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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2012

SEPTEMBER 22, 2011.—Ordered to be printed

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

REPORT

[To accompany S. 1599]

The Committee on Appropriations reports the bill (S. 1599) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2012, 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	$742,432,508,000
Amount of 2011 appropriations	722,738,724,000
Amount of 2012 budget estimate	758,715,002,000
Bill as recommended to Senate compared to—	
2011 appropriations	+19,693,784,000
2012 budget estimate	−16,282,494,000

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2012, the Committee recommends total budget authority of $742,432,508,000 for the Departments of Labor, Health and Human Services [HHS], and Education, and Related Agencies. Of this amount, $158,027,000,000 is current year discretionary funding, including offsets and $893,000,000 in cap adjustments for healthcare fraud and abuse and for program integrity at the Social Security Administration, in accordance with the 302(b) allocation for this bill. Not counting cap adjustments, the 302(b) allocation provided by the Committee for this bill is $308,000,000 below the fiscal year 2011 level.

The Committee recommendation reflects a program level of $165,384,183,000 for fiscal year 2012. (Program level is current year discretionary funding plus additional spending that is offset by savings in mandatory programs and other adjustments to discretionary funding.) Within this total, the Committee included an additional $409,000,000 in spending necessary to receive the two cap adjustments. When program level is adjusted for this additional program integrity spending, the program level is $308,000,000 below the 2011 comparable level of $165,283,184,000. This difference mirrors the reduction in the Committee 302(b) allocation for this bill, before cap adjustments, from the fiscal year 2011 enacted level to fiscal year 2012.

The bill provides discretionary program level funding of $12,687,502,000 for the Department of Labor, $70,183,059,000 for the Department of HHS, $68,425,775,000 for the Department of Education and $14,087,847,000 for related agencies. The comparable fiscal year 2011 levels were $12,662,505,000 for Labor, $70,444,321,000 for HHS, $68,345,327,000 for Education and $13,831,031,000 for related agencies.

OVERVIEW

It has been said that while the Defense appropriations bill defends America, the Labor, HHS, and Education, and Related Agencies appropriations bill defines America.

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 year, the Committee has been asked to help Americans achieve those ideals with less funding than was available the year before. That constraint has forced the Committee to make difficult cuts, some of which may be unpopular, or eliminate programs alto-

gether. In other cases, the Committee has recommended targeted increases to address needs that are particularly pressing in today's struggling economy.

Three themes permeate the Committee's recommendation. First, the Committee recognizes that every taxpayer dollar should be used wisely; efforts to root out waste are bolstered, and duplicative and inefficient programs are eliminated. Second, just because times are lean doesn't mean that innovation should cease. This bill launches or continues several new initiatives that will leverage reform and transform key Federal services. Finally, the Committee invests in the future of this Nation by helping ensure that our young people receive a strong education and are prepared to compete in a global economy.

Each theme is described more fully below.

FISCAL ACCOUNTABILITY

For fiscal year 2012, the Committee increases funding for key activities aimed at reducing fraud, waste and abuse of taxpayer dollars. These program integrity initiatives have proven to be a wise Federal investment, resulting in billions of dollars of savings in Federal entitlement programs.

Health Care Program Integrity.—Fraud committed against Federal healthcare programs puts Americans at increased risk and diverts critical resources from providing necessary health services to some of the Nation's most vulnerable populations. The Committee includes $581,000,000 for Health Care Fraud and Abuse Control activities at the Centers for Medicare and Medicaid Services. This amount is a $270,623,000 increase over the fiscal year 2011 level of $310,377,000. The historical return on investment for the life of the Medicare Integrity program has been about $14 for every $1 spent. For fraud and abuse activities throughout Medicare and Medicaid, the Federal Government saves or recovers $6 for every $1 spent.

Social Security Program Integrity.—The Committee recommendation includes $896,000,000, an increase of $139,516,000 over the fiscal year 2011 level, for the Social Security Administration to conduct continuing disability reviews and redeterminations of nonmedical eligibility under the Supplemental Security Income program. This investment will save approximately $8,900,000,000 over 10 years for the Social Security, Medicare, and Medicaid programs, almost $10 for every $1 spent.

340B User Fee.—The Committee has included a provision, requested by the administration, to institute a 0.1 percent user fee on 340B discount drugs. The fee is expected to generate $5,000,000 in fiscal year 2012, which will be used to implement program integrity work recommended by the Government Accountability Office and mandated by the Patient Protection and Affordable Care Act.

Unemployment Insurance Program Integrity.—The Committee recommendation includes $59,900,000 to conduct re-employment and eligibility assessments and unemployment insurance [UI] improper payment reviews. The recommendation will support the continuation of this initiative in approximately 40 States and will save State UI Trust funds by helping claimants exit the UI program

faster and avoid exhausting UI benefits. These activities have a return on investment of more than $3 for every $1 spent.

Program Eliminations.—Lean economic times require tough choices and a critical look at all programs in the bill, even those that have been funded for decades. The fiscal year 2011 appropriations bill eliminated 46 programs, totaling $1,336,540,000, within the jurisdiction of this bill. In fiscal year 2012, the Committee recommendation eliminates another 15 programs totaling $263,383,000.

LEVERAGING REFORM

Accelerating Cures.—The Committee bill includes $582,362,000 to create the National Center for Advancing Translational Sciences [NCATS] within the National Institutes of Health [NIH]. The new Center is part of a broader restructuring at NIH that also includes the termination of the National Center for Research Resources. The mission of NCATS is to transform the way NIH pursues the translation of basic science into treatments and cures. Too often, basic biomedical research will suggest a promising path for a treatment or cure, but funding falls short to pursue the idea to its fullest potential. A new program within NCATS—the Cures Acceleration Network [CAN]—will help speed the translation and application of discoveries that have shown signs of success at the laboratory level but have not advanced far enough to attract significant investments from the private sector. CAN, for which the Committee provides $20,000,000, will make grants to biotech companies, universities, and patient advocacy groups, and will also help facilitate FDA review for the high-need cures that are funded by this initiative. The other programs within NCATS will be transferred from other Institutes and Centers.

Race to the Top.—The Committee includes $698,600,000, the same as the fiscal year 2011 level, for the administration's signature education reform program. Race to the Top was created in the American Recovery and Reinvestment Act and continued in the fiscal year 2011 appropriations bill. This competitive program has achieved enormous success in spurring States to change their practices for the purposes of closing the achievement gap and making other needed improvements. Thus far, 11 States and the District of Columbia have been awarded funds and are now implementing their Race to the Top plans. This bill will offer additional opportunities to support reform, including new authority to award grants directly to local educational agencies interested in pursuing ambitious education reform in their local communities.

The bill also continues to support the Race to the Top—Early Learning Challenge program, which was first funded in the fiscal year 2011 appropriations bill. More than 30 States and the District of Columbia have signaled an interest in applying for $500,000,000 available in that bill. There is robust evidence that high-quality early learning programs help children develop the cognitive, social, and emotional skills needed to succeed in school and later in life. Yet quality varies greatly across settings, within States, and across the Nation. The fiscal year 2012 bill provides the Department with authority to further support States' plans for raising the bar for

early childhood programs, particularly disadvantaged children, and ensure that more children enter kindergarten ready to succeed.

Investing in Innovation.—The Committee bill includes $149,700,000, the same as the fiscal year 2011 level, to replicate education programs that have high levels of effectiveness as established under rigorous research and to develop and test promising new ideas. Like Race to the Top, Investing in Innovation was created in the Recovery Act and continued in the fiscal year 2011 bill.

Workforce Innovation Fund.—In an increasingly competitive economy, America's strength depends on the education and skills of our workforce. To that end, the Committee includes $100,000,000 to continue the Workforce Innovation Fund, which will help reform the Nation's workforce investment system and improve the delivery of training programs to workers. Created in the fiscal year 2011 appropriations bill, WIF will support innovative, systemic and evidence-based reforms and help determine which strategies are cost-effective and have the greatest impact.

Community Transformation Grants.—The Committee recommends dedicating $280,000,000 of the Prevention and Public Health Fund, an increase of $135,000,000 over the fiscal year 2011 level, for implementing evidence-based public health interventions to reduce obesity and smoking and make preventive services more accessible. The Committee believes this program offers enormous potential to turn the environment in which Americans work, live and raise their families into one that offers a much greater array of healthy choices.

Promoting School Readiness for Minors in SSI.—The Committee includes $4,000,000 and the authority to allocate unspent vocational rehabilitation State grant funds within the Department of Education and $10,000,000 at the Social Security Administration [SSA] for a new Promoting School Readiness for Minors in SSI [PROMISE] program. PROMISE will bring together these agencies with the Departments of HHS and Labor in unprecedented interagency effort to improve outcomes for children, and the families of children, receiving Supplemental Security Income benefits. Almost 60 percent of child SSI recipients who turn 18, and become ineligible for child benefits, immediately continue receiving benefits as an adult. Those who do enter the workforce have average earnings that are only one-third the level as their peers. This program will improve services for these transition-aged youth by encouraging State-level innovation and facilitating better coordination between existing programs serving disabled youth. To the extent that this initiative can help young people with disabilities eventually support themselves, it will also reduce SSI program costs.

Social Innovation Fund.—The Committee recommendation provides $49,900,000, the same as the fiscal year 2011 level, for the Social Innovation Fund at the Corporation for National and Community Service. This Fund mobilizes public and private resources to expand and evaluate promising, innovative community-based solutions in three areas: economic opportunity, healthy futures and youth development.

INVESTING IN THE FUTURE

Pell Grants.—One of the Committee's highest priorities in the bill is maintaining the maximum Pell Grant award. Now more than ever, students need affordable, quality education opportunities to help make our economy strong and competitive. Pell Grants, the foundation of Federal postsecondary student aid, are essential to helping students enter college and gain the education and skills needed for jobs in the 21st century economy.

The Committee bill maintains the discretionary portion of the maximum Pell Grant award level at $4,860 for the 2012–2013 school year. Combined with mandatory funding, the total maximum award is maintained at $5,550. The Pell Grant program supports an estimated 9.4 million low- and middle-income students.

Head Start.—Quality early childhood education has been proven to have lasting effects for low-income children and their families. Investments in early childhood education not only improve outcomes for low-income children and families, but save taxpayer dollars in the long-run through lower Federal and State welfare, special education, and criminal justice costs. The Committee recommendation includes a $340,000,000 increase for Head Start, maintaining the recent expansion of 61,000 Head Start slots funded with Recovery Act funding in fiscal years 2009 and 2010. In total, Head Start will provide comprehensive early childhood services to 968,000 low-income children and families.

Striving Readers.—The Committee includes $183,000,000 for this comprehensive, competitive literacy program. Funds will be used by States to implement their statewide literacy plans, which address activities from birth through 12th grade and will support programs that advance literacy skills through professional development, screening and assessment, targeted interventions for students reading below grade level and other research-based methods of improving classroom instruction and practice.

Promise Neighborhoods.—The Committee recommends $60,000,000—a doubling of the fiscal year 2011 level—for the Promise Neighborhoods program. Inspired by the successful Harlem Children's Zone program, Promise Neighborhoods supports local efforts to establish cradle-to-career services designed to improve educational outcomes for students in distressed neighborhoods. Funds provided in this bill will allow a third group of communities to develop their Promise Neighborhood plans and enable communities that are farther along to implement their plans. Hundreds of communities from across the country have applied for Promise planning grants—evidence of the great interest in comprehensive solutions for our Nation's most challenged communities.

