663,275)	(3,705,455)	(−297,397)	(+539,110)	(+42,180)
Emergency appropriations	(175,000)				(−175,000)		
Fiscal Year 2008	(1,772,000)	(1,772,000)	(1,772,000)	(1,772,000)			
Trust Funds	3,316,147	3,442,640	3,442,540	3,341,140	+24,993	−101,500	−101,400
EMPLOYEE BENEFITS SECURITY ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement and Participant Assistance	111,238	120,300	120,300	120,300	+9,062		
Policy and Compliance Assistance	17,283	18,000	18,000	18,000	+717		
Executive Leadership, Program Oversight and Admin	5,029	5,273	5,273	5,273	+244		
Total, EBSA	133,550	143,573	143,573	143,573	+10,023		
PENSION BENEFIT GUARANTY CORPORATION							
Pension insurance activities	(42,122)	(78,614)	(78,614)	(78,614)	(+36,492)		
Pension plan termination	(161,117)	(193,450)	(193,450)	(193,450)	(+32,333)		
Operational support	(93,739)	(125,580)	(125,580)	(125,580)	(+31,841)		
Total, PBGC (Program level)	(296,978)	(397,644)	(397,644)	(397,644)	(+100,666)		
EMPLOYMENT STANDARDS ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement of Wage and Hour Standards	165,685	177,578	167,359	177,578	+11,893		+10,219
Office of Labor-Management Standards	45,737	52,406	52,406	47,886	+2,149	−4,520	−4,520
Federal Contractor EEO Standards Enforcement	81,285	83,657	80,000	84,657	+3,372	+1,000	+4,657
Federal Programs for Workers' Compensation	99,128	104,174	99,128	104,174	+5,046		+5,046
Trust Funds	2,028	2,076	2,076	2,076	+48		
Program Direction and Support	17,201	17,526	17,526	19,000	+1,799	+1,474	+1,474
Total, ESA salaries and expenses	411,064	437,417	418,495	435,371	+24,307	−2,046	+16,876
Federal Funds	409,036	435,341	416,419	433,295	+24,259	−2,046	+16,876
Trust Funds	2,028	2,076	2,076	2,076	+48		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
SPECIAL BENEFITS							
Federal employees compensation benefits	234,000	227,000	227,000	227,000	−7,000		
Longshore and harbor workers' benefits	3,000	3,000	3,000	3,000			
Total, Special Benefits	237,000	230,000	230,000	230,000	−7,000		
SPECIAL BENEFITS FOR DISABLED COAL MINERS							
Benefit payments	308,000	298,000	298,000	298,000	−10,000		
Administration	5,250	5,373	5,373	5,373	+123		
Subtotal, fiscal year 2007 program level	313,250	303,373	303,373	303,373	−9,877		
Less funds advanced in prior year	−81,000	−74,000	−74,000	−74,000	+7,000		
Total, Current Year, fiscal year 2007	232,250	229,373	229,373	229,373	−2,877		
New advances, 1st quarter fiscal year 2008	74,000	68,000	68,000	68,000	−6,000		
Total, Special Benefits for Disabled Coal Miners	306,250	297,373	297,373	297,373	−8,877		
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND, Part B Administrative Expenses	96,081	102,307	102,307	102,307	+6,226		
BLACK LUNG DISABILITY TRUST FUND							
Benefit payments and interest on advances	1,010,011	1,011,465	1,011,465	1,011,465	+1,454		
Employment Standards Admin., Salaries and expenses	33,050	33,578	33,578	33,578	+528		
Departmental Management, Salaries and expenses	24,239	25,255	25,255	25,255	+1,016		
Departmental Management, Inspector General	344	346	346	346	+2		
Subtotal, Black Lung Disability	1,067,644	1,070,644	1,070,644	1,070,644	+3,000		
Treasury Department Administrative Costs	356	356	356	356			

Total, Black Lung Disability Trust Fund	1,068,000	1,071,000	1,071,000	1,071,000	+3,000	.....	.....
Total, Employment Standards Administration	2,118,395	2,138,097	2,119,175	2,136,051	+17,656	−2,046	+16,876
Federal Funds	2,116,367	2,136,021	2,117,099	2,133,975	+17,608	−2,046	+16,876
Current year	(2,042,367)	(2,068,021)	(2,049,099)	(2,065,975)	(+23,608)	(−2,046)	(+16,876)
Fiscal year 2008	(74,000)	(68,000)	(68,000)	(68,000)	(−6,000)	.....	.....
Trust Funds	2,028	2,076	2,076	2,076	+48	.....	.....
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Safety and Health Standards	16,462	16,892	16,892	16,892	+430	.....	.....
Federal Enforcement	172,575	179,933	179,933	179,933	+7,358	.....	.....
State Programs	91,093	91,093	91,093	91,093	.....	.....	.....
Technical Support	21,435	22,392	22,392	22,392	+957	.....	.....
Compliance Assistance:							
Federal Assistance	72,545	76,557	73,941	73,941	+1,396	−2,616	.....
State Consultation Grants	53,357	53,357	53,357	53,357	.....	.....	.....
Training Grants	10,116	.....	5,000	10,116	.....	+10,116	+5,116
Subtotal, Compliance Assistance	136,018	129,914	132,298	137,414	+1,396	+7,500	+5,116
Safety and Health Statistics	24,253	32,274	32,274	32,274	+8,021	.....	.....
Executive Direction and Administration	10,591	11,169	11,169	11,169	+578	.....	.....
Total, OSHA	472,427	483,667	486,051	491,167	+18,740	+7,500	+5,116
MINE SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Coal Enforcement	117,152	120,395	118,335	133,395	+16,243	+13,000	+15,060
Supplemental (Public Law 109–234) (emergency)	25,600	.....	.....	.....	−25,600	.....	.....
Metal/Non-Metal Enforcement	68,062	70,106	68,062	70,106	+2,044	.....	+2,044
Standards Development	2,481	2,658	2,481	2,658	+177	.....	+177
Assessments	5,391	5,566	5,391	5,566	+175	.....	+175
Educational Policy and Development	31,701	32,926	31,701	32,926	+1,225	.....	+1,225
Technical Support	25,479	27,413	25,479	27,413	+1,934	.....	+1,934
Program evaluation and information resources (PEIR)	15,514	15,735	15,514	15,735	+221	.....	+221
Program Administration	11,906	13,037	11,906	14,637	+2,731	+1,600	+2,731
Total, Mine Safety and Health Administration	303,286	287,836	278,869	302,436	−850	+14,600	+23,567

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
BUREAU OF LABOR STATISTICS							
SALARIES AND EXPENSES							
Employment and Unemployment Statistics	165,377	171,056	173,056	171,056	+5,679	.....	−2,000
Labor Market Information	77,067	79,026	79,026	79,026	+1,959	.....	.....
Prices and Cost of Living	173,031	187,081	187,081	187,081	+14,050	.....	.....
Compensation and Working Conditions	80,717	83,860	83,860	83,860	+3,143	.....	.....
Productivity and Technology	10,739	11,118	11,118	11,118	+379	.....	.....
Executive Direction and Staff Services	30,168	31,147	31,147	31,147	+979	.....	.....
Total, Bureau of Labor Statistics	537,099	563,288	565,288	563,288	+26,189	.....	−2,000
Federal Funds	460,032	484,262	486,262	484,262	+24,230	.....	−2,000
Trust Funds	77,067	79,026	79,026	79,026	+1,959	.....	.....
OFFICE OF DISABILITY EMPLOYMENT POLICY							
Salaries and expenses	27,655	20,319	20,319	27,655	.....	+7,336	+7,336
DEPARTMENTAL MANAGEMENT							
SALARIES AND EXPENSES							
Executive Direction	25,534	29,795	29,795	25,534	.....	−4,261	−4,261
Departmental IT Crosscut	29,462	29,405	28,000	27,651	−1,811	−1,754	−349
Departmental Management Crosscut	1,683	1,108	.....	.....	−1,683	−1,108	.....
Legal Services	80,143	84,866	84,866	84,866	+4,723	.....	.....
Trust Funds	308	322	322	322	+14	.....	.....
International Labor Affairs	72,516	12,363	12,363	72,516	.....	+60,153	+60,153
Administration and Management	32,865	31,746	31,746	31,746	−1,119	.....	.....
Frances Perkins building security enhancements	6,875	1,893	1,893	1,893	−4,982	.....	.....
Adjudication	26,855	28,931	27,126	26,855	.....	−2,076	−271
Women's Bureau	9,666	9,348	9,000	10,000	+334	+652	+1,000
Civil Rights Activities	6,386	6,735	6,386	6,735	+349	.....	+349

Chief Financial Officer	5,287	5,579	5,287	5,287	.....	−292	.....
Total, Salaries and expenses	297,580	242,091	236,784	293,405	−4,175	+51,314	+56,621
Federal Funds	297,272	241,769	236,462	293,083	−4,189	+51,314	+56,621
Current Year	(297,272)	(241,769)	(236,462)	(293,083)	(−4,189)	(+51,314)	(+56,621)
Trust Funds	308	322	322	322	+14	.....	.....
OFFICE OF JOB CORPS [2]							
Job Corps:							
Administration [3]	28,578	.....	.....	28,578	.....	+28,578	+28,578
Operations	865,260	810,602	874,000	900,210	+34,950	+89,608	+26,210
Advance from prior year	(585,090)	(591,000)	(591,000)	(591,000)	(+5,910)	.....	.....
Supplemental (Public Law 109–234) (emergency)	16,000	.....	.....	.....	−16,000	.....	.....
Fiscal Year 2008	591,000	591,000	591,000	591,000	.....	.....	.....
Construction and Renovation	7,920	.....	8,000	10,000	+2,080	+10,000	+2,000
Advance from prior year	(99,000)	(100,000)	(100,000)	(100,000)	(+1,000)	.....	.....
Fiscal Year 2008	100,000	100,000	50,000	100,000	.....	.....	+50,000
Total, Job Corps	1,608,758	1,501,602	1,523,000	1,629,788	+21,030	+128,186	+106,788
VETERANS EMPLOYMENT AND TRAINING							
State administration, Grants	160,791	161,218	160,791	161,218	+427	.....	+427
Federal Administration	30,131	32,417	32,417	32,417	+2,286	.....	.....
National Veterans' Training Institute	1,964	1,969	1,969	1,969	+5	.....	.....
Homeless Veterans Program	21,780	21,838	21,838	21,838	+58	.....	.....
Veterans Workforce Investment Programs	7,425	7,445	7,425	7,425	.....	−20	.....
Total, Veterans Employment and Training	222,091	224,887	224,440	224,867	+2,776	−20	+427
Federal Funds	29,205	29,283	29,263	29,263	+58	−20	.....
Trust Funds	192,886	195,604	195,177	195,604	+2,718	.....	+427
OFFICE OF INSPECTOR GENERAL							
Program Activities	65,549	68,073	68,073	70,073	+4,524	+2,000	+2,000
Trust Funds	5,552	5,688	5,688	5,688	+136	.....	.....
Total, Office of Inspector General	71,101	73,761	73,761	75,761	+4,660	+2,000	+2,000
Federal funds	65,549	68,073	68,073	70,073	+4,524	+2,000	+2,000
Trust funds	5,552	5,688	5,688	5,688	+136	.....	.....
Total, Departmental Management	2,199,530	2,042,341	2,057,985	2,223,821	+24,291	+181,480	+165,836

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Federal Funds	2,000,784	1,840,727	1,856,798	2,022,207	+21,423	+181,480	+165,409
Trust Funds	198,746	201,614	201,187	201,614	+2,868	.....	+427
WORKING CAPITAL FUND							
Working capital fund	6,168	13,954	.....	.....	−6,168	−13,954	.....
Total, Title I, Department of Labor	14,889,109	14,074,060	14,549,075	14,706,586	−182,523	+632,526	+157,511
Federal Funds	11,295,121	10,348,704	10,824,246	11,082,730	−212,391	+734,026	+258,484
Current Year	(8,758,121)	(7,817,704)	(8,343,246)	(8,551,730)	(−206,391)	(+734,026)	(+208,484)
Emergency appropriations	(216,600)	.....	.....	.....	(−216,600)	.....	.....
Fiscal Year 2008	(2,537,000)	(2,531,000)	(2,481,000)	(2,531,000)	(−6,000)	.....	(+50,000)
Trust Funds	3,593,988	3,725,356	3,724,829	3,623,856	+29,868	−101,500	−100,973
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES							
HEALTH RESOURCES AND SERVICES ADMINISTRATION							
HEALTH RESOURCES AND SERVICES							
BUREAU OF PRIMARY HEALTH CARE							
Community health centers	1,781,076	1,962,861	1,988,000	1,926,076	+145,000	−36,785	−61,924
Supplemental (Public Law 109–234) (emergency)	4,000	.....	.....	.....	−4,000	.....	.....
Free Clinics Medical Malpractice	40	.....	10	10	−30	+10	.....
Radiation Exposure Compensation Act	1,916	1,917	1,917	1,917	+1	.....	.....
National Hansen's Disease Services	15,894	15,905	15,905	16,705	+811	+800	+800
Buildings and Facilities	220	220	220	220	.....	.....	.....
Payment to Hawaii, treatment of Hansen's	1,995	1,996	1,996	1,996	+1	.....	.....
Black lung clinics	5,887	5,891	5,891	6,000	+113	+109	+109
Subtotal, Bureau of Primary Health Care	1,811,028	1,988,790	2,013,939	1,952,924	+141,896	−35,866	−61,015

BUREAU OF HEALTH PROFESSIONS							
National Health Service Corps:							
Field placements	40,270	40,298	42,218	40,298	+28	.....	−1,920
Recruitment	85,171	85,230	89,310	85,230	+59	.....	−4,080
Subtotal, National Health Service Corps	125,441	125,528	131,528	125,528	+87	.....	−6,000
Health Professions							
Training for Diversity:							
Centers of excellence	11,872	.....	11,880	11,872	.....	+11,872	−8
Health careers opportunity program	3,957	.....	.....	3,957	.....	+3,957	+3,957
Faculty loan repayment	1,288	.....	.....	1,288	.....	+1,288	+1,288
Scholarships for disadvantaged students	46,625	9,733	46,657	46,625	.....	+36,892	−32
Subtotal, Training for Diversity	63,742	9,733	58,537	63,742	.....	+54,009	+5,205
Training in Primary Care Medicine and Dentistry	40,823	.....	40,851	50,000	+9,177	+50,000	+9,149
Interdisciplinary Community-Based Linkages:							
Area health education centers	28,661	.....	28,681	28,661	.....	+28,661	−20
Allied health and other disciplines	3,957	.....	3,960	4,000	+43	+4,000	+40
Geriatric programs	.....	.....	31,548	.....	.....	.....	−31,548
Subtotal, Interdisciplinary Comm. Linkages	32,618	.....	64,189	32,661	+43	+32,661	−31,528
Public health, preventive med. and dental programs	7,915	.....	.....	8,000	+85	+8,000	+8,000
Nursing Programs:							
Advanced Education Nursing	57,021	57,061	57,061	57,061	+40	.....	.....
Nurse education, practice, and retention	37,265	37,291	37,291	37,291	+26	.....	.....
Nursing workforce diversity	16,096	16,107	16,107	16,107	+11	.....	.....
Loan repayment and scholarship program	31,034	31,055	31,055	31,055	+21	.....	.....
Comprehensive geriatric education	3,390	3,392	3,392	3,392	+2	.....	.....
Nursing faculty loan program	4,770	4,773	4,773	4,773	+3	.....	.....
Subtotal, Nursing programs	149,576	149,679	149,679	149,679	+103	.....	.....
Subtotal, Health Professions	294,674	159,412	313,256	304,082	+9,408	+144,670	−9,174
Patient Navigator	.....	.....	.....	5,000	+5,000	+5,000	+5,000
Children's Hospitals Graduate Medical Education	296,795	99,000	300,000	200,000	−96,795	+101,000	−100,000
National Practitioner Data Bank	15,700	15,700	15,700	15,700	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
User Fees	−15,700	−15,700	−15,700	−15,700	.....	.....	.....
Health Care Integrity and Protection Data Bank	4,000	4,000	4,000	4,000	.....	.....	.....
User Fees	−4,000	−4,000	−4,000	−4,000	.....	.....	.....
Subtotal, Bureau of Health Professions	716,910	383,940	744,784	634,610	−82,300	+250,670	−110,174
MATERNAL AND CHILD HEALTH BUREAU							
Maternal and Child Health Block Grant	692,521	693,000	700,000	693,000	+479	.....	−7,000
Sickle cell anemia demonstration program	2,176	2,178	2,178	3,000	+824	+822	+822
Traumatic Brain Injury	8,904	.....	8,910	8,910	+6	+8,910	.....
Healthy Start	101,448	101,518	101,518	101,518	+70	.....	.....
Universal Newborn Hearing	9,794	.....	10,000	10,000	+206	+10,000	.....
Emergency medical services for children	19,786	.....	19,800	20,000	+214	+20,000	+200
Subtotal, Maternal and Child Health Bureau	834,629	796,696	842,406	836,428	+1,799	+39,732	−5,978
HIV/AIDS BUREAU							
Ryan White AIDS Programs:							
Emergency Assistance	603,576	603,993	603,993	605,993	+2,417	+2,000	+2,000
Comprehensive Care Programs	1,119,744	1,190,518	1,190,518	1,190,518	+70,774	.....	.....
AIDS Drug Assistance Program (ADAP) (NA)	(789,005)	(789,546)	(789,546)	(844,546)	(+55,541)	(+55,000)	(+55,000)
Early Intervention Program	193,488	218,622	193,622	195,488	+2,000	−23,134	+1,866
Children, Youth, Women, and Families	71,744	71,794	71,794	73,294	+1,550	+1,500	+1,500
AIDS Dental Services	13,077	13,086	13,086	13,598	+521	+512	+512
Education and Training Centers	34,676	34,700	34,700	35,200	+524	+500	+500
Subtotal, Ryan White AIDS programs	2,036,305	2,132,713	2,107,713	2,114,091	+77,786	−18,622	+6,378
Evaluation Tap Funding (NA)	(25,000)	(25,000)	(25,000)	(25,000)	.....	.....	.....
Subtotal, Ryan White AIDs program level	(2,061,305)	(2,157,713)	(2,132,713)	(2,139,091)	(+77,786)	(−18,622)	(+6,378)

Subtotal, HIV/AIDS Bureau	2,036,305	2,132,713	2,107,713	2,114,091	+77,786	−18,622	+6,378
HEALTHCARE SYSTEMS BUREAU							
Organ Transplantation	23,033	23,049	23,049	25,049	+2,016	+2,000	+2,000
National Cord Blood Inventory	3,957	.....	.....	3,960	+3	+3,960	+3,960
Bone Marrow Program	25,145	22,687	25,162	22,687	−2,458	.....	−2,475
Office of Pharmacy Affairs	.....	2,970	2,970	2,970	+2,970	.....	.....
Trauma Care	.....	.....	.....	1,000	+1,000	+1,000	+1,000
Poison control	23,052	13,168	23,068	23,068	+16	+9,900	.....
Subtotal, Healthcare systems bureau	75,187	61,874	74,249	78,734	+3,547	+16,860	+4,485
RURAL HEALTH PROGRAMS							
Rural outreach grants	38,858	10,365	40,000	38,885	+27	+28,520	−1,115
Rural Health Research	8,731	8,737	9,000	8,737	+6	.....	−263
Rural Hospital Flexibility Grants	63,494	.....	40,000	38,538	−24,956	+38,538	−1,462
Delta Health Initiative	.....	.....	.....	35,000	+35,000	+35,000	+35,000
Rural and community access to emergency devices	1,484	.....	1,500	1,500	+16	+1,500	.....
State Offices of Rural Health	8,135	8,141	8,400	8,141	+6	.....	−259
Denali Commission	39,283	.....	.....	39,283	.....	+39,283	+39,283
Subtotal, Rural health programs	159,985	27,243	98,900	170,084	+10,099	+142,841	+71,184
Family Planning	282,907	283,103	283,103	283,103	+196	.....	.....
Health Care-related Facilities and activities	.....	.....	248,146	260,028	+260,028	+260,028	+11,882
Bioterrorism hospital grants to States [5]	494,658	486,606	486,606	486,606	−8,052	.....	.....
Telehealth	6,814	6,819	10,000	6,819	+5	.....	−3,181
Program Management	144,432	141,071	141,071	144,432	.....	+3,361	+3,361
Total, Health resources and services	6,562,855	6,308,855	7,050,917	6,967,859	+405,004	+659,004	−83,058
Total, Health resources and services program level	(6,587,855)	(6,333,855)	(7,075,917)	(6,992,859)	(+405,004)	(+659,004)	(−83,058)
Evaluation tap funding	(25,000)	(25,000)	(25,000)	(25,000)	.....	.....	.....
HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM:							
Liquidating account	(4,000)	(1,000)	(1,000)	(1,000)	(−3,000)	.....	.....
Program management	2,885	2,887	2,887	2,887	+2	.....	.....
Total, HEAL	2,885	2,887	2,887	2,887	+2	.....	.....
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:							
Post-fiscal year 1988 claims	60,972	62,802	62,802	62,802	+1,830	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
HRSA administration	3,562	3,564	3,564	3,564	+2		
Total, Vaccine Injury Compensation Trust Fund	64,534	66,366	66,366	66,366	+1,832		
Total, Health Resources and Services Admin	6,630,274	6,378,108	7,120,170	7,037,112	+406,838	+659,004	−83,058
Total, HRSA program level	(6,659,274)	(6,404,108)	(7,146,170)	(7,063,112)	(+403,838)	(+659,004)	(−83,058)
CENTERS FOR DISEASE CONTROL AND PREVENTION							
Infectious Diseases	1,671,261	1,772,890	1,828,843	1,713,443	+42,182	−59,447	−115,400
Supplemental (Public law 109–234) (emergency)	8,000				−8,000		
Evaluation Tap Funding	(12,794)	(12,794)	(12,794)	(12,794)			
Subtotal, Program level	(1,692,055)	(1,785,684)	(1,841,637)	(1,726,237)	(+34,182)	(−59,447)	(−115,400)
Health Promotion	958,025	929,208	964,466	967,671	+9,646	+38,463	+3,205
Health Information and Service	87,770	127,439	226,400	246,280	+158,510	+118,841	+19,880
Evaluation Tap Funding	(134,235)	(134,235)			(−134,235)	(−134,235)	
Subtotal, Program level	(222,005)	(261,674)	(226,400)	(246,280)	(+24,275)	(−15,394)	(+19,880)
Environmental health and injury	287,474	279,309	278,000	276,658	−10,816	−2,651	−1,342
Occupational safety and health [6]	165,812	163,123	163,929	170,810	+4,998	+7,687	+6,881
Supplemental (Public Law 109–13) (emergency)	10,000				−10,000		
Evaluation Tap Funding	(87,071)	(87,071)	(87,071)	(87,071)			
Subtotal, Program level [6]	(262,883)	(250,194)	(251,000)	(257,881)	(−5,002)	(+7,687)	(+6,881)
Global health	311,624	381,103	312,000	368,892	+57,268	−12,211	+56,892
Supplemental (Public Law 109–148) (emergency)	68,000				−68,000		
Subtotal, Global health	(379,624)	(381,103)	(312,000)	(368,892)	(−10,732)	(−12,211)	(+56,892)
Terrorism preparedness and response [5]	1,576,173	1,657,161	1,605,000	1,578,260	+2,087	−78,901	−26,740