OTHER HIGHLIGHTS OF THE BILL

Mine Safety Appeals.—The number of violations appealed annually to the Federal Mine Safety and Health Review Commission has quadrupled since 2006. Because staffing at the Commission has not kept pace with this increase, the number of pending cases has skyrocketed and it now takes over 500 days to issue a final decision. These delays undermine mine safety and ultimately put miners at risk. The Committee recommendation includes a com-

bined $26,656,000 increase at the Commission and the Department of Labor, building off of supplemental funding provided in fiscal year 2010, to continue efforts to reduce the backlog of cases, decrease case processing time, and improve the safety of American miners.

Centers for Medicare and Medicaid Services [CMS].—The Committee recommends $4,044,876,000 for operations of CMS. The fiscal year 2011 level was $3,586,855,000. Additional funding is needed to continue implementation of the Patient Protection and Affordable Care Act and to accommodate an increase in the Medicare population, as 2011–2012 are the first years that the baby boom generation will begin enrolling in this program.

National Institutes of Health [NIH].—The bill provides $30,498,289,000, a decrease of $190,000,000, to fund biomedical research at the 27 institutes and centers that comprise the NIH.

Community Health Centers [CHCs].—The Committee bill includes $1,580,749,000 for CHCs. Combined with mandatory funding provided in the health reform law, the fiscal year 2012 program level for CHCs is $2,780,749,000—an increase of $200,000,000. This level will allow for base grant adjustments for all existing CHCs and the expansion of the national network of clinics.

Low Income Home Energy Assistance.—The Committee recommendation includes $3,600,580,000 for the Low Income Home Energy Assistance Program. The fiscal year 2011 level was $4,700,580,000. The recommended level, while a significant cut, is $1,031,029,000 more than the administration's budget request and $1,030,252,000 more than the comparable fiscal year 2008 funding level.

Child Care and Development Block Grant.—The Committee recommendation includes $2,222,627,000 for the Child Care and Development Block Grant, including $283,592,000 specified for child care quality improvement activities. This recommendation maintains funding at the fiscal year 2011 level and, including mandatory funding, will allow States to provide child care subsidies to an estimated 1.6 million low-income children and their working families.

Senior Nutrition.—The Committee recommendation includes $817,835,000 for senior nutrition programs, including congregate meals, home-delivered meals and the nutrition services incentive program. These programs provide seniors with the meals they need to stay healthy and remain independent in their community. The Committee recommendation maintains funding at the fiscal year 2011 level.

Homelessness.—The Committee recommendation includes $14,576,000 for a new initiative targeting mental health and substance abuse treatment services to homeless and at-risk families. This initiative, in collaboration with the Department of Housing and Urban Development, aims to provide permanent supportive housing to those who experience chronic, long-term homelessness.

Community Services Block Grant [CSBG].—The Committee recommendation includes $678,640,000, the same as the fiscal year 2011 funding level, for CSBG. This block grant provides critical funding for community action agencies across the country to help

ensure a safety net at the local level for the most vulnerable Americans.

AIDS Drug Assistance Program [ADAP].—The Committee recommends $900,000,000 for ADAP, an increase of $15,000,000 over the fiscal year 2011 level.

Polio Eradication.—The Committee bill provides $111,597,000, an increase of $10,000,000 over the fiscal year 2011 level, for CDC efforts to eradicate polio.

Education for Individuals With Disabilities.—The Committee bill provides $11,482,200,000, the same amount as the fiscal year 2011 level, under section 611 of part B grants to States for educating students with disabilities.

Title I (Education for the Disadvantaged).—The Committee bill includes $14,463,417,000, the same amount as the fiscal year 2011 level, for title I grants to local education agencies for improving education for low-income students. These funds support more than 90 percent of the 15,000 school districts across the Nation—an important contribution given the reductions to education spending by State and local governments.

Corporation for Public Broadcasting.—The Committee recommendation includes $445,000,000 in fiscal year 2014 advanced funding for the Corporation for Public Broadcasting, the same as the advance provided last year for fiscal year 2013. The Committee maintains 2-year advance funding, which has been in place since 1975 to ensure the independence of public broadcasting programming. The Committee recommendation also includes $5,988,000 in fiscal year 2012 funding for digital broadcasting equipment and programming related to the transition from analog to digital broadcasting.

Social Security Administration [SSA].—The Committee recommendation includes $11,631,948,000, an increase of $208,342,000 over the fiscal year 2011 level, for the SSA's administrative expenses. This increase includes $139,516,000 for program integrity activities and $68,826,000 in base administrative expenses. As SSA faces sustained record levels of core workloads, the increase for base administrative expenses will allow SSA to provide targeted increases to parts of the agency facing the highest demand for services while maintaining the goal of eliminating the disability hearings backlog by the end of 2013.

Corporation for National and Community Service.—The Committee recommendation includes $1,092,578,000 for the Corporation for National and Community Service, an increase of $17,000,000. The additional funds are necessary to offer over 82,000 Americans the opportunity to join AmeriCorps. AmeriCorps places members in settings where they can provide a service to the community while they gain valuable experience. Other programs of the Corporation engage seniors in part-time volunteerism, work with nonprofit organizations to improve their management, and link volunteers to programs of need.

REPROGRAMMING AND TRANSFER AUTHORITY

The Committee includes 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, available for obligation from previous appropriations acts, or derived from fees collected.

TITLE I

DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2011	$3,344,497,000
Budget estimate, 2012	3,626,947,000
Committee recommendation	3,310,247,000

The Committee recommends $3,310,247,000 for this account, which provides funding primarily for activities under the Workforce Investment Act [WIA]. The fiscal year 2011 comparable amount is $3,344,497,000 and the budget request provides $3,626,947,000 for this purpose.

The training and employment services account 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. Funds provided for fiscal year 2012 will support the program from July 1, 2012, through June 30, 2013. A portion of this account's funding, $1,772,000,000, is available on October 1, 2012, for the 2012 program year.

Pending reauthorization of WIA, the Committee is acting on the basis of current law.

The Committee recommendation includes bill language 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 WIA until such time as legislation reauthorizing the act is enacted.

Grants to States

The Committee recommends $2,660,268,000 for Training and Employment Services Grants to States. The fiscal year 2011 level for these grants is $2,785,018,000 and includes funding for the Workforce Innovation Fund [WIF]. The budget request is $2,959,043,000. Funding for WIF in fiscal year 2012 is provided under federally administered programs.

The bill includes legislative language that allows a local workforce board to transfer up to 30 percent between the adult and dislocated worker assistance State grant programs, if such transfer is approved by the Governor. This language was proposed in the budget request. In addition, the bill includes language that allows a local board to award a contract to an institution of higher education or other eligible training provider if the local board determines that it would facilitate the training of multiple individuals in high-demand occupations, if such contract does not limit cus-

tomer choice. This language was also included in the budget request.

Adult Employment and Training.—For Adult Employment and Training activities, the Committee recommends $770,922,000. This is the same amount provided in fiscal year 2011. The budget request provides $860,527,000 for this purpose and includes an 8 percent set-aside, $68,842,000, for WIF.

This program is funded by formula to States and further distributed to local workforce investment areas. Three types of services for adults are provided through the one-stop system: core services, intensive services and job training. Core services are available to all adults with no eligibility requirements. Intensive services are provided to unemployed individuals who are not able to find jobs through core services alone. Training services may be available to adults who have been determined unable to obtain or retain employment through intensive services. Most customers receiving a training service will use their individual training accounts to determine which programs and providers fit their needs.

The Committee commends the Employment and Training Administration for its collaborative work with the Institute for Museum and Library Services [IMLS] to integrate the education, employment and training services provided by and/or supported through public libraries into the workforce investment system. According to a survey conducted by IMLS and the Gates Foundation, 30 million people used public library computers to help address their career and employment needs and an estimated 3.7 million Americans found work with the support of their public libraries in 2009. The Committee encourages the Department to continue to invest in building and strengthening partnerships between the one-stop system and public libraries.

The Committee is greatly concerned about the low level of literacy and numeracy skills among adult workers, as 1 in 7 adults do not have basic literacy skills to succeed in tomorrow's industries and jobs. The Committee encourages the Department to work with the Department of Education to examine and publish best practices from local organizations that integrate adult literacy and workforce development skills to help adults with the lowest literacy levels improve their overall skills and employment opportunities.

Funds made available in this bill support program year 2012 activities that occur from July 1, 2012, through June 30, 2013. The bill provides that $58,922,000 is available for obligation on July 1, 2012, and that $712,000,000 is available on October 1, 2012. Both categories of funding are available for obligation through June 30, 2013.

Youth Training.—For youth training programs, the Committee recommends $825,914,000, the same as the fiscal year 2011 comparable amount. The budget request provides $923,913,000 for this purpose and includes an 8 percent set-aside, $73,913,000, for WIF.

The purpose of this program is to provide eligible youth with assistance in achieving academic and employment success through improved education and skill competencies, connections to employers, mentoring, training and supportive services. The program also supports summer employment directly linked to academic and occupational learning, incentives for recognition and achievement,

and activities related to leadership development, citizenship and community service. Funds made available for youth training support program year 2012 activities, which occur from April 1, 2012, through June 30, 2013.

Dislocated Worker Assistance.—For Dislocated Worker Assistance, the Committee recommends $1,063,432,000, the same as the fiscal year 2011 comparable amount. The budget request provides $1,174,603,000 for this purpose and includes an 8 percent set-aside, $93,968,000, for WIF.

This program is a State-operated effort that provides core and intensive services, training and support to help permanently separated workers return to productive, unsubsidized employment. In addition, States must use statewide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. Also, States must use these funds to carry out additional statewide employment and training activities such as providing technical assistance to certain low-performing local areas, evaluating State programs and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative incumbent and dislocated worker training programs.

Funds made available in this bill support program year 2012 activities, which occur from July 1, 2012, through June 30, 2013. The bill provides that $203,432,000 is available for obligation on July 1, 2012, and that $860,000,000 is available on October 1, 2012. Both categories of funding are available for obligation through June 30, 2013.

Federally Administered Programs

Dislocated Worker Assistance National Reserve.—The Committee recommends $224,112,000 for the Dislocated Worker National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings and natural disasters that cannot be otherwise anticipated as well as for technical assistance, training, and demonstration projects. This amount is the same as the fiscal year 2011 level. The budget request includes $229,160,000.

Funds made available in this bill support activities in program year 2012, which occurs from July 1, 2012, through June 30, 2013. The bill provides that $24,112,000 is available for obligation on July 1, 2012, and that $200,000,000 is available on October 1, 2012. Both categories of funding are available for obligation through June 30, 2013.

The Committee bill includes language authorizing the use of funds under the dislocated workers program for projects that provide assistance to new entrants in the workforce or incumbent workers and assistance where there have been dislocations across multiple sectors or local areas of a State. This language was included in the budget request.

Native American Programs.—The Committee recommends $52,652,000, the same amount provided in fiscal year 2011, for Native American programs. The budget request is $54,158,000. 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 em-

ployment-related services and opportunities that are intended to aid the participants in securing permanent, unsubsidized employment.