Supplemental (Public Law 109–148) (emergency)	55,000	.....	.....	.....	−55,000	.....	.....
Subtotal, Terrorism preparedness and response[5]	1,631,173	1,657,161	1,605,000	1,578,260	−52,913	−78,901	−26,740
Public Health research:							
Federal Funds	.....	.....	31,000	31,000	+31,000	+31,000	.....
Evaluation Tap Funding	(31,000)	(31,000)	.....	.....	(−31,000)	(−31,000)	.....
Subtotal, Program level	(31,000)	(31,000)	(31,000)	(31,000)	.....	.....	.....
Public health improvement and leadership	189,106	190,165	207,165	219,828	+30,722	+29,663	+12,663
Supplemental (Public Law 109–13) (emergency)	75,000	.....	.....	.....	−75,000	.....	.....
Preventive health and health services block grant	98,932	.....	100,000	100,000	+1,068	+100,000	.....
Pandemic Influenza One-Time Supplemental Funding Supplemental (Public Law 109–13) (emergency)	77,000	.....	.....	.....	−77,000	.....	.....
Buildings and Facilities	158,291	29,700	29,700	100,000	−58,291	+70,300	+70,300
Business services	317,615	303,854	327,000	323,058	+5,443	+19,204	−3,942
Total, Centers for Disease Control	6,115,083	5,833,952	6,073,503	6,095,900	−19,183	+261,948	+22,397
Emergency appropriations	(293,000)	.....	.....	.....	(−293,000)	.....	.....
Evaluation Tap Funding (NA)	(265,100)	(265,100)	(99,865)	(99,865)	(−165,235)	(−165,235)	.....
Total, Centers for Disease Control program level	(6,380,183)	(6,099,052)	(6,173,368)	(6,195,765)	(−184,418)	(+96,713)	(+22,397)
NATIONAL INSTITUTES OF HEALTH							
National Cancer Institute	4,790,063	4,753,609	4,753,609	4,799,063	+9,000	+45,454	+45,454
National Heart, Lung, and Blood Institute	2,919,750	2,901,012	2,901,012	2,924,299	+4,549	+23,287	+23,287
National Institute of Dental and Craniofacial Research	389,069	386,095	386,095	389,669	+600	+3,574	+3,574
National Institute of Diabetes and Digestive and Kidney Diseases	1,703,753	1,694,298	1,694,298	1,707,753	+4,000	+13,455	+13,455
Juvenile diabetes (mandatory)	(150,000)	(150,000)	(150,000)	(150,000)	.....	.....	.....
Subtotal, NIDDK	(1,853,753)	(1,844,298)	(1,844,298)	(1,857,753)	(+4,000)	(+13,455)	(+13,455)
National Institute of Neurological Disorders and Stroke	1,533,703	1,524,750	1,524,750	1,537,703	+4,000	+12,953	+12,953
National Institute of Allergy and Infectious Diseases	4,263,268	4,295,496	4,270,496	4,295,496	+32,228	.....	+25,000
Supplemental (Public Law 109–148) (emergency)	18,000	.....	.....	.....	−18,000	.....	.....
Global HIV/AIDS Fund Transfer	99,000	100,000	.....	100,000	+1,000	.....	+100,000
Subtotal, NIAID	4,380,268	4,395,496	4,270,496	4,395,496	+15,228	.....	+125,000
National Institute of General Medical Sciences	1,934,288	1,923,481	1,923,481	1,934,888	+600	+11,407	+11,407
National Institute of Child Health and Human Development	1,263,900	1,257,418	1,257,418	1,264,500	+600	+7,082	+7,082

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
National Eye Institute	666,298	661,358	661,358	666,898	+600	+5,540	+5,540
National Institute of Environmental Health Sciences	640,692	637,323	637,323	641,292	+600	+3,969	+3,969
National Institute on Aging	1,045,912	1,039,828	1,039,828	1,048,912	+3,000	+9,084	+9,084
National Institute of Arthritis and Musculoskeletal and Skin Diseases	507,583	504,533	504,533	508,583	+1,000	+4,050	+4,050
National Institute on Deafness and Other Communication Disorders	393,188	391,556	391,556	395,188	+2,000	+3,632	+3,632
National Institute of Nursing Research	137,248	136,550	136,550	137,848	+600	+1,298	+1,298
National Institute on Alcohol Abuse and Alcoholism	435,630	433,318	433,318	436,630	+1,000	+3,312	+3,312
National Institute on Drug Abuse	999,342	994,829	994,829	1,000,342	+1,000	+5,513	+5,513
National Institute of Mental Health	1,402,551	1,394,806	1,394,806	1,403,551	+1,000	+8,745	+8,745
National Human Genome Research Institute	485,715	482,942	482,942	486,315	+600	+3,373	+3,373
National Institute of Biomedical Imaging and Bioengineering	296,606	294,850	294,850	297,606	+1,000	+2,756	+2,756
National Center for Research Resources	1,098,346	1,098,242	1,123,242	1,104,346	+6,000	+6,104	−18,896
National Center for Complementary and Alternative Medicine	121,382	120,554	120,554	121,982	+600	+1,428	+1,428
National Center on Minority Health and Health Disparities	195,271	194,299	194,299	196,771	+1,500	+2,472	+2,472
John E. Fogarty International Center	66,332	66,681	66,681	66,832	+500	+151	+151
National Library of Medicine	314,694	313,269	313,269	315,294	+600	+2,025	+2,025
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	(8,200)			
Subtotal, NLM	322,894	321,469	321,469	323,494	+600	+2,025	+2,025
Office of the Director[5]	527,238	667,825	667,825	687,825	+160,587	+20,000	+20,000
Biodefense countermeasures[5]	(96,030)	(96,030)	(96,030)	(96,030)			
Buildings and Facilities	81,025	81,081	81,081	81,081	+56		
Total, National Institutes of Health (NIH)	28,329,847	28,350,003	28,250,003	28,550,667	+220,820	+200,664	+300,664
Emergency appropriations	(18,000)				(−18,000)		
Global HIV/AIDS Fund Transfer	−99,000	−100,000		−100,000	−1,000		−100,000
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	(8,200)			
Total, NIH, Program Level	(28,239,047)	(28,258,203)	(28,258,203)	(28,458,867)	(+219,820)	(+200,664)	(+200,664)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)							
Mental Health:							
Programs of Regional and National Significance	263,080	228,101	269,303	290,994	+27,914	+62,893	+21,691
Mental Health block grant	406,561	406,843	406,843	406,843	+282	.....	.....
Evaluation Tap Funding	(21,803)	(21,629)	(21,629)	(21,629)	(−174)	.....	.....
Subtotal, Program level	(428,364)	(428,472)	(428,472)	(428,472)	(+108)	.....	.....
Children's Mental Health	104,006	104,078	104,078	104,078	+72	.....	.....
Grants to States for the Homeless (PATH)	54,223	54,261	54,261	54,261	+38	.....	.....
Protection and Advocacy	34,000	34,000	34,000	34,000	.....	.....	.....
Subtotal, Mental Health	861,870	827,283	868,485	890,176	+28,306	+62,893	+21,691
Subtotal, Program level	(883,673)	(848,912)	(890,114)	(911,805)	(+28,132)	(+62,893)	(+21,691)
Substance Abuse Treatment:							
Programs of Regional and National Significance	394,375	371,079	322,395	338,366	−56,009	−32,713	+15,971
Evaluation Tap Funding	(4,300)	(4,300)	(4,300)	(4,300)	.....	.....	.....
Subtotal, Program level	(398,675)	(375,379)	(326,695)	(342,666)	(−56,009)	(−32,713)	(+15,971)
Substance Abuse block grant	1,678,225	1,679,391	1,754,800	1,709,391	+31,166	+30,000	−45,409
Evaluation Tap Funding	(79,200)	(79,200)	(79,200)	(79,200)	.....	.....	.....
Subtotal, Program level	(1,757,425)	(1,758,591)	(1,834,000)	(1,788,591)	(+31,166)	(+30,000)	(−45,409)
Subtotal, Substance Abuse Treatment	2,072,600	2,050,470	2,077,195	2,047,757	−24,843	−2,713	−29,438
Subtotal, Program level	(2,156,100)	(2,133,970)	(2,160,695)	(2,131,257)	(−24,843)	(−2,713)	(−29,438)
Substance Abuse Prevention: Programs of Regional and National Significance	192,767	180,598	195,805	196,729	+3,962	+16,131	+924
Program Management	75,996	75,521	75,521	76,521	+525	+1,000	+1,000
Evaluation Tap funding (NA)	(16,000)	(21,000)	(21,000)	(21,000)	(+5,000)	.....	.....
Subtotal, Program level	91,996	96,521	96,521	97,521	+5,525	+1,000	+1,000
Total, SAMHSA	3,203,233	3,133,872	3,217,006	3,211,183	+7,950	+77,311	−5,823
Evaluation Tap funding	(121,303)	(126,129)	(126,129)	(126,129)	(+4,826)	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Total, SAMHSA program level	(3,324,536)	(3,260,001)	(3,343,135)	(3,337,312)	(+12,776)	(+77,311)	(−5,823)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY							
Research on Health Costs, Quality, and Outcomes:							
Federal Funds	.....	.....	260,695	260,695	+260,695	+260,695	.....
Evaluation Tap funding (NA)	(260,695)	(260,695)	.....	.....	(−260,695)	(−260,695)	.....
Clinical effectiveness research (NA)	(15,000)	(15,000)	(15,000)	(15,000)	.....	.....	.....
Reducing medical errors (NA)	(84,000)	(84,000)	(84,000)	(84,000)	.....	.....	.....
Subtotal, Program level	(260,695)	(260,695)	(260,695)	(260,695)	.....	.....	.....
Medical Expenditures Panel Surveys:							
Federal Funds	.....	.....	55,300	55,300	+55,300	+55,300	.....
Evaluation Tap funding (NA)	(55,300)	(55,300)	.....	.....	(−55,300)	(−55,300)	.....
Program Support:							
Federal Funds	.....	.....	2,700	2,700	+2,700	+2,700	.....
Evaluation Tap funding (NA)	(2,700)	(2,700)	.....	.....	(−2,700)	(−2,700)	.....
Total, AHRQ	.....	.....	318,695	318,695	+318,695	+318,695	.....
Evaluation Tap funding (NA)	(318,695)	(318,695)	.....	.....	(−318,695)	(−318,695)	.....
Total, AHRQ program level	(318,695)	(318,695)	(318,695)	(318,695)	.....	.....	.....
Total, Public Health Service appropriation	44,278,437	43,695,935	44,979,377	45,213,557	+935,120	+1,517,622	+234,180
Total, Public Health Service program level	(44,921,735)	(44,340,059)	(45,239,571)	(45,373,751)	(+452,016)	(+1,033,692)	(+134,180)
CENTERS FOR MEDICARE AND MEDICAID SERVICES							
GRANTS TO STATES FOR MEDICAID							
Medicaid current law benefits	204,166,276	189,499,928	189,499,928	189,499,928	−14,666,348	.....	.....
State and local administration	9,803,100	9,349,700	9,349,700	9,349,700	−453,400	.....	.....

Vaccines for Children	1,502,333	2,006,445	2,006,445	2,006,445	+504,112		
Subtotal, Medicaid program level	215,471,709	200,856,073	200,856,073	200,856,073	−14,615,636		
Less funds advanced in prior year	−58,517,290	−62,783,825	−62,783,825	−62,783,825	−4,266,535		
Total, Grants to States for medicaid	156,954,419	138,072,248	138,072,248	138,072,248	−18,882,171		
New advance, 1st quarter	62,783,825	65,257,617	65,257,617	65,257,617	+2,473,792		
PAYMENTS TO HEALTH CARE TRUST FUNDS							
Supplemental medical insurance	128,920,000	139,351,000	139,351,000	139,351,000	+10,431,000		
Hospital insurance for the uninsured	202,000	239,000	239,000	239,000	+37,000		
Federal uninsured payment	206,000	229,000	229,000	229,000	+23,000		
Program management	164,000	153,000	153,000	153,000	−11,000		
General revenue for Part D benefit	53,596,000	56,574,000	56,574,000	56,574,000	+2,978,000		
General revenue for Part D administration	677,000	453,391	453,391	453,391	−223,609		
HCFAC reimbursement		118,404				−118,404	
Prescription drug eligibility determinations	99,100	18,000	18,000	18,000	−81,100		
Subtotal, Payments to Trust Funds, current law	183,864,100	197,135,795	197,017,391	197,017,391	+13,153,291	−118,404	
Less funds advanced in prior year	−5,216,900				+5,216,900		
New Advance Fiscal Year 2008							
Total, Payments to Trust Funds, current law	178,647,200	197,135,795	197,017,391	197,017,391	+18,370,191	−118,404	
PROGRAM MANAGEMENT[7]							
Research, Demonstration, Evaluation	57,420	41,528	46,673	57,376	−44	+15,848	+10,703
Medicare Operations[8]	2,143,242	2,145,208	2,145,208	2,130,208	−13,034	−15,000	−15,000
Revitalization plan	23,963	22,765	22,765	22,765	−1,198		
State Survey and Certification	258,128	283,524	283,524	283,524	+25,396		
Federal Administration[8]	637,065	655,377	655,377	655,377	+18,312		
Total, Program management, Limitation on new BA	3,119,818	3,148,402	3,153,547	3,149,250	+29,432	+848	−4,297
Survey and Certification user fee (leg prop)		(−35,000)	(−35,000)	(−35,000)	(−35,000)		
Total, Program management, program level	(3,119,818)	(3,113,402)	(3,118,547)	(3,114,250)	(−5,568)	(+848)	(−4,297)
HEALTH CARE FRAUD AND ABUSE CONTROL							
Part D drug benefit/medicare advantage (MIP)		85,634				−85,634	
HHS Office of Inspector General		11,336				−11,336	
Department of Justice		11,336				−11,336	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Medicaid and SCHIP financial management	.....	10,098	.....	.....	.....	−10,098	.....
Total, Health Care Fraud and Abuse Control	.....	118,404	.....	.....	.....	−118,404	.....
Total, Center for Medicare and Medicaid Services	401,505,262	403,732,466	403,500,803	403,496,506	+1,991,244	−235,960	−4,297
Federal funds	398,385,444	400,465,660	400,347,256	400,347,256	+1,961,812	−118,404	.....
Current year	(335,601,619)	(335,208,043)	(335,089,639)	(335,089,639)	(−511,980)	(−118,404)	.....
New advance, fiscal year 2008	(62,783,825)	(65,257,617)	(65,257,617)	(65,257,617)	(+2,473,792)	.....	.....
Trust Funds	3,119,818	3,266,806	3,153,547	3,149,250	+29,432	−117,556	−4,297
ADMINISTRATION FOR CHILDREN AND FAMILIES							
FAMILY SUPPORT PAYMENTS TO STATES							
Payments to territories	38,000	38,000	38,000	38,000	.....	.....	.....
Repatriation	1,000	1,000	1,000	1,300	+300	+300	+300
Subtotal, Welfare payments	39,000	39,000	39,000	39,300	+300	+300	+300
Child Support Enforcement:							
State and local administration	3,611,494	3,595,162	3,595,162	3,595,162	−16,332	.....	.....
Federal incentive payments	458,000	471,000	471,000	471,000	+13,000	.....	.....
Access and visitation	10,000	10,000	10,000	10,000	.....	.....	.....
Subtotal, Child Support Enforcement	4,079,494	4,076,162	4,076,162	4,076,162	−3,332	.....	.....
Total, Family support payments program level	4,118,494	4,115,162	4,115,162	4,115,462	−3,032	+300	+300
Less funds advanced in previous years	−1,200,000	−1,200,000	−1,200,000	−1,200,000	.....	.....	.....
Total, Family support payments, current year	2,918,494	2,915,162	2,915,162	2,915,462	−3,032	+300	+300
New advance, 1st quarter, fiscal year 2008	1,200,000	1,000,000	1,000,000	1,000,000	−200,000	.....	.....

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)							
Formula grants	1,979,725	1,782,000	1,930,000	1,980,000	+275	+198,000	+50,000
Deficit Reduction Act (Public Law 109–171) (NA)	(500,000)	.....	.....	.....	(−500,000)	.....	.....
Subtotal, Formula grants	2,479,725	1,782,000	1,930,000	1,980,000	−499,725	+198,000	+50,000
Contingency fund	179,960	.....	181,170	181,170	+1,210	+181,170	.....
Deficit Reduction Act (Public Law 109–171) (NA)	(500,000)	.....	.....	.....	(−500,000)	.....	.....
Subtotal, Contingency fund	679,960	.....	181,170	181,170	−498,790	+181,170	.....
Emergency allocation	.....	.....	.....	.....	.....	.....	.....
Total, LIHEAP	2,159,685	1,782,000	2,111,170	2,161,170	+1,485	+379,170	+50,000
Total, LIHEAP, program level	3,159,685	1,782,000	2,111,170	2,161,170	−998,515	+379,170	+50,000
REFUGEE AND ENTRANT ASSISTANCE							
Transitional and Medical Services	265,365	282,333	282,333	282,333	+16,968	.....	.....
Victims of Trafficking	9,809	14,816	9,816	9,816	+7	−5,000	.....
Social Services	153,898	149,610	154,004	149,610	−4,288	.....	−4,394
Preventive Health	4,745	4,748	4,748	4,748	+3	.....	.....
Targeted Assistance	48,557	48,590	48,590	48,590	+33	.....	.....
Unaccompanied minors	77,249	105,022	95,022	95,022	+17,773	−10,000	.....
Victims of Torture	9,809	9,816	9,816	9,816	+7	.....	.....
Total, Refugee and entrant assistance	569,432	614,935	604,329	599,935	+30,503	−15,000	−4,394
CHILD CARE AND DEVELOPMENT BLOCK GRANT	2,060,664	2,062,081	2,062,081	2,062,081	+1,417	.....	.....
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	1,700,000	.....	.....	.....
Supplemental (Public Law 109–148) (emergency)	550,000	.....	.....	.....	−550,000	.....	.....
Total, Social services block grant	2,250,000	1,700,000	1,700,000	1,700,000	−550,000	.....	.....
CHILDREN AND FAMILIES SERVICES PROGRAMS							
Programs for Children, Youth and Families:							
Head Start, current funded	5,396,062	5,396,971	5,399,771	5,399,771	+3,709	+2,800	.....
Supplemental (Public Law 109–148) (emergency)	90,000	.....	.....	.....	−90,000	.....	.....
Advance from prior year	(1,386,000)	(1,388,800)	(1,388,800)	(1,388,800)	(+2,800)	.....	.....
Fiscal Year 2008	1,388,800	1,388,800	1,388,800	1,388,800	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Subtotal, Head Start, program level	6,874,862	6,785,771	6,788,571	6,788,571	−86,291	+2,800	.....
Consolidated Runaway, Homeless Youth Program	87,777	87,837	87,837	87,837	+60	.....	.....
Prevention grants to reduce abuse of runaway youth	15,017	15,027	15,027	15,027	+10	.....	.....
Child Abuse State Grants	26,988	27,007	27,007	27,007	+19	.....	.....
Child Abuse Discretionary Activities	25,762	25,780	26,130	27,530	+1,768	+1,750	+1,400
Community based child abuse prevention	42,401	42,430	42,430	42,430	+29	.....	.....
Abandoned Infants Assistance	11,827	11,835	11,835	11,835	+8	.....	.....
Child Welfare Services	286,556	286,753	286,753	286,753	+197	.....	.....
Child Welfare Training	7,330	7,335	7,335	7,335	+5	.....	.....
Adoption Opportunities	26,830	26,848	26,848	26,848	+18	.....	.....
Adoption Incentive (no cap adjustment)	17,808	29,654	17,820	29,654	+11,846	.....	+11,834
Adoption Awareness	12,665	12,674	12,674	12,674	+9	.....	.....
Compassion Capital Fund	64,306	100,000	54,549	54,549	−9,757	−45,451	.....
Social Services and Income Maintenance Research	5,864	.....	14,395	16,123	+10,259	+16,123	+1,728
Evaluation tap funding	(6,000)	(6,000)	(6,000)	(6,000)	.....	.....	.....
Subtotal, Program level	(11,864)	(6,000)	(20,395)	(22,123)	(+10,259)	(+16,123)	(+1,728)
Developmental Disabilities Programs:							
State Councils	71,771	71,771	71,771	71,771	.....	.....	.....
Protection and Advocacy	38,691	38,718	38,718	38,718	+27	.....	.....
Voting access for individuals with disabilities	15,709	15,720	15,720	15,720	+11	.....	.....
Developmental Disabilities Projects of National Significance	11,357	11,414	11,414	11,414	+57	.....	.....
University Centers for Excellence in Developmental Disabilities	33,190	33,212	33,213	35,000	+1,810	+1,788	+1,787
Subtotal, Developmental disabilities programs	170,718	170,835	170,836	172,623	+1,905	+1,788	+1,787
Native American Programs	44,302	44,332	44,332	44,332	+30	.....	.....
Community Services:							
Grants to States for Community Services	629,992	.....	449,037	630,425	+433	+630,425	+181,388