Migrant and Seasonal Farmworker Programs.—The Committee recommends $84,451,000, the same amount as fiscal year 2011, for migrant and seasonal farmworkers. The budget request is $86,620,000 for this program. Authorized by WIA, this program is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, fishing or logging activities. Enrollees and their families are provided with employment, training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that $78,253,000 be used for State service area grants. The Committee recommendation also includes bill language directing that $5,689,000 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 recommendation also includes $509,000 to be used for section 167 training, technical assistance and related activities, including funds for migrant rest center activities.

Women in Apprenticeship.—The Committee recommends $998,000 for program year 2012 activities as authorized under the Women in Apprenticeship and Non-Traditional Occupations [WANTO] Act of 1992. This amount is the same as the fiscal year 2011 level. The budget request includes $1,000,000. These funds provide for technical assistance to employers and unions to assist them in training, placing and retraining women in nontraditional jobs and occupations.

YouthBuild.—The Committee recommends $79,840,000, the same as the fiscal year 2011 level, for the YouthBuild program. The budget request includes $115,000,000 for this purpose. YouthBuild targets at-risk, high-school dropouts and prepares them with the skills and knowledge they need to succeed in a knowledge-based economy.

Workforce Innovation Fund.—The Committee recommends $100,000,000 in fiscal year 2012 funding for WIF to make competitive awards for workforce innovation activities. The comparable fiscal year 2011 level is $124,750,000. The budget request includes $378,704,000 for this initiative by designating a portion of funds from the WIA formula programs and Department of Education Rehabilitation Services and Adult Education States Grants accounts.

The Committee provided initial support for this initiative in fiscal year 2011 and requests that the Department brief the Committee not less than 30 days prior to the release of a solicitation of grant applications for this program. The Committee also encourages the Department to implement WIF in a manner consistent with the bipartisan framework that the Senate Health, Education, Labor and Pensions Committee developed for WIA reauthorization.

The Committee continues its support for activities within the WIF that are intended to test innovative strategies, replicate prov-

en practices or promote workforce system reform. Among those activities are those that will improve services for youth who are transitioning from school to post-school activities, with the goal of improving employment outcomes. Within activities for youth, the Committee is particularly interested in addressing services to youth with disabilities.

WIF awards should be made either to States, in partnership with local workforce investment boards, or to local workforce investment boards or consortia of such boards that serve a regional labor market. Priority should be given to applicants that demonstrate significant alignment across workforce development and supportive services at the State, regional or local level and that support economic development goals and improved employment outcomes for participants, particularly those who are hardest to serve. Awards should also prioritize applicants that demonstrate comprehensive strategic planning and coordination at the State, regional or local level.

In addition, the Committee believes that a component of the WIF should include the promising results of pay-for-performance models. These models have been particularly successful at reaching populations with the most significant barriers to employment. The Committee encourages the Secretary to use innovation funds to replicate pay-for-performance models with proven track records of helping hard-to-serve workers in additional sites.

National Activities

Pilots, Demonstrations and Research.—The Committee recommends $10,480,000 for pilots, demonstrations and research authorized by section 171 of WIA. The comparable fiscal year 2011 amount is $9,980,000. The budget request includes $6,616,000 for this purpose. These funds support grants or contracts to conduct research, pilots or demonstrations that foster promising practices for national policy application or launch pilot projects on a broader scale.

The Committee recognizes the importance of building stronger linkages between title I job training programs and title II adult education and literacy programs in WIA in order to create career pathways that enhance participants' long-term economic success. The Committee urges the Department to expand funding to programs that have successfully implemented strategies for delivering basic literacy instruction together with employment training so that they may document and disseminate best practices related to this goal.

The Committee recommends $500,000 for a competitive grant to a national intermediary to support local initiatives that improve mobility and promote employment by improving transportation assistance. Lack of mobility is an obstacle for people living in small towns and farming communities as well as low-income people living in small cities and people with disabilities who are looking for work or seeking employment and training assistance. The grant award should allow for the demonstration of the effectiveness of specialized methods and activities that address employment and training needs of individuals by improving coordination between local government, employment and training agencies, and transit providers; providing technical assistance on revising routes and schedules;

and conducting demonstration programs that encourage partnerships between community-based transportation organizations and local job training and welfare departments.

Green Jobs Innovation Fund.—The Committee does not recommend funding for the Green Jobs Innovation Fund, which was eliminated in fiscal year 2011. The budget request includes $60,000,000 for competitive grants to help workers access green training and green career pathways.

Reintegration of Ex-offenders.—The Committee recommends $75,390,000 for the Reintegration of Ex-offenders program. The comparable fiscal year 2011 level is $85,390,000 and the budget request includes $90,000,000 for this program. The Reintegration of Ex-offenders program helps prepare and assist ex-offenders return to their communities through pre-release services, mentoring and case management. The program also provides support, opportunities, education and training to youth who are involved in court and on probation, in aftercare, on parole or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

The Committee recommendation includes $20,000,000 for competitive grants to national or regional intermediaries for activities that prepare young ex-offenders and school dropouts for employment. Priority should be given to projects that serve high-crime, high-poverty areas. The budget request also includes this set-aside.

Evaluation.—The Committee recommends $9,581,000, the same as the fiscal year 2011 level, to provide for new and continuing rigorous evaluations of programs conducted under WIA, as well as of federally funded employment-related activities under other provisions of law. The budget requests $11,600,000 for this purpose.

Workforce Data Quality Initiative.—The Committee recommends $12,475,000, the same as the fiscal year 2011 level, for the Workforce Data Quality Initiative. The budget request includes $13,750,000. Funds are used to assist States with incorporating comprehensive workforce information into longitudinal data systems being developed in part with the support of funding provided by the Department of Education. The initiative is also intended to help improve the quality and accessibility of performance data being produced by training providers.

OFFICE OF JOB CORPS

Appropriations, 2011	$1,706,171,000
Budget estimate, 2012	1,699,747,000
Committee recommendation	1,706,171,000

For Job Corps, the Committee recommends $1,706,171,000. This is the same level provided in fiscal year 2011. The budget request includes $1,699,747,000 for Job Corps.

The recommendation for operations of Job Corps centers is $1,572,049,000, comprised of $981,049,000 in fiscal year 2012 funds and $591,000,000 in advance appropriations provided in fiscal year 2011. The Committee also recommends fiscal year 2013 advance funding of $591,000,000, which will become available on October 1, 2012. The budget request provides $1,589,817,000, comprised of

$998,817,000 in fiscal year 2012 funds and $591,000,000 in advance appropriations provided in fiscal year 2011. The budget request also includes $591,000,000 for fiscal year 2013 advance funding.

The Committee recommendation for administration costs is $29,132,000, the same amount as the fiscal year 2011 level. The budget request includes $31,430,000.

The Committee also recommends a total of $104,990,000 in construction, renovation and acquisition [CRA] funds. Of this amount, $4,990,000 is available from July 1, 2012, to June 30, 2015. In addition, the Committee recommends $100,000,000 in advance appropriations, which will become available on October 1, 2012, through June 30, 2015.

As requested by the administration, the Committee again includes bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies.

Since fiscal year 2008, the Committee has highlighted the fact that a number of large metropolitan areas remain underserved by Job Corps and has called on the Department to establish a process for opening new centers. In fiscal year 2011, as a first step in initiating a competition for a new Job Corps center, the Department completed a study to determine needs around the country. The Committee urges the Department to continue to prepare for a future competition to expand Job Corps services in large, underserved metropolitan areas.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2011	$449,100,000
Budget estimate, 2012	450,000,000
Committee recommendation	449,100,000

The Committee recommends $449,100,000, the same as the fiscal year 2011 level, for the Community Service Employment for Older Americans [CSEOA] program. The budget request is $450,000,000.

This program, authorized by title V of the Older Americans Act [OAA], provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over.

CSEOA provides a direct, efficient and quick means to assist economically disadvantaged older workers. 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.

Senior enrollees provide necessary and valuable services at Head Start centers, schools, hospitals, libraries, elderly nutrition sites, senior centers and elsewhere in the community.

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 also enables more low-income seniors to participate in the program.

The budget proposes to transfer the program to the Administration on Aging in the Department of Health and Human Services. The Committee does not recommend transferring the program. As authorized under OAA, CSEOA's purpose is to foster individual economic self-sufficiency, which the Committee views as an employment activity. Additionally, the Senate authorizing committee with

jurisdiction over OAA is in the process of reauthorizing this law. As a result, the Committee recommendation follows current law.

The Committee strongly encourages grantees to develop and implement research-based curriculum designed specifically for older adults.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2011	$721,312,000
Budget estimate, 2012	1,100,100,000
Committee recommendation	1,100,100,000

The Committee recommends $1,100,100,000, the same as the budget request, in mandatory funds for Federal unemployment benefits and allowances. The fiscal year 2011 comparable amount is $721,312,000.

This program assists trade-impacted workers with services including: training, income support, employment, case management and assistance with health insurance coverage. The program also includes a wage insurance option for certain workers at least 50 years old. These benefits and services are designed to help trade-impacted participants find a path back into middle class jobs, improve earnings and increase credential and education rates.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2011	$4,102,672,000
Budget estimate, 2012	4,202,057,000
Committee recommendation	4,094,672,000

The Committee recommends $4,094,672,000 for this account. The recommendation includes $4,008,441,000 authorized to be drawn from the Employment Security Administration account of the unemployment trust fund and $86,231,000 to be provided from the general fund of the Treasury.

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

The Committee bill continues language that enables States to use funds appropriated under this account to assist other States if they are impacted by a major disaster declared by the President; at the request of one or more States, authorizes the Secretary to reallot funds for States to carry out activities that benefit the administration of unemployment compensation laws of a requesting State; and permits the Secretary to use funds to make payments on behalf of States for the use of the National Directory of New Hires.

The Committee recommends a total of $3,242,441,000 for unemployment insurance activities. The fiscal year 2011 level is $3,250,441,000 and the budget requests $3,286,920,000.

For unemployment insurance [UI] State operations, the Committee recommends $3,231,154,000. The fiscal year 2011 level is $3,239,154,000 and the budget request is $3,275,610,000. These funds are available for obligation by States through December 31, 2012. However, funds used for automation acquisitions or for competitive grants to be awarded to States to address worker

misclassification, system improvements or improper payments are available for obligation by States through September 30, 2014.

The recommendation includes $59,900,000, the same as the fiscal year 2011 level, to conduct in-person re-employment and eligibility assessments [REAs] and unemployment insurance improper payment reviews. The budget requests $70,000,000 for this purpose. The recommendation will support continuation of the REA initiative. This important program integrity initiative has been shown to help claimants exit the UI program faster and avoid exhausting UI benefits. The Committee intends for a portion of the funds to be used for additional technology-based overpayment prevention, detection and collection activities.

The administration's budget includes $24,711,000 for a new initiative to address the issue of employee misclassification, allowing States to compete for grants to increase their capacity in this area and provide funds to pilot high-performance awards to incentivize States to improve their misclassification efforts.

The budget request also includes $10,000,000 for a new program to provide incentives for States to improve their UI operations, supplementing the current system of nonmonetary awards with grants for improved performance.