Community Initiative Program:							
Economic Development	32,382	.....	27,022	32,404	+22	+32,404	+5,382
Individual Development Account Initiative	24,435	24,452	24,452	24,452	+17	.....	.....
Rural Community Facilities	7,288	.....	7,367	7,367	+79	+7,367	.....
Subtotal, Community Initiative Program	64,105	24,452	58,841	64,223	+118	+39,771	+5,382
Subtotal, Community Services	694,097	24,452	507,878	694,648	+551	+670,196	+186,770
Domestic Violence Hotline	2,968	2,970	2,970	2,970	+2	.....	.....
Family Violence/Battered Women's Shelters	124,645	124,731	124,731	124,731	+86	.....	.....
Mentoring Children of Prisoners	49,459	40,000	40,000	40,000	−9,459	.....	.....
Independent Living Training Vouchers	46,125	46,157	46,157	46,157	+32	.....	.....
Abstinence Education	108,825	136,665	108,900	108,900	+75	−27,765	.....
Evaluation Tap Funding	(4,500)	(4,500)	(4,500)	(4,500)	.....	.....	.....
Subtotal, Program level	(113,325)	(141,165)	(113,400)	(113,400)	(+75)	(−27,765)	.....
Faith-Based Center	1,385	1,386	1,386	1,386	+1	.....	.....
Program Direction	183,239	188,123	186,265	186,265	+3,026	−1,858	.....
Total, Children and Families Services Programs	8,931,756	8,238,602	8,652,666	8,856,185	−75,571	+617,583	+203,519
Current Year	(7,542,956)	(6,849,802)	(7,263,866)	(7,467,385)	(−75,571)	(+617,583)	(+203,519)
Emergency appropriations	(90,000)	.....	.....	.....	(−90,000)	.....	.....
Fiscal Year 2008	(1,388,800)	(1,388,800)	(1,388,800)	(1,388,800)	.....	.....	.....
Evaluation Tap funding	(10,500)	(10,500)	(10,500)	(10,500)	.....	.....	.....
Total, Program level	8,942,256	8,249,102	8,663,166	8,866,685	−75,571	+617,583	+203,519
PROMOTING SAFE AND STABLE FAMILIES [9]	305,000	345,000	345,000	345,000	+40,000	.....	.....
Discretionary Funds	89,039	89,100	89,100	75,000	−14,039	−14,100	−14,100
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION							
Foster Care	4,685,000	4,757,000	4,757,000	4,757,000	+72,000	.....	.....
Adoption Assistance	1,883,000	2,044,000	2,044,000	2,044,000	+161,000	.....	.....
Independent living	140,000	140,000	140,000	140,000	.....	.....	.....
Total, Payments to States	6,708,000	6,941,000	6,941,000	6,941,000	+233,000	.....	.....
Less Advances from Prior Year	−1,767,200	−1,730,000	−1,730,000	−1,730,000	+37,200	.....	.....
Total, payments, current year	4,940,800	5,211,000	5,211,000	5,211,000	+270,200	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
New Advance, 1st quarter	1,730,000	1,810,000	1,810,000	1,810,000	+80,000		
Total, Administration for Children and Families	27,154,870	25,767,880	26,500,508	26,735,833	−419,037	+967,953	+235,325
Current year	(22,836,070)	(21,569,080)	(22,301,708)	(22,537,033)	(−299,037)	(+967,953)	(+235,325)
Emergency appropriations	(640,000)				(−640,000)		
Fiscal Year 2008	(4,318,800)	(4,198,800)	(4,198,800)	(4,198,800)	(−120,000)		
Evaluation Tap funding	(10,500)	(10,500)	(10,500)	(10,500)			
Total, Administration for Children and Families	27,165,370	25,778,380	26,511,008	26,746,333	−419,037	+967,953	+235,325
ADMINISTRATION ON AGING							
Grants to States:							
Supportive Services and Centers	350,354	350,595	350,595	350,595	+241		
Preventive Health	21,385		21,400	21,400	+15	+21,400	
Protection of Vulnerable Older Americans—Title VII	20,142	19,166	20,156	21,156	+1,014	+1,990	+1,000
Family Caregivers	156,060	154,187	156,167	156,167	+107	+1,980	
Native American Caregivers Support	6,237	6,241	6,241	6,241	+4		
Subtotal, Caregivers	162,297	160,428	162,408	162,408	+111	+1,980	
Nutrition:							
Congregate Meals	385,054	383,401	389,211	385,319	+265	+1,918	−3,892
Home Delivered Meals	181,781	180,998	183,742	181,905	+124	+907	−1,837
Nutrition Services Incentive Program	147,744	147,110	149,339	147,846	+102	+736	−1,493
Subtotal, Nutrition	714,579	711,509	722,292	715,070	+491	+3,561	−7,222
Subtotal, Grants to States	1,268,757	1,241,698	1,276,851	1,270,629	+1,872	+28,931	−6,222
Grants for Native Americans	26,116	26,134	26,134	26,134	+18		
Program Innovations	24,578	35,485	44,135	40,235	+15,657	+4,750	−3,900
Aging Network Support Activities	13,124	13,133	13,133	13,133	+9		

Alzheimer's Disease Demonstrations	11,660	.....	11,668	12,000	+340	+12,000	+332
Program Administration	17,688	18,385	18,385	18,385	+697	.....	.....
Total, Administration on Aging	1,361,923	1,334,835	1,390,306	1,380,516	+18,593	+45,681	−9,790
OFFICE OF THE SECRETARY							
GENERAL DEPARTMENTAL MANAGEMENT:							
Federal Funds	177,180	197,165	194,700	199,346	+22,166	+2,181	+4,646
Trust Funds	5,792	5,851	5,792	5,851	+59	.....	+59
Subtotal	182,972	203,016	200,492	205,197	+22,225	+2,181	+4,705
Adolescent Family Life (Title XX)	30,256	30,372	30,277	30,277	+21	−95	.....
Minority health	56,455	46,775	46,775	57,325	+870	+10,550	+10,550
Office of Women's Health	28,245	28,369	28,265	28,869	+624	+500	+604
Minority HIV/AIDS	51,855	51,891	51,891	51,891	+36	.....	.....
Afghanistan	5,888	6,016	5,892	6,016	+128	.....	+124
Embryo adoption awareness campaign	1,979	1,980	.....	2,000	+21	+20	+2,000
Evaluation tap funding (ASPE) (NA)	(39,552)	(39,552)	(39,552)	(39,552)	.....	.....	.....
Total, General Departmental Management	357,650	368,419	363,592	381,575	+23,925	+13,156	+17,983
Federal Funds	351,858	362,568	357,800	375,724	+23,866	+13,156	+17,924
Trust Funds	5,792	5,851	5,792	5,851	+59	.....	+59
Evaluation tap funding	(39,552)	(39,552)	(39,552)	(39,552)	.....	.....	.....
OFFICE OF MEDICARE HEARINGS AND APPEALS	59,359	74,250	70,000	70,000	+10,641	−4,250	.....
OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY [10]	42,343	87,872	86,070	51,313	+8,970	−36,559	−34,757
Evaluation tap funding	(18,900)	(28,000)	(11,930)	(11,930)	(−6,970)	(−16,070)	.....
Total, Health Information Tech. program level	(61,243)	(115,872)	(98,000)	(63,243)	(+2,000)	(−52,629)	(−34,757)
OFFICE OF THE INSPECTOR GENERAL:							
Federal Funds	39,388	43,760	41,415	43,760	+4,372	.....	+2,345
HIPAA funding (NA)	(160,000)	(160,000)	(160,000)	(160,000)	.....	.....	.....
Medicaid integrity program: Deficit Reduction Act (Public Law 109–171) (NA)	(25,000)	(25,000)	(25,000)	(25,000)	.....	.....	.....
Total, Inspector General program level	(224,388)	(228,760)	(226,415)	(228,760)	(+4,372)	.....	(+2,345)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
OFFICE FOR CIVIL RIGHTS:							
Federal Funds	31,341	32,969	32,969	32,969	+1,628		
Trust Funds	3,281	3,314	3,314	3,314	+33		
Total, Office for Civil Rights	34,622	36,283	36,283	36,283	+1,661		
MEDICAL BENEFITS FOR COMMISSIONED OFFICERS:							
Retirement payments	256,193	266,441	266,441	266,441	+10,248		
Survivors benefits	15,600	16,224	16,224	16,224	+624		
Dependents' medical care	56,759	59,029	59,029	59,029	+2,270		
Total,Medical benefits for Commissioned Officers	328,552	341,694	341,694	341,694	+13,142		
PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND							
HRSA homeland security activities [5]							
CDC homeland security activities [5]							
NIH homeland security activities [5]							
Office of the Secretary homeland security activities	59,984	81,595	81,595	88,027	+28,043	+6,432	+6,432
Other PHSSEF homeland security activities							
Pandemic influenza preparedness		78,880	78,880	78,880	+78,880		
Supplemental (Public Law 109–148) (emergency)	3,082,000				−3,082,000		
Supplemental (Public Law 109–234) (emergency)	2,300,000				−2,300,000		
Total, PHSSEF	5,441,984	160,475	160,475	166,907	−5,275,077	+6,432	+6,432
Total, Office of the Secretary	6,303,898	1,112,753	1,099,529	1,091,532	−5,212,366	−21,221	−7,997
Federal Funds	6,235,466	1,029,338	1,020,423	1,012,367	−5,223,099	−16,971	−8,056
Emergency appropriations	5,382,000				−5,382,000		
Trust Funds	68,432	83,415	79,106	79,165	+10,733	−4,250	+59
Total, Title II, Dept of Health and Human Services	480,604,390	475,643,869	477,470,523	477,917,944	−2,686,446	+2,274,075	+447,421
Federal Funds	477,416,140	472,293,648	474,237,870	474,689,529	−2,726,611	+2,395,881	+451,659

Current year	(410,313,515)	(402,837,231)	(404,781,453)	(405,233,112)	(−5,080,403)	(+2,395,881)	(+451,659)
Emergency appropriations	(6,337,000)	.....	.....	.....	(−6,337,000)	.....	.....
Fiscal Year 2008	(67,102,625)	(69,456,417)	(69,456,417)	(69,456,417)	(+2,353,792)	.....	.....
Trust Funds	3,188,250	3,350,221	3,232,653	3,228,415	+40,165	−121,806	−4,238
TITLE III—DEPARTMENT OF EDUCATION							
EDUCATION FOR THE DISADVANTAGED							
Grants to Local Educational Agencies (LEAs):							
Basic Grants:							
Advance from prior year	(1,383,584)	(1,478,584)	(1,478,584)	(1,478,584)	(+95,000)	.....	.....
Forward funded	5,326,387	5,326,352	5,326,352	5,326,352	−35	.....	.....
Current funded	3,437	3,472	3,472	3,472	+35	.....	.....
Subtotal, Basic grants current year approp	5,329,824	5,329,824	5,329,824	5,329,824	.....	.....	.....
Subtotal, Basic grants total funds available	(6,713,408)	(6,808,408)	(6,808,408)	(6,808,408)	(+95,000)	.....	.....
Basic Grants Fiscal Year 2008 Advance	1,478,584	1,478,584	1,478,584	1,478,584	.....	.....	.....
Subtotal, Basic grants, program level	6,808,408	6,808,408	6,808,408	6,808,408	.....	.....	.....
Concentration Grants:							
Advance from prior year	(1,365,031)	(1,365,031)	(1,365,031)	(1,365,031)	.....	.....	.....
Fiscal Year 2008 Advance	1,365,031	1,365,031	1,365,031	1,365,031	.....	.....	.....
Subtotal, Concentration Grants program level	1,365,031	1,365,031	1,365,031	1,365,031	.....	.....	.....
Targeted Grants:							
Advance from prior year	(2,219,843)	(2,269,843)	(2,269,843)	(2,269,843)	(+50,000)	.....	.....
Fiscal Year 2008 Advance	2,269,843	2,269,843	2,269,843	2,269,843	.....	.....	.....
Subtotal, Targeted Grants program level	2,269,843	2,269,843	2,269,843	2,269,843	.....	.....	.....
Education Finance Incentive Grants:							
Advance from prior year	(2,219,843)	(2,269,843)	(2,269,843)	(2,269,843)	(+50,000)	.....	.....
Fiscal Year 2008 Advance	2,269,843	2,269,843	2,269,843	2,269,843	.....	.....	.....
Subtotal, Education Finance Incentive Grants	2,269,843	2,269,843	2,269,843	2,269,843	.....	.....	.....
Subtotal, Grants to LEAs, program level	12,713,125	12,713,125	12,713,125	12,713,125	.....	.....	.....
Even Start	99,000	.....	70,000	.....	−99,000	.....	−70,000
School improvement grants	.....	200,000	200,000	100,000	+100,000	−100,000	−100,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Reading First:							
State Grants (forward funded)	1,029,234	1,029,234	1,029,234	1,000,000	−29,234	−29,234	−29,234
Advance from prior year	(195,000)				(−195,000)		
Subtotal, Reading First State Grants	1,029,234	1,029,234	1,029,234	1,000,000	−29,234	−29,234	−29,234
Early Reading First	103,118	103,118	103,118	100,000	−3,118	−3,118	−3,118
Striving readers	29,700	100,000	35,000	35,000	+5,300	−65,000	
Math Now for elementary school students		125,000				−125,000	
Math Now for middle school students		125,000				−125,000	
Literacy through School Libraries	19,486	19,486	19,486	19,486			
High School reform		1,475,000				−1,475,000	
America's opportunity scholarships for kids		100,000				−100,000	
State Agency Programs:							
Migrant	386,524	386,524	386,524	386,524			
Neglected and Delinquent/High Risk Youth	49,797	49,797	49,797	49,797			
Subtotal, State Agency programs	436,321	436,321	436,321	436,321			
Evaluation	9,330	9,330	9,330	9,330			
Comprehensive School Reform Demonstration	7,920		3,000		−7,920		−3,000
Migrant Education:.							
High School Equivalency Program	18,550	18,550	18,550	18,550			
College Assistance Migrant Program	15,377	15,377	15,377	15,377			
Subtotal, Migrant Education	33,927	33,927	33,927	33,927			
Total, Education for the disadvantaged	14,481,161	16,469,541	14,652,541	14,447,189	−33,972	−2,022,352	−205,352
Current Year	(7,097,860)	(9,086,240)	(7,269,240)	(7,063,888)	(−33,972)	(−2,022,352)	(−205,352)
Fiscal Year 2008	(7,383,301)	(7,383,301)	(7,383,301)	(7,383,301)			
Subtotal, forward funded	(6,928,562)	(8,566,907)	(7,099,907)	(6,897,673)	(−30,889)	(−1,669,234)	(−202,234)

IMPACT AID							
Basic Support Payments	1,091,867	1,091,867	1,091,867	1,091,867	.....	.....	.....
Payments for Children with Disabilities	49,466	49,466	49,466	49,466	.....	.....	.....
Facilities Maintenance (Sec. 8008)	4,950	4,950	4,950	4,950	.....	.....	.....
Construction (Sec. 8007)	17,820	17,820	17,820	17,820	.....	.....	.....
Payments for Federal Property (Sec. 8002)	64,350	64,350	64,350	64,350	.....	.....	.....
Total, Impact aid	1,228,453	1,228,453	1,228,453	1,228,453	.....	.....	.....
SCHOOL IMPROVEMENT PROGRAMS							
State Grants for Improving Teacher Quality	1,452,439	1,452,439	1,302,000	1,312,439	−140,000	−140,000	+10,439
Advance from prior year	(1,435,000)	(1,435,000)	(1,435,000)	(1,435,000)	.....	.....	.....
Fiscal Year 2008	1,435,000	1,435,000	1,285,000	1,435,000	.....	.....	+150,000
Subtotal, State Grants for Improving Teacher Quality, program level	(2,887,439)	(2,887,439)	(2,587,000)	(2,747,439)	(−140,000)	(−140,000)	(+160,439)
Early Childhood Educator Professional Development	14,549	14,549	14,549	14,549	.....	.....	.....
Mathematics and Science Partnerships	182,160	182,160	225,000	195,000	+12,840	+12,840	−30,000
State Grants for Innovative Education (Education Block Grant)	99,000	99,000	150,000	.....	−99,000	−99,000	−150,000
Educational Technology State Grants	272,250	.....	.....	272,250	.....	+272,250	+272,250
Supplemental Education Grants	18,001	18,001	18,001	18,824	+823	+823	+823
21st Century Community Learning Centers	981,166	981,166	981,166	981,166	.....	.....	.....
State Assessments/Enhanced Assessment Instruments	407,563	407,563	407,563	407,563	.....	.....	.....
Javits gifted and talented education	9,596	.....	.....	5,025	−4,571	+5,025	+5,025
Foreign language assistance	21,780	23,780	21,780	26,152	+4,372	+2,372	+4,372
Education for Homeless Children and Youth	61,871	61,871	61,871	61,871	.....	.....	.....
Training and Advisory Services (Civil Rights)	7,113	7,113	7,113	7,113	.....	.....	.....
Education for Native Hawaiians	33,907	31,433	31,433	33,908	+1	+2,475	+2,475
Alaska Native Education Equity	33,907	33,908	33,908	33,908	+1	.....	.....
Rural Education	168,918	168,918	168,918	168,918	.....	.....	.....
Comprehensive Centers	56,257	56,257	56,257	56,257	.....	.....	.....
Total, School improvement programs	5,255,477	4,973,158	4,764,559	5,029,943	−225,534	+56,785	+265,384
Current Year	(3,820,477)	(3,538,158)	(3,479,559)	(3,594,943)	(−225,534)	(+56,785)	(+115,384)
Fiscal Year 2008	(1,435,000)	(1,435,000)	(1,285,000)	(1,435,000)	.....	.....	(+150,000)
Subtotal, forward funded	(3,625,367)	(3,353,117)	(3,296,518)	(3,399,207)	(−226,160)	(+46,090)	(+102,689)
INDIAN EDUCATION							
Grants to Local Educational Agencies	95,331	95,331	95,331	95,331	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Federal Programs:							
Special Programs for Indian Children	19,399	19,399	19,399	19,399	.....	.....	.....
National Activities	3,960	3,960	3,960	3,960	.....	.....	.....
Subtotal, Federal Programs	23,359	23,359	23,359	23,359	.....	.....	.....
Total, Indian Education	118,690	118,690	118,690	118,690	.....	.....	.....
INNOVATION AND IMPROVEMENT							
Troops-to-Teachers	14,645	14,645	14,645	14,645	.....	.....	.....
Transition to Teaching	44,484	44,484	44,484	44,484	.....	.....	.....
National Writing Project	21,532	.....	21,532	25,000	+3,468	+25,000	+3,468
Teaching of Traditional American History	119,790	50,000	50,000	121,000	+1,210	+71,000	+71,000
School Leadership	14,731	.....	14,731	14,731	.....	+14,731	.....
Advanced Credentialing	16,695	8,000	18,695	18,695	+2,000	+10,695	.....
Charter Schools Grants	214,782	214,782	214,782	214,782	.....	.....	.....
Credit Enhancement for Charter School Facilities	36,611	36,611	36,611	.....	−36,611	−36,611	−36,611
Voluntary Public School Choice	26,278	26,278	26,278	26,278	.....	.....	.....
Magnet Schools Assistance	106,693	106,693	106,693	106,693	.....	.....	.....
Fund for the Improvement of Education (FIE)	158,510	104,043	183,962	238,879	+80,369	+134,836	+54,917
Teacher Incentive Fund, Current funded	4,950	4,950	4,950	4,950	.....	.....	.....
Teacher Incentive Fund, Forward funded	94,050	94,050	94,050	94,050	.....	.....	.....
Ready-to-Learn television	24,255	24,255	.....	24,255	.....	.....	+24,255
Dropout Prevention Programs	4,851	.....	.....	.....	−4,851	.....	.....
Close Up Fellowships	1,454	.....	.....	1,500	+46	+1,500	+1,500
Advanced Placement	32,175	122,175	80,000	40,000	+7,825	−82,175	−40,000
Total, Innovation and Improvement	936,486	850,966	911,413	989,942	+53,456	+138,976	+78,529
Subtotal, Forward funded	(94,050)	(94,050)	(94,050)	(94,050)	.....	.....	.....

SAFE SCHOOLS AND CITIZENSHIP EDUCATION							
Safe and Drug Free Schools and Communities: State Grants, forward funded	346,500	.....	310,000	310,000	−36,500	+310,000	.....
National Programs	141,112	196,992	196,992	131,112	−10,000	−65,880	−65,880
Alcohol Abuse Reduction	32,409	.....	.....	32,409	.....	+32,409	+32,409
Mentoring Programs	48,814	19,000	19,000	19,000	−29,814	.....	.....
Character education	24,248	24,248	24,248	24,248	.....	.....	.....
Elementary and Secondary School Counseling	34,650	.....	22,000	34,650	.....	+34,650	+12,650
Carol M. White Physical Education Program	72,674	26,387	26,387	72,674	.....	+46,287	+46,287
Civic Education	29,111	.....	25,000	29,111	.....	+29,111	+4,111
Total, Safe Schools and Citizenship Education	729,518	266,627	623,627	653,204	−76,314	+386,577	+29,577
Current Year	(729,518)	(266,627)	(623,627)	(653,204)	(−76,314)	(+386,577)	(+29,577)
Subtotal, Forward funded	(346,500)	.....	(310,000)	(310,000)	(−36,500)	(+310,000)	.....
ENGLISH LANGUAGE ACQUISITION							
Current funded	43,486	43,485	43,485	43,485	−1	.....	.....
Forward funded	625,522	625,522	625,522	625,522	.....	.....	.....
Total, English Language Acquisition	669,008	669,007	669,007	669,007	−1	.....	.....
SPECIAL EDUCATION							
State Grants:							
Grants to States Part B current year	5,158,761	4,467,761	4,708,907	5,158,761	.....	+691,000	+449,854
Part B advance from prior year	(5,413,000)	(5,424,200)	(5,424,200)	(5,424,200)	(+11,200)	.....	.....
Grants to States Part B (Fiscal Year 2008)	5,424,200	6,215,200	6,024,200	5,424,200	.....	−791,000	−600,000
Subtotal, Grants to States, program level	10,582,961	10,682,961	10,733,107	10,582,961	.....	−100,000	−150,146
Preschool Grants	380,751	380,751	380,751	380,751	.....	.....	.....
Grants for Infants and Families	436,400	436,400	436,400	436,400	.....	.....	.....
Subtotal, State grants, program level	11,400,112	11,500,112	11,550,258	11,400,112	.....	−100,000	−150,146
IDEA National Activities (current funded):							
State Personnel Development	50,146	.....	.....	.....	−50,146	.....	.....
Special Education-Voc Rehab transition initiative	.....	2,000	.....	2,000	+2,000	.....	+2,000
Technical Assistance and Dissemination	48,903	48,903	48,903	48,903	.....	.....	.....
Personnel Preparation	89,720	89,720	89,720	89,720	.....	.....	.....
Parent Information Centers	25,704	25,704	25,704	25,704	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Technology and Media Services	38,428	31,063	38,428	38,428	.....	+7,365	.....
Subtotal, IDEA special programs	252,901	197,390	202,755	204,755	−48,146	+7,365	+2,000
Special Olympics Education programs	.....	.....	.....	5,500	+5,500	+5,500	+5,500
Total, Special education	11,653,013	11,697,502	11,753,013	11,610,367	−42,646	−87,135	−142,646
Current Year	(6,228,813)	(5,482,302)	(5,728,813)	(6,186,167)	(−42,646)	(+703,865)	(+457,354)
Fiscal Year 2008	(5,424,200)	(6,215,200)	(6,024,200)	(5,424,200)	.....	(−791,000)	(−600,000)
Subtotal, Forward funded	(6,026,058)	(5,284,912)	(5,526,058)	(5,975,912)	(−50,146)	(+691,000)	(+449,854)
REHABILITATION SERVICES AND DISABILITY RESEARCH							
Vocational Rehabilitation State Grants	2,720,192	2,837,160	2,837,160	2,837,160	+116,968	.....	.....
Client Assistance State grants	11,782	11,782	11,782	11,782	.....	.....	.....
Training	38,438	38,438	38,438	38,438	.....	.....	.....
Demonstration and training programs	6,511	6,511	8,246	12,603	+6,092	+6,092	+4,357
Migrant and seasonal farmworkers	2,279	.....	2,279	2,279	.....	+2,279	.....
Recreational programs	2,518	.....	2,518	2,518	.....	+2,518	.....
Protection and advocacy of individual rights (PAIR)	16,489	16,489	16,489	16,489	.....	.....	.....
Projects with industry	19,538	.....	19,538	19,246	−292	+19,246	−292
Supported employment State grants	29,700	.....	29,700	29,700	.....	+29,700	.....
Independent living:							
State grants	22,588	22,588	22,588	22,588	.....	.....	.....
Centers	74,638	74,638	74,638	74,638	.....	.....	.....
Services for older blind individuals	32,895	32,895	32,895	32,895	.....	.....	.....
Subtotal, Independent living	130,121	130,121	130,121	130,121	.....	.....	.....
Program Improvement	835	835	835	835	.....	.....	.....
Evaluation	1,473	1,473	1,473	1,473	.....	.....	.....
Helen Keller National Center for Deaf/Blind Youth and Adults	8,511	8,511	8,511	8,511	.....	.....	.....
National Inst. Disability and Rehab. Research (NIDRR)	106,705	106,705	106,705	106,705	.....	.....	.....