The Committee recommendation for UI State operations does not explicitly include funds for expansion of REAs or for either of the new initiatives requested above. However, the projected improvement in the economy and resulting declines in State UI workload should result in sufficient funding being available for these activities. The Committee recommends that funds not required for workload be used to increase REA funding and other activities to address improper payments, to fund State requests for technology improvement funding, and to initiate the misclassification and performance improvement grants proposed in the budget.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 4,832,000, as proposed in the budget request. This contingency amount would fund the administrative costs of the unemployment insurance workload over the level of 4,832,000 insured unemployed persons per week at a rate of $28,600,000 per 100,000 insured unemployed persons, with a pro rata amount granted for amounts of less than 100,000 insured unemployed persons.

For UI national activities, the Committee recommends $11,287,000, the same level provided in fiscal year 2011. The budget requests $11,310,000. These funds are directed to activities that benefit the State/Federal unemployment insurance program including helping States adopt common technology-based solutions to improve efficiency and performance and supporting training and contracting for actuarial support for State trust fund management.

For the Employment Service allotments to States, the Committee recommends $702,169,000, which includes $22,638,000 in general funds together with an authorization to spend $679,531,000 from the Employment Security Administration account of the unemployment trust fund. This amount is the same as the fiscal year 2011 level. The budget requests $764,757,000 and includes an 8 percent set-aside, $61,181,000, for WIF.

The Committee also recommends $20,952,000, the same as the fiscal year 2011 level, for Employment Service national activities. The budget request includes $20,994,000 for this purpose. The administration of the work opportunity tax credit accounts for $18,520,000 of the recommended amount and the balance is for technical assistance, training and the Federal share of State Workforce Agencies Retirement System payments.

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends $65,517,000, the same amount provided in fiscal year 2011. The budget requests $65,666,000. In addition, 5 percent of the revenue from H–1B fees is available to the Department for costs associated with processing H–1B alien labor certification applications.

For One-Stop Career Centers and Labor Market Information, the Committee recommends $63,593,000, the same as the fiscal year 2011 level. The budget request includes $63,720,000. The Committee recommendation includes $11,976,000 for ETA, in collaboration with the Office of Disability Employment Policy [ODEP], to continue to implement their joint plan for improving effective and meaningful participation of persons with disabilities in the workforce. The Committee expects that these funds, in combination with funding available to ODEP, will improve the accessibility and accountability of the public workforce development system for individuals with disabilities. The Committee further expects these funds to continue promising practices implemented by disability program navigators. Such practices include the effective deployment of staff in selected States to improve coordination and collaboration among employment and training and asset development programs carried out at a State and local level, including the Ticket to Work program; and to build effective community partnerships that leverage public and private resources to better serve individuals with disabilities and improve employment outcomes.

STATE PAID LEAVE FUND

Appropriations, 2011	.....
Budget estimate, 2012	$23,000,000
Committee recommendation	.....

Because of budget constraints, the Committee does not recommend funding to create a new State Paid Leave Fund, which would help States establish paid leave programs. The budget request includes $23,000,000 for this purpose.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 2011	$290,000,000
Budget estimate, 2012	.....
Committee recommendation	.....

The Committee recommends and the budget requests such sums as are necessary in mandatory funds for this account. The budget estimates that there will be no net costs in fiscal year 2012 because of expected repaid advances to the trust fund. 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 Committee bill includes language proposed in the budget request to allow the Department additional flexibility to access funds as needed for covered programs.

PROGRAM ADMINISTRATION

Appropriations, 2011	$147,360,000
Budget estimate, 2012	159,882,000
Committee recommendation	147,360,000

The Committee recommends $97,320,000 in general funds for the Program Administration account, as well as authority to expend $50,040,000 from the Employment Security Administration account of the unemployment trust fund, for a total of $147,360,000, the same as the fiscal year 2011 level. The budget request provides $159,882,000 for this purpose.

General funds in this account pay for the Federal staff needed to administer employment and training programs under the Workforce Investment Act, the Older Americans Act, the Trade Act of 1974, 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.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2011	$159,363,000
Budget estimate, 2012	197,528,000
Committee recommendation	195,528,000

The Committee recommends $195,528,000 for the Employee Benefits Security Administration [EBSA]. The budget request for fiscal year 2012 is $197,528,000, and the comparable fiscal year 2011 amount is $159,363,000.

EBSA plays a critical role in improving health benefits and retirement security for American workers and their families. 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. EBSA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986. EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis.

The Committee expects this appropriation to help EBSA better protect pension and health benefits for workers, retirees, and their families. These funds will provide for increased enforcement capacity, continued investments in EBSA education and compliance assistance programs, and enhanced research and evaluation activities. The Committee commends EBSA for its cost-reduction efforts, including the new paperless participant complaint system. The Committee requests that EBSA include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

PENSION BENEFIT GUARANTY CORPORATION

The Pension Benefit Guaranty Corporation's estimated obligations for fiscal year 2012 include single-employer benefit payments of $6,688,000,000, multi-employer financial assistance of $123,000,000 and administrative expenses of $476,901,000. Administrative expenses are comprised of three activities: (1) pension insurance activities, $86,023,000; (2) pension plan termination expenses, $243,372,000; and (3) operational support, $147,506,000. These expenditures are financed by permanent authority.

The Pension Benefit Guaranty Corporation [PBGC] is a wholly owned Government corporation established by ERISA. 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. 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 President's budget proposes to continue authority for a contingency fund for PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When the trigger is reached, an additional $9,200,000 becomes available for every 20,000 participants in terminated plans. A trigger also is included for additional investment management fees for plan terminations or asset growth. These additional funds would be available for obligation through September 30, 2013. The Committee bill continues these provisions to ensure that PBGC can take immediate, uninterrupted action to protect participants' pension benefits. The Committee expects to be notified immediately of the availability of any funds provided by these provisions.

The President's budget also proposes language slightly modified from current PBGC authority that allows PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by the Office of Management and Budget and notification of the Committees on Appropriations of the House of Representatives and the Senate. The modification would allow PBGC to obligate funds for extraordinary multi-employer program related expenses. The Committee bill includes the requested language.

The single-employer program protects about 33.8 million participants in approximately 28,000 defined benefit pension plans. The multi-employer insurance program protects about 10 million participants in more than 1,500 plans.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2011	$227,491,000
Budget estimate, 2012	240,937,000
Committee recommendation	227,491,000

The Committee recommends $227,491,000, the same amount as the fiscal year 2011 level, for the Wage and Hour Division [WHD]. The budget request for fiscal year 2012 is $240,937,000.

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act, employment rights under the Family and Medical Leave Act, and the Migrant and Seasonal Agricultural Worker Protection Act are several of the important laws WHD is charged with administering and/or enforcing.

The Committee strongly urges WHD to increase its oversight of organizations participating in the special minimum wage program for individuals with disabilities authorized under section 14(c) of the Fair Labor Standards Act, in order to protect the rights of workers with disabilities.

The Committee notes that WHD is taking steps to provide better and timelier services to the public at a lower cost. The Committee requests that WHD include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2011	$41,367,000
Budget estimate, 2012	41,367,000
Committee recommendation	41,367,000

The Committee recommends $41,367,000 for the Office of Labor-Management Standards [OLMS]. This is the same amount as the fiscal year 2012 budget request and comparable fiscal year 2011 level.

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, and others. In addition, the office administers employee protections under federally sponsored transportation programs.

The Committee notes that OLMS is taking steps to reduce costs and focus activities on its core mission. The Committee requests that OLMS include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2011	$105,386,000
Budget estimate, 2012	109,010,000
Committee recommendation	105,386,000

The Committee recommends $105,386,000, the same amount as the fiscal year 2011 level, for the Office of Federal Contract Compliance Programs [OFCCP]. The budget request for fiscal year 2012 is $109,010,000.

OFCCP protects workers and potential employees of Federal contractors from employment discrimination prohibited under Executive Order 11246, section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974.

The Committee notes that last year the Department issued an advance notice of proposed rulemaking regarding regulations implementing section 503 of the Rehabilitation Act. The Committee expects the Department to issue a final rule in fiscal year 2012, and encourages the Department to make technical assistance available to Federal contractors regarding the rule, and to increase Federal contractor employment opportunities for workers with disabilities.

The Committee notes that OFCCP is taking steps to reduce costs and focus activities on its core mission. The Committee requests that OFCCP include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2011	$118,063,000
Budget estimate, 2012	123,538,000
Committee recommendation	118,063,000

The Committee recommends $118,063,000, the same amount as the fiscal year 2011 level, for the Office of Workers' Compensation Programs [OWCP]. The budget request for fiscal year 2012 is $123,538,000. The bill provides authority to expend $2,124,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, the Black Lung Benefits programs and the Energy Employees Occupational Illness Compensation Program. In addition, the Office houses the Division of Information Technology Management and Services.

The Committee notes that OWCP is taking steps to reduce costs, through automation efforts and increased use of teleconferencing among other efforts. The Committee requests that OWCP include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2011	$53,778,000
Budget estimate, 2012	52,147,000
Committee recommendation	52,147,000

The Committee recommends $52,147,000 for the Division of Energy Employees Occupational Illness Compensation. The budget request for fiscal year 2012 is $52,147,000, and the comparable fiscal

year 2011 amount is $53,778,000. This is a mandatory appropriation.

The Division administers the Energy Employees Occupational Illness Compensation Program Act [EEIOCPA], which provides benefits to eligible employees and former employees of the Department of Energy [DOE], its contractors and subcontractors or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. The Division is part of the Office of Workers' Compensation Programs.

In 2012, the volume of incoming claims under part B of the EEOICPA is estimated at about 8,000 claims from 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.

Under part E, approximately 6,600 new claims will be received during fiscal year 2012. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility or their survivors.

SPECIAL BENEFITS

Appropriations, 2011	$183,000,000
Budget estimate, 2012	350,000,000
Committee recommendation	350,000,000

The Committee recommends $350,000,000, the same as the budget request for fiscal year 2012, for this account. The comparable fiscal year 2011 amount is $183,000,000. This mandatory appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. This benefit program is administered by the Office of Workers' Compensation Programs.

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 FECA funds to reimburse a new employer for a portion of the salary of a newly re-employed injured Federal worker. 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 and declining thereafter.

The Committee recommendation also continues language allowing carryover of unobligated balances to be used in the following year.

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 ac-

count of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA. Finally, the Committee continues 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, 2011	$203,220,000
Budget estimate, 2012	182,227,000
Committee recommendation	182,227,000

The Committee recommends a mandatory appropriation of $141,227,000 in fiscal year 2012 for special benefits for disabled coal miners. This is in addition to the $41,000,000 appropriated last year as an advance for the first quarter of fiscal year 2012. These mandatory funds are used to provide monthly benefits to coal miners disabled by black lung disease and their widows and certain other dependents, as well as to pay related administrative costs.

This account pays for the benefits and administrative costs of part B of the Black Lung Benefits Act. The program is administered by the Division of Coal Mine Workers' Compensation, which is part of the Office of Workers' Compensation Programs.

Part B benefits are based on black lung claims filed on or before December 31, 1973. In fiscal year 2012, an estimated 21,150 beneficiaries will receive benefits. 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 $40,000,000 for the first quarter of fiscal year 2013. This amount is the same as the budget request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2011	$296,960,000
Budget estimate, 2012	300,495,000
Committee recommendation	300,495,000

The Committee recommends $300,495,000 for this mandatory appropriations account. This amount is the same as the budget request. The comparable fiscal year 2011 amount is $296,960,000.

This benefit program is administered by the Division of Coal Mine Workers' Compensation, which is part of the Office of Workers' Compensation Programs.

The appropriation language continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. The recommendation assumes that $204,490,000 for benefit payments will be paid in fiscal year 2012. In addition, the appropriation bill provides for transfers from the trust fund for administrative expenses for the following Department of Labor agencies: up to $32,906,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs, up to $25,217,000 for

Departmental Management, Salaries and Expenses, and up to $327,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to $356,000 for the Department of the Treasury.

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 that are incurred in administering the benefits program and operating the trust fund.

It is estimated that 22,850 individuals will receive black lung benefits financed through the end of the fiscal year 2012.

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 Emergency Economic Stabilization Act of 2008 authorized the restructuring of the Black Lung Disability debt and extended the current tax structure until the end of 2018.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2011	$558,619,000
Budget estimate, 2012	583,386,000
Committee recommendation	561,119,000

The Committee recommends $561,119,000 for this account. The budget request for fiscal year 2012 is $583,386,000 and the fiscal year 2011 level is $558,619,000. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee continues bill language to allow the Occupational Safety and Health Administration [OSHA] to retain up to $200,000 per fiscal year of training institute course tuition fees to be used for occupational safety and health training and education grants in the private sector.

The Committee retains language that continues to effectively exempt farms employing 10 or fewer people from the provisions of the act with the exception of 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 recommendation supports the important mission carried out by OSHA. The Committee notes that an average of 12 workers suffered a fatal occupational injury each day during calendar year 2010. While an improvement from recent years, this rate is still too high. This appropriation will help OSHA meet its goal of securing safe and healthy workplaces, particularly for the most dangerous workplaces. The Committee intends these funds to help rebuild OSHA's enforcement capacity, accelerate safety and

health standards development, and maintain robust compliance assistance programs.

The Committee recommends $104,393,000 for grants to States under section 203(g) of the Occupational Safety and Health Act. These funds are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency. The Committee believes that, given the continuing fiscal pressures facing State budgets, OSHA should continue its practice of allowing States an extra year to match the appropriation provided by this bill for support of their State plans, and also should extend the period of expenditure for these funds for an additional quarter.

The Committee also 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 recommendation includes $10,729,000 for the OSHA Susan Harwood Training Grant Program.

The Committee notes that OSHA has reduced travel costs by using videoconferencing technology for training and other purposes, and taken other steps to realize cost savings. The Committee requests that OSHA include in its fiscal year 2013 congressional budget justification information on additional steps OSHA will take to carry out its responsibilities more cost effectively.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2011	$361,844,000
Budget estimate, 2012	384,277,000
Committee recommendation	371,500,000

The Committee recommendation includes $371,500,000 for the Mine Safety and Health Administration [MSHA]. The budget request for fiscal year 2012 is $384,277,000, and the comparable fiscal year 2011 amount is $361,844,000.

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

The Committee bill continues language authorizing MSHA to use up to $2,000,000 for mine rescue and recovery activities. 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. In order to prepare properly for an actual emergency, the Committee also directs MSHA to continue to devote additional resources toward effective emergency response and recovery training in various types of mine conditions. Funding for Brookwood Sago grants was

increased from $500,000 in fiscal year 2010 to $1,000,000 in fiscal year 2011, and a further increase is warranted in fiscal year 2012 given the need to provide miners and rescue teams with opportunities for realistic mine emergency training.

In addition, bill language is included to allow the National Mine Health and Safety Academy to collect not more than $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 $1,475,000 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.

In recent years, some mine operators have challenged an increasing share of their mine safety violations. The budget request proposes $15,000,000 to expand the Department's effort to reduce the backlog of contested violations, and this bill includes sufficient funds to continue this backlog reduction plan. This effort was initiated with funding provided in the fiscal year 2010 supplemental appropriations bill and continued with funding in the fiscal year 2011 full-year continuing appropriations act. The budget proposes and the Committee bill includes legislative language to transfer a portion of these funds to support related activities in the Office of the Solicitor.

The Committee recommendation also includes funding to address other important issues at MSHA, including $3,100,000 to purchase continuous personal dust monitors and continue the spot inspection initiative related to respirable coal dust. These funds should help MSHA make progress on this important issue. Funds also are provided for the expansion and renovation of the Mount Hope laboratory, maintenance of mine emergency operations equipment, the operation of a new coal office district, the continued support of the Office of Accountability and other important priorities.

The Committee notes that MSHA's budget includes a proposal to reduce printing and mailing costs by adopting a suggestion made by one of MSHA's employees. This suggestion was a finalist in the administration's 2010 SAVE (Securing Americans Value and Efficiency) award process. The Committee appreciates this suggestion and requests that MSHA include in its fiscal year 2013 congressional budget justification information on additional steps the MSHA proposes to carry out its responsibilities more cost effectively.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2011	$610,224,000
Budget estimate, 2012	647,030,000
Committee recommendation	611,224,000

The Committee recommends $611,224,000 for this account. The budget request for fiscal year 2012 is $647,030,000 and the fiscal year 2011 level is $610,224,000. The recommendation includes $67,303,000 from the Employment Security Administration account of the unemployment trust fund, and $542,921,000 in Federal

funds. Language pertaining to the Current Employment Survey is retained from prior-year bills.

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

The Committee recommendation also includes $1,500,000 to continue to support the Mass Layoff Statistics Program.

As requested by the administration, the Committee does not include bill language from prior years that requires BLS to continue the women worker series within the current employment statistics program. The Committee understands BLS will continue this data collection as it currently exists; therefore, this bill language is unnecessary.

The Committee recognizes that the Nation requires current, accurate, detailed labor statistics for Federal and non-Federal data users. The Nation also requires Government programs to be administered as cost effectively as possible. However, the current ability of the cooperative statistics system to meet those needs is in question. This gap could reduce the ability of State and local regions to effectively plan for recovery, anticipate industry demand for workforce needs and meet other labor market information challenges.

Therefore, the Committee directs the Secretary of Labor to commission a study of and report on a comprehensive assessment of the proper purpose, structure, methods, and operations of the Federal-State cooperative statistics system (including the CES, QCEW, LAUS, OES, and MLS programs), particularly regarding the appropriate roles and responsibilities of BLS, ETA, the State labor market information agencies, and the system's relationship with the Census Bureau, the National Center for Education Statistics, State workforce agencies, State education agencies, and private vendors.

The Committee believes the National Academies of Science (Committee on National Statistics) and the National Academy of Public Administration are very well qualified to produce such a report.

The Committee requests the release of an interim report within 12 months of the enactment of this act and a final report within 24 months of the enactment of this act. The interim report shall contain, at minimum, a rigorous assessment of the Current Employment Statistics Program, including an evaluation of the accuracies of past and present methods for producing initial State and metro area CES estimates, identification of the methods most likely to produce accurate initial estimates, and recommendations for appropriate BLS and State roles and responsibilities in preparing such accurate estimates. The report also should consider recommendations for how to improve the collection of this large volume of information, including through the use of technology; coordinate the Federal and State data systems to provide timely, accurate, and geographically detailed information on employment, education and training, occupations and worker skills, as well as ease of access and technical assistance; and improve responsiveness to the data needs of labor market participants and policymakers at the Federal, State, and local levels.

The Committee directs the Secretary of Labor to use such sums as may be necessary for this study which shall be allocated equally from funds available to the Secretary, BLS, ETA, and the States.

The State contribution should be made through a set-aside from BLS cooperative system grants to States.

The Committee notes that BLS has reduced travel costs by using videoconferencing technology and Web-based services for training and other purposes, and taken other steps to realize cost savings. The Committee requests that the BLS include in its fiscal year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2011	$38,953,000
Budget estimate, 2012	39,031,000
Committee recommendation	38,953,000

The Committee recommends $38,953,000, the same amount as the fiscal year 2011 level, for this account. The budget request for fiscal year 2012 is $39,031,000. The Committee intends that at least 80 percent of these funds shall be used to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

Congress created the Office of Disability Employment Policy [ODEP] in the Department of Labor's fiscal year 2001 appropriation. The mission of ODEP is to provide leadership, develop policy and initiatives, and award grants furthering the objective of eliminating physical and programmatic barriers to the training and employment of people with disabilities. The Committee strongly supports each of the components of ODEP's mission and, in particular, urges the Secretary to ensure that ODEP is properly supported in carrying out its leadership role with respect to Government-wide policies related to the training and employment of individuals with disabilities. The Committee is particularly interested in ODEP providing support and technical assistance to Federal agencies for the implementation of Executive Order 13548 (2010) regarding Federal hiring of persons with disabilities.

The Committee recommendation includes $11,976,000 for ODEP, in collaboration with the Employment and Training Administration [ETA], to continue to implement their joint plan for improving effective and meaningful participation of persons with disabilities in the workforce. The Committee expects that these funds, in combination with funding available to ETA, will improve the accessibility and accountability of the public workforce development system for individuals with disabilities. The Committee further expects these funds to continue promising practices implemented by disability program navigators. Such practices include the effective deployment of staff in selected States to improve coordination and collaboration among employment and training and asset development programs carried out at a State and local level, including the Ticket to Work program; and to build effective community partnerships that leverage public and private resources to better serve individuals with disabilities and improve employment outcomes.

The Committee notes that ODEP has prioritized its spending, including shifting some financing of its activities to other Federal agencies. The Committee requests that ODEP include in its fiscal

year 2013 congressional budget justification information on additional steps it will take to carry out its responsibilities more cost effectively.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2011	$356,861,000
Budget estimate, 2012	371,554,000
Committee recommendation	366,861,000

The Committee recommendation includes $366,861,000 for the Departmental Management account. The budget request for fiscal year 2012 is $371,554,000, and the comparable fiscal year 2011 amount is $356,861,000. An amount of $326,000 is available by transfer from the Black Lung Disability Trust Fund.

The primary goal of the Department of Labor is to protect and promote the interests of American workers. The departmental management appropriation pays the salaries of 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 appropriations for salaries and expenses are not suitable.

The Committee recommendation includes $10,000,000 within the legal services activity to continue support of the Department's efforts to reduce the backlog of cases before the Federal Mine Safety and Health Review Commission [FMSHRC]. This effort was initiated with funding provided in the fiscal year 2010 supplemental appropriations bill and continued with funding in the fiscal year 2011 full-year continuing appropriations act. The Committee remains concerned that the backlog of cases at the FMSHRC is currently higher than historical levels. The Committee understands that this increase has resulted largely from the fact that the rate of contested citations has grown from 7 percent before the enactment of the MINER Act of 2006 to more than 25 percent last year. The Committee is continuing its efforts to address this issue by increasing funding for the FMSHRC, as described later in the report, to reduce the backlog by engaging additional judges and support staff, and to continue the transition to an electronic case management system.

The Committee intends these funds, as well as funds provided to MSHA, to support necessary expenses of the Department of Labor related to an increased capacity of the Commission to process caseloads pending before it. The Committee expects the Department to make every effort to support the timely processing of contested citations, particularly for operators that have the highest proportion of significant and substantial citations or other evidence of unacceptable health and safety records.