Assistive Technology	30,452	22,389	30,452	30,452	.....	+8,063	.....
Subtotal, discretionary programs	405,352	343,254	407,087	411,152	+5,800	+67,898	+4,065
Total, Rehabilitation services	3,125,544	3,180,414	3,244,247	3,248,312	+122,768	+67,898	+4,065
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES							
AMERICAN PRINTING HOUSE FOR THE BLIND	17,572	17,573	18,000	20,000	+2,428	+2,427	+2,000
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID):							
Operations	55,349	55,349	57,000	57,500	+2,151	+2,151	+500
Construction	792	.....	.....	.....	−792	.....	.....
Total, NTID	56,141	55,349	57,000	57,500	+1,359	+2,151	+500
GALLAUDET UNIVERSITY:							
Operations	106,998	106,998	110,500	110,500	+3,502	+3,502	.....
Evaluation	.....	600	.....	.....	.....	−600	.....
Total, Gallaudet	106,998	107,598	110,500	110,500	+3,502	+2,902	.....
Total, Special Institutions for Persons with Disabilities	180,711	180,520	185,500	188,000	+7,289	+7,480	+2,500
VOCATIONAL AND ADULT EDUCATION							
Vocational Education:							
Basic State Grants/Secondary and Technical Education:							
State Grants, current funded	391,388	.....	391,388	391,388	.....	+391,388	.....
Advance from prior year	(791,000)	(791,000)	(791,000)	(791,000)	.....	.....	.....
Fiscal Year 2008	791,000	.....	791,000	791,000	.....	+791,000	.....
Subtotal, Basic State Grants, program level	1,182,388	.....	1,182,388	1,182,388	.....	+1,182,388	.....
Tech-Prep Education State Grants	104,754	.....	104,754	104,754	.....	+104,754	.....
National Programs	9,164	.....	9,164	9,164	.....	+9,164	.....
Subtotal, Vocational Education	1,296,306	.....	1,296,306	1,296,306	.....	+1,296,306	.....
Adult Education:							
State Grants/Adult basic and literacy education: State Grants, current funded	563,975	563,975	563,975	563,975	.....	.....	.....
National Programs:							
National Leadership Activities	9,005	9,005	9,005	9,005	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
National Institute for Literacy	6,572	6,572	6,572	6,572			
Subtotal, National programs	15,577	15,577	15,577	15,577			
Subtotal, Adult education	579,552	579,552	579,552	579,552			
Smaller Learning Communities, current funded	4,677		2,500		−4,677		−2,500
Smaller Learning Communities, forward funded	88,854		47,500		−88,854		−47,500
State Grants for Incarcerated Youth Offenders	22,770			24,000	+1,230	+24,000	+24,000
Total, Vocational and adult education	1,992,159	579,552	1,925,858	1,899,858	−92,301	+1,320,306	−26,000
Current Year	(1,201,159)	(579,552)	(1,134,858)	(1,108,858)	(−92,301)	(+529,306)	(−26,000)
Fiscal Year 2008	(791,000)		(791,000)	(791,000)		(+791,000)	
Subtotal, forward funded	(1,196,482)	(579,552)	(1,132,358)	(1,108,858)	(−87,624)	(+529,306)	(−23,500)
STUDENT FINANCIAL ASSISTANCE							
Pell Grants maximum grant (NA)	(4,050)	(4,050)	(4,150)	(4,050)			(−100)
Pell Grants	13,045,230	12,659,713	13,009,000	12,606,713	−438,517	−53,000	−402,287
Federal Supplemental Educational Opportunity Grants	770,933	770,933	770,933	770,933			
Federal Work Study	980,354	980,354	980,354	980,354			
Federal Perkins loan cancellations	65,471		65,471	65,471		+65,471	
Perkins Loan Assets Recall [11]		−664,000				+664,000	
LEAP program	64,987		64,987	64,987		+64,987	
Total, Student Financial Assistance	14,926,975	13,747,000	14,890,745	14,488,458	−438,517	+741,458	−402,287
STUDENT AID ADMINISTRATION: Student aid administration [12]	118,800	733,720	713,720	713,720	+594,920	−20,000	
HIGHER EDUCATION							
Aid for Institutional Development:.							
Strengthening Institutions	79,535	79,535	79,535	79,535			
Hispanic Serving Institutions	94,914	94,914	94,914	94,914			

Strengthening Historically Black Colleges (HBCUs)	238,095	238,095	238,095	238,095			
Strengthening Historically Black Graduate Institutions	57,915	57,915	57,915	57,915			
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	11,785	9,200	9,200	11,785		+2,585	+2,585
Strengthening Tribal Colleges	23,570	23,570	23,570	23,570			
Subtotal, Aid for Institutional development	505,814	503,229	503,229	505,814		+2,585	+2,585
International Education and Foreign Language:							
Domestic Programs	91,541	92,541	91,541	91,541		−1,000	
Overseas Programs	12,610	12,610	12,610	12,610			
Institute for International Public Policy	1,600	1,600	1,600	1,600			
Subtotal, International Education and Foreign Lang	105,751	106,751	105,751	105,751		−1,000	
Fund for the Improvement of Postsec. Ed. (FIPSE)	21,989	21,989	90,115	80,529	+58,540	+58,540	−9,586
Minority Science and Engineering Improvement	8,730	8,730	8,730	8,730			
Tribally Controlled Postsec Voc/Tech Institutions	7,366	7,366	7,366	7,366			
Federal TRIO Programs	828,178	380,100	828,178	828,178		+448,078	
GEAR UP	303,423		303,423	303,423		+303,423	
Byrd Honors Scholarships	40,590			41,000	+410	+41,000	+41,000
Javits Fellowships	9,699	9,699	9,699	9,699			
Graduate Assistance in Areas of National Need	30,067	30,067	30,067	30,067			
Teacher Quality Enhancement Grants	59,895		59,895	57,000	−2,895	+57,000	−2,895
Child Care Access Means Parents in School	15,810	15,810	15,810	15,810			
Advancing America thru foreign language partnerships		24,000				−24,000	
Demonstration in Disabilities/Higher Education	6,875			6,875		+6,875	+6,875
Underground Railroad Program	1,980			1,980		+1,980	+1,980
GPRA data/HEA program evaluation	970	970	970	970			
B.J. Stupak Olympic Scholarships	970		970		−970		−970
Thurgood Marshall legal education opportunity program	2,946				−2,946		
Total, Higher education	1,951,053	1,108,711	1,964,203	2,003,192	+52,139	+894,481	+38,989
HOWARD UNIVERSITY							
Academic Program	204,404	204,331	204,331	204,331	−73		
Endowment Program	3,526	3,600	3,600	3,600	+74		
Howard University Hospital	29,461	29,461	29,461	29,461			
Total, Howard University	237,391	237,392	237,392	237,392	+1		
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS(CHAFL)	567	486	486	486	−81		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
HBCU CAPITAL FINANCING PROGRAM—Federal Adm	208	190	190	190	−18		
Supplemental (Public Law 109–234) (emergency)	15,000				−15,000		
INSTITUTE OF EDUCATION SCIENCES							
Research, development and dissemination	162,552	162,552	162,552	162,552			
Statistics	90,022	93,022	93,022	91,022	+1,000	−2,000	−2,000
Regional Educational Laboratories	65,470	65,470	65,470	65,470			
Research in special education	71,840	71,840	71,840	71,840			
Special education studies and evaluations	9,900	9,900	9,900	9,900			
Statewide data systems	24,552	54,552	35,000	38,000	+13,448	−16,552	+3,000
Assessment:.							
National Assessment	88,095	92,095	92,095	92,095	+4,000		
National Assessment Governing Board	5,037	5,037	5,037	5,037			
Subtotal, Assessment	93,132	97,132	97,132	97,132	+4,000		
Total, IES	517,468	554,468	534,916	535,916	+18,448	−18,552	+1,000
DEPARTMENTAL MANAGEMENT							
PROGRAM ADMINISTRATION:							
Salaries and Expenses	411,150	421,416	421,416	421,416	+10,266		
Building Modernization		4,550	2,500	2,500	+2,500	−2,050	
Total, Program administration	411,150	425,966	423,916	423,916	+12,766	−2,050	
OFFICE FOR CIVIL RIGHTS	90,611	92,866	92,866	92,866	+2,255		
OFFICE OF THE INSPECTOR GENERAL	48,510	53,145	51,000	51,000	+2,490	−2,145	
Total, Departmental management	550,271	571,977	567,782	567,782	+17,511	−4,195	

HURRICANE EDUCATION RECOVERY							
Aid for Elementary and Secondary Education, Supplemental (Public Law 109–148) (emergency):							
Programs to restart school operations	750,000	.....	.....	.....	−750,000	.....	.....
Assistance for homeless children and youth	5,000	.....	.....	.....	−5,000	.....	.....
Temporary emergency impact aid for displaced students	645,000	.....	.....	.....	−645,000	.....	.....
Supplemental (Public Law 109–234) (emergency)	50,000	.....	.....	.....	−50,000	.....	.....
Subtotal, Elementary and Secondary Education	1,450,000	.....	.....	.....	−1,450,000	.....	.....
Aid for Institutions of Higher Education, Supplemental (Public Law 109–148) (emergency)	200,000	.....	.....	.....	−200,000	.....	.....
Supplemental (Public Law 109–234) (emergency)	235,000	.....	.....	.....	−235,000	.....	.....
Total, Hurricane Education Recovery	1,885,000	.....	.....	.....	−1,885,000	.....	.....
TITLE III GENERAL PROVISIONS							
Pell grant shortfall payoff	4,300,000	.....	.....	.....	−4,300,000	.....	.....
Total, Title III, Department of Education	64,872,953	57,168,374	58,986,342	58,630,101	−6,242,852	+1,461,727	−356,241
Current Year	(49,839,452)	(42,134,873)	(43,502,841)	(43,596,600)	(−6,242,852)	(+1,461,727)	(+93,759)
Emergency appropriations	(1,900,000)	.....	.....	.....	(−1,900,000)	.....	.....
Fiscal Year 2008	(15,033,501)	(15,033,501)	(15,483,501)	(15,033,501)	.....	.....	(−450,000)
TITLE IV—RELATED AGENCIES							
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	4,622	4,995	4,995	4,995	+373	.....	.....
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE							
DOMESTIC VOLUNTEER SERVICE PROGRAMS							
Volunteers in Service to America (VISTA)	95,464	95,466	95,464	95,466	+2	.....	+2
National Senior Volunteer Corps:							
Foster Grandparents Program	110,937	110,943	110,937	110,943	+6	.....	+6
Senior Companion Program	46,964	46,964	46,964	46,964	.....	.....	.....
Retired Senior Volunteer Program	59,685	59,685	59,685	59,685	.....	.....	.....
Subtotal, Senior Volunteers	217,586	217,592	217,586	217,592	+6	.....	+6
Total, Domestic Volunteer Service Programs	313,050	313,058	313,050	313,058	+8	.....	+8