The Committee recommendation includes $92,484,000, the same as the fiscal year 2011 level, for the Bureau of International Labor Affairs [ILAB]. The budget request for fiscal year 2012 is $101,504,000. These funds are available to help improve working conditions and labor standards for workers around the world and

carry out ILAB's statutory mandates and international responsibilities. These funds may be used to support microfinance programs and other livelihood activities that contribute to a more comprehensive approach to addressing the root causes of labor exploitation, including child and forced labor, as provided in prior appropriations bills and proposed in the fiscal year 2012 budget.

The budget request proposes making the appropriation for ILAB available for obligation through December 31, 2012. The Committee bill allows $66,500,000 to be available for obligation for an extra quarter. The Committee will continue to monitor ILAB's use of the extended obligation authority provided for the current fiscal year in making a final decision about this budget proposal.

The budget request proposes $18,400,000 for program evaluation and requests that the funds be available for obligation through September 30, 2013. The Committee recommends $8,500,000, the same amount as the fiscal year 2011 level, and allows funds to be available for obligation through September 30, 2013. The budget also proposes to continue the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues to provide this transfer authority and supports the mission of the Office of the Chief Evaluation Officer. The Committee bill also includes requested authority to use up to 0.5 percent of certain Department appropriations for evaluation activities identified by the Chief Evaluation Officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The budget request also proposes $11,620,000 for the Women's Bureau and requests bill language allowing the bureau to award grants to promote the interests of women in the workforce. The Committee bill includes $11,581,000 for the bureau and the requested language. The Committee believes the bureau should sharpen its mission and demonstrate effectively the impact of its efforts on important issues such as the wage gap, pay discrimination and family and medical leave.

The Committee notes that agencies and offices funded within this account have taken steps to create efficiencies and realize cost savings by better using technology and prioritizing agency activities. The Committee requests that the Secretary include in the fiscal year 2013 congressional budget justification information on additional actions related to this account that will enable funded agencies to carry out their responsibilities more cost effectively.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2011	$255,614,000
Budget estimate, 2012	261,036,000
Committee recommendation	258,614,000

The Committee recommends $258,614,000 for this account, including $47,879,000 in general revenue funding and $210,735,000 to be expended from the Employment Security Administration account of the unemployment trust fund. The budget request for fiscal year 2012 is $261,036,000, and the comparable fiscal year 2011 amount is $255,614,000.

This account includes resources for the Veterans' Employment and Training Services [VETS] that enable it to maximize employ-

ment opportunities for veterans and transitioning service members, including protecting their employment rights. VETS carries out its mission through a combination of grants to States, competitive grants, and Federal enforcement and oversight.

The Committee expects this appropriation to help VETS better meet the employment and training needs and employment rights of veterans and service members. The Committee requests that VETS include in its fiscal year 2013 congressional budget justification information on steps it will take to carry out its responsibilities more cost effectively.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2011	$83,846,000
Budget estimate, 2012	84,445,000
Committee recommendation	83,846,000

The Committee recommends $83,846,000 for the Office of the Inspector General [OIG]. The bill includes $77,937,000 in general funds and authority to transfer $5,909,000 from the Employment Security Administration account of the unemployment trust fund. In addition, an amount of $327,000 is available by transfer from the black lung disability trust fund. The budget request for the OIG for fiscal year 2012 is $84,445,000 and the comparable fiscal year 2011 amount is $83,846,000.

The 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.

The Committee requests that the OIG include in its fiscal year 2013 congressional budget justification information on steps it will take to carry out its responsibilities more cost effectively.

INFORMATION TECHNOLOGY [IT] MODERNIZATION

Appropriations, 2011	
Budget estimate, 2012	$25,000,000
Committee recommendation	

The Committee recommends no funds for the IT Modernization account. The budget request for fiscal year 2012 is $25,000,000 for this new account. The Departmental Management account includes $19,852,000 in fiscal year 2011 and 2012 resources for similar purposes.

Funds requested in the budget request would be used for two primary activities. The first is a consolidated IT infrastructure modernization activity. Of the requested amount, $8,000,000 would assist in using information technology strategically to modernize the Department's infrastructure and supporting project-oriented investments that will demonstrably improve program performance and contribute to achieving the Secretary's outcome goals. The remaining $17,000,000 requested would be allocated to the Departmental Support Systems budget activity.

GENERAL PROVISIONS

General provision bill language is included to:

Limit the use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate not to exceed 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).

Require that funds available under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 may only be used for training in occupations and industries for which employers are using H–1B visas to hire foreign workers (sec. 104).

Require the Secretary to award competitively funds available for section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 (sec. 105).

Prohibit the Secretary from taking any action to alter the procedure for redesignating local areas under subtitle B of title I of the Workforce Investment Act (sec. 106).

Provide the Employment and Training Administration with authority to transfer funds provided for technical assistance services to grantees to program administration when it is determined that those services will be more efficiently performed by Federal employees (sec. 107).

Allow up to 0.5 percent of discretionary appropriations provided in this act for all DOL agencies, except the Employment and Training Administration, to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this act applicable to such Office (sec. 108).

Prohibit funding for the enforcement of the rule entitled "Wage Methodology for the Temporary Non-Agricultural Employment H–2B Program" (76 Fed. Reg. 3452 (January 19, 2011)) (sec. 109).

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

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

HEALTH RESOURCES AND SERVICES

Appropriations, 2011	$6,287,241,000
Budget estimate, 2012	7,081,685,000
Committee recommendation	6,229,517,000

The Committee provides a program level of $6,229,517,000 for Health Resources and Services. The Committee recommendation includes $6,204,517,000 in budget authority and an additional

$25,000,000 via transfers available under section 241 of the Public Health Service [PHS] Act. The fiscal year 2011 comparable program level was $6,287,241,000. The budget request for fiscal year 2012 was $7,081,685,000.

In addition, the Committee recommendation includes $25,000,000 in transfers from the Prevention and Public Health [PPH] Fund. The fiscal year 2011 comparable transfer was $20,000,000, as was the budget request for transfers in fiscal year 2012.

BUREAU OF PRIMARY HEALTH CARE

Community Health Centers

The Committee provides $1,580,749,000 in this bill for the community health centers program. Combined with the $1,200,000,000 in mandatory funding appropriated for fiscal year 2012 in Public Law 111–152, the recommended fiscal year 2012 program level totals $2,780,749,000.

The fiscal year 2011 comparable program level was $2,580,749,000. The budget request for fiscal year 2012 is $3,317,814,000.

This group of programs includes community health centers, migrant health centers, healthcare for the homeless, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers.

Within the amount provided, the Committee has provided up to $100,000,000 under the Federal Tort Claims Act [FTCA] for the Health Centers program. The Committee has included bill language making this funding available until expended. 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 include the cost of evaluating claims, defending claims and conducting settlement activities. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities and services included within the health centers' federally approved scope.

Base Grants.—The Committee recognizes the importance of maintaining a solid foundation of stable, viable existing health centers and urges HRSA to increase base funding to existing health centers due to increasing demands. The Committee also urges HRSA to use additional programmatic funding to expand access to health centers in those areas of the country with high need and inadequate access to services to meet such need. The Committee expects HRSA to implement any new expansion initiative using the existing, and statutorily required, proportionality for urban and rural communities, as well as migrant, homeless and public housing health centers.

Health Care for the Homeless [HCH].—HCH projects funded under section 330(h) of the PHS Act provide essential services to people experiencing homelessness, providing the access to comprehensive services and the continuity of care that are critical to establishing and maintaining housing and health stability. Permanent supportive housing is an important step in the process to per-

manent housing; however, the Committee believes that permanent supportive housing has important differences from truly permanent housing. Therefore the Committee believes that it is consistent with §330(h)(4) for HCH grantees to treat residents of permanent supportive housing or other housing programs that are targeted to homeless populations but do not limit tenant length of stay as persons who are homeless.

Nurse-Managed Health Clinics.—Nurse-managed health clinics [NMHCs] strengthen nursing workforce development efforts by acting as clinical education sites for nursing students. The Committee strongly encourages HRSA to prioritize funding for NMHCs within any competition for new access points in fiscal year 2012. Expanding services this way will help expand coverage to underserved populations, including native and rural communities. The Committee also believes that supporting the nurse-managed model will facilitate the implementation the recommendations in the Institute of Medicine's report on the future of nursing.

Technical Assistance.—The Committee believes that adequate funding for technical assistance and networking functions for health centers is critical to the successful operation and expansion of the Health Centers program. Funds are available within the amount provided to invest in the technical assistance necessary to support existing centers and assist communities that currently lack, but seek, a health center presence.

Workforce.—The Committee recognizes that the National Health Service Corps [NHSC] is an essential tool for the recruitment and retention of primary care health professionals in Health Professional Shortage Areas nationwide. The Committee applauds efforts by HRSA to enhance access to the NHSC by streamlining the application process for health professionals and prospective sites, implementing part-time service arrangements, enhancing customer service and accepting applicants with consolidated or refinanced educational loans. The Committee encourages HRSA to continue with these improvements, as well as collaborate with the Health Centers program in order to maximize the investment in both programs.

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 healthcare 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 last year's level be provided for these activities in fiscal year 2012.

The Committee is concerned by a recent letter of clarification of Medicare payment policy that blocks implementation of a Hawaii State law allowing advanced practice registered nurses to practice without the physical supervision of a physician. Given the remote locations of many of the grantees of the Native Hawaiian Health Care program and the barrier imposed by island geography, enforcing the physical requirement may have the unintended consequence of reducing access to care. The Committee urges HRSA to work with the Centers for Medicare and Medicaid Services to

find a suitable resolution that maximizes access to care in remote locations.

Free Clinics Medical Malpractice Coverage

The Committee provides $40,000 in funding for payments of claims under the Federal Tort Claims Act to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act. The fiscal year 2011 comparable level and the budget request for fiscal year 2012 both included $40,000 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 healthcare services to low-income individuals in medically underserved areas.

National Hansen's Disease Program

The Committee includes $16,077,000 for the National Hansen's Disease Program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $16,075,000. The program consists of inpatient, outpatient and long-term care and training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; and 11 outpatient clinic sites in the continental United States and Puerto Rico.

National Hansen's Disease Program Buildings and Facilities

The Committee provides $129,000 for the repair and maintenance of buildings at the Gillis W. Long Hansen's Disease Center, the same as the fiscal year 2011 comparable level and the budget request for fiscal year 2012.

Payment to Hawaii for Hansen's Disease Treatment

The Committee provides $1,964,000 for Hansen's Disease services, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $1,976,000. 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.

BUREAU OF HEALTH PROFESSIONS

National Health Service Corps

The Committee provides $24,848,000 in this bill for National Health Service Corps [NHSC] activities. This is the same level as was provided in the fiscal year 2011 bill. Together with $295,000,000 appropriated for fiscal year 2012 in the Patient Protection and Affordable Care Act, the recommendation for the fiscal year 2012 program level is $319,848,000. The fiscal year 2011 comparable level was $314,848,000. The comparable budget request for fiscal year 2012 is $431,925,000.

This program provides full-cost scholarships or sizable loan repayments to students in exchange for an agreement to serve as a primary care provider in a federally designated health professional shortage area. These funds should support multi-year, rather than single-year, commitments. Salary costs of most new assignees are

paid by the employing entity. The Committee has modified bill language to clarify that all NHSC funding may be used to adjust prior-year awards.

Demonstrations.—An essential component of patient-centered, team-based care is the appropriate management of medications. This management also improves healthcare quality and lowers costs. The Committee has included funding in the past to conduct demonstration programs on the benefits of including pharmacists and chiropractic care into primary care teams through NHSC. The Committee is impressed by the results of those demonstrations and urges the Secretary to offer pharmacists and chiropractors loan repayment through NHSC so that eligible entities may be able to improve the quality of care for underserved patients and populations.

HEALTH PROFESSIONS

The Committee recommendation includes $497,924,000 for HRSA health professions programs. The fiscal year 2011 comparable level was $514,922,000. The budget request for fiscal year 2012 was $823,529,000.

Training for Diversity

Centers of Excellence

The Committee provides $24,452,000, the same as the fiscal year 2011 comparable level, for the Centers of Excellence Program. The budget request for fiscal year 2012 was $24,602,000.

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.

The Committee recognizes the longstanding commitment of minority health professions schools to diversity in the health professional workforce and the vital role the Minority Centers of Excellence Program continues to play in assisting those institutions fulfill their mission. The Committee encourages HRSA to continue to support minority health professions schools' work to diversify and improve the healthcare workforce, focusing the Centers of Excellence Program on institutions with a historic mission of promoting health professions diversity.

Mid-Career Support.—The Committee is aware that unemployment is particularly high among minority populations at a time of acute shortages in health professionals. The Committee urges HRSA to encourage health professions schools to develop innovative programs for recruiting and supporting individuals, particularly underrepresented minorities, who decide to switch to a career in primary care or allied health professions.

Health Careers Opportunity Program

The Committee has not included funding for the Health Careers Opportunity Program. The fiscal year 2011 comparable level was

$21,998,000. The budget request for fiscal year 2012 was $22,133,000.

This program provides funds to medical and other health professions schools for engagement of disadvantaged K–12 students in health professions education.

The Committee strongly supports the goal of this program, but because of budget constraints and the prevalence of waiting lists for health training programs nationwide, the Committee has prioritized healthcare job training programs over recruitment and youth engagement programs.

Faculty Loan Repayment

The Committee provides $1,258,000, the same as the fiscal year 2011 comparable level, for the Faculty Loan Repayment Program. The budget request for fiscal year 2012 was $1,266,000.

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 at least 2 years as a faculty member of a health professions school.

Scholarships for Disadvantaged Students

The Committee provides $49,042,000, the same as the fiscal year 2011 comparable level, for the Scholarships for Disadvantaged Students Program. The budget request for fiscal year 2012 proposed $52,921,000 in budget authority and another $7,079,000 in transfers available under section 241 of the PHS Act.

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.

Primary Care Training and Enhancement

The Committee provides $39,036,000, the same as the fiscal year 2011 comparable level, for Primary Care Training and Enhancement programs. The budget request for fiscal year 2012 proposed $53,018,000 in budget authority and another $86,914,000 in transfers available under section 241 of the PHS Act for this program.

This program supports the expansion of training in internal medicine, family medicine, pediatrics and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents. The Committee urges HRSA to prioritize the training of physician assistants and has included bill language allowing HRSA to determine the funding amount for this activity.

Quality Improvements.—The Committee continues to support efforts to develop and implement national quality measures for clinical practice. The Committee urges HRSA to require that primary care physicians and dentists be educated and trained in relevant quality measures in use for clinical practice.

Understanding Basic Science.—The Committee encourages HRSA to give preference to applicants that seek to develop or expand a research infrastructure, critical appraisal and evidence-based curricula, and longitudinal research opportunities for students.

Training in Oral Health Care

The Committee recommends $32,781,000, the same as the fiscal year 2011 comparable level, for Training in Oral Health Care programs. The budget request for fiscal year 2012 proposed $35,419,000 in budget authority and another $14,509,000 in transfers available under section 241 of the PHS Act.

These programs support a variety of training opportunities in the field of oral health, authorized under sections 748 and 340G of the PHS Act. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene and other oral health programs. Funds may be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee supports opportunities for advanced training for dentists and faculty loan repayment programs because it recognizes that there is a shortage of pediatric and public health dentists. Dentists who complete a general residency receive additional training that allows them to take on complex cases of patients with autoimmune or systemic diseases. The Committee remains concerned about the growing aging population and encourages HRSA to initiate training programs that target vulnerable populations in risk-based clinical disease management of all populations.

The Committee further encourages HRSA to create a grant program to provide access to unpaid, volunteer dental services for medically necessary but otherwise uncovered and unaffordable dental treatment. Grant costs may include the salaries and other employment costs of professionals who verify the medical and financial needs, including the absence of other insurance coverage, of individual patients potentially eligible for such services.

Interdisciplinary, Community-based Linkages

Area Health Education Centers

The Committee provides $33,142,000, the same as the fiscal year 2011 comparable level, for the Area Health Education Centers [AHEC] program. The budget request for fiscal year 2012 was $33,345,000, including $1,488,000 in transfers available under section 241 of the PHS Act.

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 AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding.

Allied Health and Other Disciplines

The Committee provides $1,933,000, the same as the fiscal year 2011 comparable level, for the Allied Health and Other Disciplines programs. The budget for fiscal year 2012 did not request funds for this program.

Career Pathways and Articulation Agreements.—The Committee is concerned that many graduates of certificate and 2-year degree programs are often unable to pursue more advanced degrees in one

of the health professions. The Committee urges HRSA to support programs that encourage graduates of certificate and 2-year community college programs to enroll in baccalaureate degree-granting programs and health professions schools and to encourage articulation agreements between community colleges and baccalaureate-degree granting programs and health professions schools that allow for transfer of credits earned in the certificate and associate degree programs.

Vacancy Rates.—The Committee remains concerned that many allied health professions continue to experience high vacancy rates and encourages HRSA to give priority consideration to schools that are educating and training people in these professions.

Mental and Behavioral Health

The Committee provides $2,927,000, the same as the fiscal year 2011 comparable level, for Mental and Behavioral Health programs. The budget request for fiscal year 2012 was $17,945,000.

These programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

Graduate Psychology Education Program.—The Committee is concerned that the Nation's mental health infrastructure will experience increased strain for years to come as individuals and their families increasingly turn to behavioral healthcare professionals in local communities. The Nation's population is rapidly aging and significant numbers of veterans are returning from war. Ramifications of current economic conditions also are significantly increasing the numbers of people seeking mental health services as they struggle with unemployment, job and income loss, and the many associated problems that result. The Committee supports efforts by HRSA that would expand training sites, reinstate the geropsychology component, initiate a new focus on veterans and help integrate health service psychology trainees at federally Qualified Health Centers to provide behavioral and mental health services to underserved populations.

Geriatric Education

The Committee provides $33,542,000 for Geriatric Education programs, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $36,907,000 in budget authority and $6,840,000 in transfers available under section 241 of the PHS Act.

Geriatric programs include: Geriatric Education Centers, the Geriatric Academic Career awards program, and the Geriatric Training program for Physicians, Dentists, and Behavioral and Mental Health Professionals.

Innovation.—The Committee remains concerned that 7 out 10 deaths among older Americans each year are from chronic diseases. The Committee urges HRSA to support projects that propose innovative educational and practice techniques with regard to treating at least one of the 10 most prevalent chronic diseases (such as, heart disease, stroke, diabetes and cancer) in order to improve the

quality of care for that condition and have an effect on primary care and the health of the general public.

Reducing Hospital Readmission Rates.—Approximately 20 percent of hospitalized Medicare patients are readmitted within 30 days. The Committee urges HRSA to support curriculum projects that examine innovative educational and practice techniques with regard to preventing hospital readmissions among older Americans.

State Health Care Workforce Development Grants

The Committee has not included funding for the State Health Care Workforce Development Grant program, authorized in the Patient Protection and Affordable Care Act. The fiscal year 2012 budget requests $51,000,000 for this new program.

The State Health Care Workforce Development Program is designed to support State partnerships (generally the State Workforce Investment Board) to conduct planning and coordination among the variety of programs related to healthcare workforce training.

Health Professions Workforce Information and Analysis

The Committee is recommending $2,815,000 for health professions workforce information and analysis, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 did not request new budget authority but did propose $20,000,000 in transfers available under section 241 of the PHS Act. The program provides grants and contracts to eligible entities to provide for the collection and analysis of targeted information, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

The Committee commends HRSA for the information that the National Center for Health Workforce Analysis has collected and disseminated. The Committee encourages HRSA to make their Web site "one-stop shopping" for any researcher or policy-maker on health workforce issues. For that reason, the Committee encourages HRSA to integrate data from the Bureau of Labor Statistics and other Federal agencies to the greatest extent possible.

Public Health and Preventive Medicine Training Programs

The Committee provides $34,609,000 for these programs, including $9,609,000 in budget authority and $25,000,000 in transfers from the PPH Fund. The fiscal year 2011 comparable level was $9,609,000 in budget authority and $20,000,000 in funding from the PPH Fund. The budget request for fiscal year 2012 did not include new budget authority, but proposed $10,068,000 in transfers available under section 241 of the PHS Act and $15,000,000 from the PPH Fund for these programs. The Committee directs HRSA to fund preventive medicine residencies at no less than last year's level.

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

The Committee recommendation includes $5,000,000 from the PPH Fund for an initiative on integrative medicine residency [IMR]

training. Of this amount, $2,500,000 is to be used for grants of $100,000 to $150,000 to accredited residency programs to incorporate competency-based integrative medicine curricula in graduate medical education. The remaining funds are intended to establish a national coordinating center responsible for conducting data collection, providing technical assistance to residency programs, and conducting an evaluation of the IMR training program.

Nursing Workforce Development Programs

The Committee provides $242,387,000 for the Nursing Workforce Development programs, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $224,550,000 in budget authority and $108,525,000 in transfers available under section 241 of the PHS Act.

The Committee directs HRSA to maintain all Nursing Workforce Development programs at no less than last year's level.

Advanced Nursing Education Grants.—The Committee is concerned that masters and doctoral programs lack the resources necessary to keep pace with the demand for new nurse faculty. Doctoral prepared nurse educators are in especially high demand, as the majority of vacant faculty positions require this level of education. The Committee notes that lack of faculty is often cited as the reason why community colleges turn away potential nursing students, despite severe shortages at all levels of nursing. Therefore, the Committee encourages the Division of Nursing to establish a priority for funding full-time doctoral nursing students including Ph.D. or the doctor of nursing practice [DNP]. The Committee further encourages HRSA to give priority to nursing students who indicate an interest in teaching.

Baccalaureate Nursing Degrees.—In recognition of the Institute of Medicine [IOM] and the Robert Wood Johnson Foundation report, "The Future of Nursing: Leading Change, Advancing Health," the Committee urges the Division of Nursing to enhance programs that increase the number of nurses with baccalaureate degrees. Research has shown that nurses who hold a bachelor of nursing have better patient outcomes such as lower mortality and failure to rescue rates. The Committee further concurs with the IOM report recommendation that the Division's programs need to encourage nurses with associate degrees and diplomas to enter baccalaureate programs. For that reason, the Committee encourages HRSA to focus grants in nursing education to create and support career ladder programs.

Innovative Entry Points.—The Committee is encouraged by various innovative models in K–12 education that allow students to take college courses while in high school, some of which are partnerships with nursing programs. The Committee urges HRSA to partner with the Department of Education to promote innovative programs that support K–12 students as they transition into nursing education.