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
National and Community Service Programs:							
National service trust	138,600	124,720	124,720	124,720	−13,880		
AmeriCorps grants	264,825	258,959	218,060	258,959	−5,866		+40,899
Innovation, assistance, and other activities	16,281	9,029	3,966	12,324	−3,957	+3,295	+8,358
Evaluation	3,960	3,960	2,460	3,960			+1,500
National Civilian Community Corps	26,730	4,950	26,730	26,730		+21,780	
Supplemental (Public Law 109–234) (emergency)	10,000				−10,000		
Learn and Serve America: K–12 and Higher Ed	37,125	34,155	34,155	34,155	−2,970		
State Commission Administrative Grants	12,516	12,516	12,516	12,516			
Points of Light Foundation	9,900	9,900	9,900	9,900			
America's Promise	4,950	4,950	4,950	4,950			
Subtotal, National and Community Service Programs	524,887	463,139	437,457	488,214	−36,673	+25,075	+50,757
National and Community Service, Salaries and expenses [13]	66,083	70,315	67,483	70,315	+4,232		+2,832
Office of Inspector General	5,940	4,950	4,950	4,950	−990		
Total, Corp. for National and Community Service	909,960	851,462	822,940	876,537	−33,423	+25,075	+53,597
CORPORATION FOR PUBLIC BROADCASTING:							
Fiscal year 2009 (current) with fiscal year 2008 comparable	400,000			400,000		+400,000	+400,000
Fiscal year 2008 advance with fiscal year 2007 comparable (NA)	(400,000)	(400,000)	(400,000)	(400,000)			
Rescission of fiscal year 2008 funds (NA)		(−50,000)				(+50,000)	
Subtotal, fiscal year 2008 program level							
Fiscal year 2007 advance with fiscal year 2006 comparable (NA)	(396,000)	(400,000)	(400,000)	(400,000)	(+4,000)		
Rescission of fiscal year 2007 funds (NA)		(−53,500)				(+53,500)	
Subtotal, fiscal year 2007 program level	396,000	346,500	400,000	400,000	+4,000	+53,500	

Digitalization program, current funded	29,700			29,700		+29,700	+29,700
Previous appropriated funds (NA) [14]		(38,000)	(38,000)			(−38,000)	(−38,000)
Interconnection, current funded	34,650			36,000	+1,350	+36,000	+36,000
Previous appropriated funds (NA) [14]		(36,000)	(36,000)	(36,000)	(+36,000)		
Subtotal, fiscal year 2007 appropriation	64,350			65,700	+1,350	+65,700	+65,700
FEDERAL MEDIATION AND CONCILIATION SERVICE	42,601	42,842	42,842	42,842	+241		
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	7,731	7,576	7,731	7,731		+155	
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	247,143	262,240	280,415	260,075	+12,932	−2,165	−20,340
MEDICARE PAYMENT ADVISORY COMMISSION	10,066	10,457	10,457	10,457	+391		
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE	983	983	983	983			
NATIONAL COUNCIL ON DISABILITY	3,113	2,772	3,180	3,180	+67	+408	
NATIONAL LABOR RELATIONS BOARD	249,745	249,789	249,789	249,789	+44		
NATIONAL MEDIATION BOARD	11,512	11,749	11,749	12,500	+988	+751	+751
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	10,405	10,346	10,510	10,346	−59		−164
RAILROAD RETIREMENT BOARD							
Dual Benefits Payments Account	96,030	88,000	88,000	88,000	−8,030		
Less Income Tax Receipts on Dual Benefits	−6,930	−6,000	−6,000	−6,000	+930		
Subtotal, Dual Benefits	89,100	82,000	82,000	82,000	−7,100		
Federal Payment to the RR Retirement Account	150	150	150	150			
Limitation on Administration	101,518	103,518	103,518	103,518	+2,000		
Inspector General	7,124	7,606	7,606	7,606	+482		
SOCIAL SECURITY ADMINISTRATION							
Payments to Social Security Trust Funds	20,470	27,756	27,756	27,756	+7,286		
SUPPLEMENTAL SECURITY INCOME							
Federal benefit payments	37,487,174	37,204,000	37,204,000	37,204,000	−283,174		
Beneficiary services	52,000				−52,000		
Research and demonstration	27,000	27,000	27,000	27,000			
Administration	2,733,000	3,004,000	2,944,000	2,902,000	+169,000	−102,000	−42,000
Subtotal, SSI program level	40,299,174	40,235,000	40,175,000	40,133,000	−166,174	−102,000	−42,000
Less funds advanced in prior year	−10,930,000	−11,110,000	−11,110,000	−11,110,000	−180,000		
Subtotal, regular SSI current year	29,369,174	29,125,000	29,065,000	29,023,000	−346,174	−102,000	−42,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2006 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2007—Continued

[In thousands of dollars]

Item	2006 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					2006 comparable	Budget estimate	House allowance
Total, SSI, current request	29,369,174	29,125,000	29,065,000	29,023,000	−346,174	−102,000	−42,000
New advance, 1st quarter, fiscal year 2008	11,110,000	16,810,000	16,810,000	16,810,000	+5,700,000		
Total, SSI program	40,479,174	45,935,000	45,875,000	45,833,000	+5,353,826	−102,000	−42,000
LIMITATION ON ADMINISTRATIVE EXPENSES							
OASDI Trust Funds	4,573,993	4,587,000	4,587,000	4,429,000	−144,993	−158,000	−158,000
HI/SMI Trust Funds	1,679,613	1,642,000	1,642,000	1,642,000	−37,613		
Social Security Advisory Board	2,000	2,000	2,000	2,000			
SSI	2,733,000	2,944,000	2,944,000	2,902,000	+169,000	−42,000	−42,000
Subtotal, regular LAE	8,988,606	9,175,000	9,175,000	8,975,000	−13,606	−200,000	−200,000
Additional CDR Funding:							
OASDI Trust Funds		141,000				−141,000	
SSI		60,000				−60,000	
Subtotal, additional CDR funding		201,000				−201,000	
User Fees:							
SSI User Fee activities	119,000	117,000	117,000	117,000	−2,000		
SSPA User Fee Activities	1,000	1,000	1,000	1,000			
Subtotal, User fees	120,000	118,000	118,000	118,000	−2,000		
Supplemental (Public Law 109–234) (emergency) [15]	38,000				−38,000		
Total, Limitation on Administrative Expenses	9,146,606	9,494,000	9,293,000	9,093,000	−53,606	−401,000	−200,000
MEDICARE REFORM FUNDING							
Medicare reform funding [16]	(100,842)				(−100,842)		

OFFICE OF INSPECTOR GENERAL							
Federal Funds	25,740	27,000	26,435	25,740	.....	−1,260	−695
Trust Funds	65,736	69,000	67,976	65,736	.....	−3,264	−2,240
Total, Office of Inspector General	91,476	96,000	94,411	91,476	.....	−4,524	−2,935
Adjustment: Trust fund transfers from general revenues	−2,733,000	−3,004,000	−2,944,000	−2,902,000	−169,000	+102,000	+42,000
Total, Social Security Administration	47,004,726	52,548,756	52,346,167	52,143,232	+5,138,506	−405,524	−202,935
Federal funds	40,683,384	46,107,756	46,047,191	46,004,496	+5,321,112	−103,260	−42,695
Current year	(29,573,384)	(29,297,756)	(29,237,191)	(29,194,496)	(−378,888)	(−103,260)	(−42,695)
New advances, 1st quarter	(11,110,000)	(16,810,000)	(16,810,000)	(16,810,000)	(+5,700,000)	.....	.....
Trust funds	6,321,342	6,441,000	6,298,976	6,138,736	−182,606	−302,264	−160,240
Total, Title IV, Related Agencies	49,164,849	54,197,241	53,985,032	54,281,641	+5,116,792	+84,400	+296,609
Federal Funds	42,724,799	47,634,660	47,564,475	48,021,324	+5,296,525	+386,664	+456,849
Current Year	(31,214,799)	(30,824,660)	(30,754,475)	(30,811,324)	(−403,475)	(−13,336)	(+56,849)
Fiscal Year 2008 Advance	(11,110,000)	(16,810,000)	(16,810,000)	(16,810,000)	(+5,700,000)	.....	.....
Fiscal Year 2009 Advance	(400,000)	.....	.....	(400,000)	.....	(+400,000)	(+400,000)
Trust Funds	6,440,050	6,562,581	6,420,557	6,260,317	−179,733	−302,264	−160,240
SUMMARY							
Federal Funds	596,309,013	587,445,386	591,612,933	592,423,684	−3,885,329	+4,978,298	+810,751
Current year	(500,125,887)	(483,614,468)	(487,382,015)	(488,192,766)	(−11,933,121)	(+4,578,298)	(+810,751)
2008 advance	(95,783,126)	(103,830,918)	(104,230,918)	(103,830,918)	(+8,047,792)	.....	(−400,000)
2009 advance	(400,000)	.....	.....	(400,000)	.....	(+400,000)	(+400,000)
Trust Funds	13,222,288	13,638,158	13,378,039	13,112,588	−109,700	−525,570	−265,451
Grand Total	609,531,301	601,083,544	604,990,972	605,536,272	−3,995,029	+4,452,728	+545,300

[1] Includes rescission of $125 million for Community College Initiative.
[2] Two year availability.
[3] Job Corps transferred in fiscal year 2006 Act from ETA to Depart. Management but requested in ETA for fiscal year 2007.
[4] Includes Administration for Job Corps funding that transferred from ETA to DM in fiscal year 2006 Act.
[5] Funds provided for biodefense activities are reflected within HRSA, CDC, and NIH respectively.
[6] Includes Mine Safety and Health.
[7] The Deficit Reduction Act of 2005 provided $74 million for CMS Program Management.
[8] Fiscal Year 2006 Appropriations Act included a $60 million program administrative reduction.
[9] The Deficit Reduction Act of 2005 provided $20 million for the Promoting Safe and Stable Entitlement Program.
[10] An additional $50 million for Health IT within AHRQ.
[11] The President's budget did not included this offset proposal within this account. However this display reflects the programmatic impact of the proposal.
[12] In fiscal year 2006, $600 million was included as mandatory funding.
[13] Current funded.

[14] Requested funds for these activities are from previously appropriated funds.
[15] Funds are transferred from funds appropriated to FEMA.
[16] Carryover funding available from Public Law 108–173.

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