Nurse Practitioners.—In the presence of an acute shortage of primary care providers, the need to prepare quality, cost effective clinicians such as nurse practitioners continues to be severe. Nurse practitioners are primary care providers who can assist in meeting the needs of our communities and help to increase access to pri-

mary care. The Committee urges HRSA to support educational programs and traineeships for nurse practitioners to help meet the growing health needs of the Nation particularly in rural America.

Children's Hospitals Graduate Medical Education Program

The Committee provides $268,356,000 for the Children's Hospitals Graduate Medical Education [GME] program, the same as the fiscal year 2011 comparable level. The administration did not request funds for this program for fiscal year 2012.

The program provides support for graduate medical education training programs in freestanding children's teaching hospitals and is intended to provide with them a similar level of Federal GME support that other teaching hospitals receive through Medicare. Prior to the enactment, the freestanding children's hospitals, whose inpatients are predominantly under the age of 18, received only 0.05 percent of Federal GME funding. Children's Hospitals GME [CHGME] payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

The Committee recognizes the program's contributions to the future pediatric workforce and children's healthcare. The 56 freestanding children's hospitals receiving CHGME funding train 40 percent of all general pediatric residents and 43 percent of all pediatric specialty residents, in addition to serving large disproportionate underserved populations, such as those in Medicaid and the State Children's Health Insurance Program [SCHIP]. CHGME funding has enabled the hospitals to increase their training by 35 percent, in response to State, local and national needs, including the reversal of a prior decline in pediatric specialty residencies. The program improves access to healthcare by not only ensuring an adequate supply of pediatric providers, but also by expanding the capacity of the healthcare safety net as freestanding children's hospitals care for underserved children in both inpatient and outpatient settings. The program has also enabled the hospitals to increase the diversity of their training experiences in underserved urban and rural areas.

Patient Navigator

The Committee recommendation does not include funding for the Patient Navigator Outreach and Chronic Disease Outreach Program. The comparable funding level for fiscal year 2011 was $4,990,000. The budget did not request funding for this program in fiscal year 2012.

The program provides demonstration grants to public or nonprofit health centers to help patients overcome barriers in the healthcare system to prompt screening, referral, diagnosis, and treatment services.

The Committee strongly supports efforts to reduce the complexity of the current healthcare system and notes that the expansion of decision support features in electronic health records and current CMS demonstrations on accountable care organizations and medical home models aim to reduce or even eliminate the need for patient navigation models.

Teaching Health Centers Development Grants

The Committee has not provided funding for the Teaching Health Centers [THC] Development Grant program in fiscal year 2012. The administration requested $10,000,000 for this new program.

The Teaching Health Centers [THC] Development Grant Program is designed to provide funding to cover the costs of curriculum development, accreditation, faculty salaries, and the recruitment, training and retention of residents and faculty. Eligible entities include community-based clinics that intend to operate a primary care residency program.

The Committee is aware of $230,000,000 available in mandatory funds for graduate medical education payments to THCs for the period of fiscal years 2011 through 2015. These funds will cover the costs of new resident training in community-based ambulatory primary care settings, such as health centers.

National Practitioner Data Bank

The Committee provides $28,016,000 for the National Practitioner Data Bank, the same as the budget request. The comparable level for fiscal year 2011 was $23,508,000. 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.

The National Practitioner Data Bank collects certain adverse information, medical malpractice payment history, and information related to healthcare fraud and abuse. The data bank is open to healthcare agencies and organizations that make licensing and employment decisions.

MATERNAL AND CHILD HEALTH BUREAU

Maternal and Child Health Block Grant

The Committee provides $606,319,000 for the maternal and child health [MCH] block grant. The fiscal year 2011 comparable level was $656,319,000 and the budget request for fiscal year 2012 was $654,489,000.

The MCH block grant program provides a flexible source of funding that allows States to target their most urgent maternal and child health needs through the 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 providing prenatal care, well child services and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care for children, adolescents and families through clinics, home visits and school-based health programs.

The Committee has included bill language requiring that the State grant portion of the block grant be funded at no less than $535,748,000, compared to $556,333,000 in fiscal year 2011 and the budget request. This reduction will be more than offset by an in-

crease in mandatory appropriations for the Maternal, Infant, and Early Childhood Home Visiting [MIECHV] program.

State agencies funded by the MCH block grant receive additional mandatory funding from the MIECHV program. In fiscal year 2012, mandatory appropriations for this program will rise from $250,000,000 to $350,000,000, a majority of which will be distributed to State agencies. The MIECHV program and the MCH block grant serve the same population with overlapping goals. Both programs include a formula-based distribution to States and a demonstration authority to allow grants for special projects of regional and national significance.

The Committee has included bill language identifying $60,171,000 for the Title V Special Projects of Regional and National Significance [SPRANS] set-aside. Within that total, the Committee recommendation includes sufficient funding to continue the set-asides for oral health, epilepsy and fetal alcohol syndrome at no less than last year's level.

Global Health Strategies.—The Committee recognizes that some global models of healthcare have been proven to be cost effective and provide a high level of quality care. The Committee urges the Department to consider projects that demonstrate and pilot global health strategies in underserved domestic healthcare markets. These projects should include programs that improve overall community health and wellness; increase access to primary health services; support innovative payment models that offer affordable healthcare payment options for low-income families; and improve access to immunizations.

Healthy Homes.—The Committee supports efforts by HRSA to fund evidence-based maternal, infant and early childhood home visiting programs that are consistent with the Patient Protection and Affordable Care Act. The Committee is aware of nurse home visiting programs in New York State, Rhode Island and Oklahoma that have adopted healthy homes activities as part of their programming. This integrative approach of identifying and preventing environmental health and safety hazards in the homes of high-risk pregnant mothers and their babies is a cost-effective and efficient strategy for preventing disease and injury among the Nation's most vulnerable families. The Committee recommends that HRSA expand and incentivize the implementation of these integrative programs in consultation with the Centers for Disease Control and Prevention.

Hemophilia.—The Committee supports continued funding for the network of hemophilia treatment centers supported by the SPRANS program.

Mobile Health Messaging.—The Committee is concerned that the United States now ranks 33rd among industrialized and developed Nations in its infant mortality rate. The Committee notes the successful use of mobile health outreach programs that send cell phone text messages to low-income women to provide advice to help keep the mothers and their babies healthy. The Committee encourages HRSA to engage and support mobile health messaging programs that target the goals of the title V program in areas with the worst overall outcomes.

Oral Health.—The Committee has included sufficient funding to continue early childhood oral health interventions and prevention programs encompassing the medical/dental interface, topical fluorides, school and community-based sealant programs, and systems building with Head Start and the Women, Infants and Children program.

Sickle Cell Anemia Program

The Committee provides $4,721,000 for the sickle cell anemia demonstration program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $4,740,000.

This program provides grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing; training of health professionals; and other efforts related to the expansion and coordination of education, treatment, and continuity of care programs for individuals with sickle cell disease.

Traumatic Brain Injury Program

The Committee provides $9,878,000 for the Traumatic Brain Injury program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $9,918,000.

The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries, as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support. The Committee includes no less than last year's funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

The Committee supports the efforts of HRSA to develop a long-range plan for the Traumatic Brain Injury program. The Committee encourages HRSA to collaborate with other Federal agencies during this process and to solicit broad input from consumers, States, professionals and care providers in order to ensure that the program maximizes resources related to the treatment and prevention of traumatic brain injury.

Autism and Other Developmental Disorders

The Committee provides $47,708,000 for the Autism and Other Developmental Disorders initiative, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $55,000,000.

The program supports surveillance, early detection, education, and intervention activities on autism and other developmental disorders, as authorized in the Combating Autism Act of 2006.

Bill language is included to ensure that fiscal year 2012 grants may be awarded.

Newborn Screening for Heritable Disorders

The Committee provides $9,952,000, the same as the fiscal year 2011 comparable level, for the newborn heritable disorders screen-

ing program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008. The fiscal year 2012 budget request was $9,992,000.

This program provides funding to improve States' ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

Congenital Disabilities Program

The Committee has not provided funding for the congenital disabilities program. The budget request for fiscal year 2012 included $499,000 for these activities. The program was discontinued in fiscal year 2011.

The purpose of the program is to provide information and support services to families receiving a positive test diagnosis for down syndrome, spina bifida, dwarfism, or other prenatally and postnatally diagnosed conditions.

The Committee is pleased with the materials created in this program and encourages HRSA to distribute them through the Maternal Child Health Bureau's programs.

Healthy Start

The Committee provides $104,361,000 for the Healthy Start infant mortality initiative, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $104,776,000.

The primary purpose of Healthy Start is to reduce infant mortality by 50 percent and generally improve maternal and infant health in at-risk communities. Grants are awarded largely to State and local health departments and nonprofit organizations to conduct an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

The Committee is aware that racial disparities in stillbirth and sudden unexpected infant deaths [SUIDs] persist and significantly contribute to the more than 25,000 stillbirths and over 4,000 SUIDs each year. The Committee encourages HRSA to support training and assistance that will enhance cooperative partnerships among local community health professionals, public health officers, community advocates and consumers to address racial disparities in SUIDs and stillbirth. In addition, the Committee encourages Healthy Start grantees to promote local efforts to review stillbirth and SUIDs, especially in addressing racial disparities.

Universal Newborn Hearing Screening and Early Intervention

The Committee provides $18,884,000 for universal newborn hearing screening and early intervention activities, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $18,960,000.

The Committee expects HRSA to coordinate its early hearing detection and intervention activities with the National Center on Birth Defects and Developmental Disabilities, the National Institute on Deafness and Other Communication Disorders, the Na-

tional Institute on Disability and Rehabilitation Research and the Office of Special Education and Rehabilitative Services.

This program awards grants to 53 States and territories that support statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age and enrollment in early intervention programs before the age of 6 months.

Emergency Medical Services for Children

The Committee provides $21,369,000 for the Emergency Medical Services for Children [EMSC] program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $21,454,000. The program supports demonstration grants for the delivery of emergency care to acutely ill and seriously injured children.

The EMSC program makes funding available to every State EMS office to improve emergency care for children and to pay for critical research and dissemination of best practices. The Committee commends the program's efforts to improve the evidence base for pediatric emergency care in the pre-hospital and emergency department settings and to drive the rapid translation of new science into professional practice.

The Committee commends the program's efforts to improve the evidence base for pediatric emergency care and urges HRSA to continue creating innovative initiatives to improve evidence-based pediatric emergency care and be cognizant of the educational and training needs of those serving in rural America.

HIV/AIDS BUREAU

ACQUIRED IMMUNE DEFICIENCY SYNDROME

RYAN WHITE AIDS PROGRAMS

The Committee provides $2,351,665,000 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 2011 comparable level was $2,336,665,000, and the budget request for fiscal year 2012 was $2,400,587,000.

These programs provide a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health services, and nutritional services.

Emergency Assistance

The Committee provides $672,529,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $679,074,000.

Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by formula, and the remainder is awarded through supplemental competitive grants.

The Committee has continued a statutory provision that reduces the rate of cuts to metropolitan areas enacted in the reauthorization of the Ryan White Care Act formula in 2006.

Comprehensive Care Programs

The Committee provides $1,323,141,000 for HIV healthcare and support services. The fiscal year 2011 comparable level was $1,308,141,000, and the budget request for fiscal year 2012 was $1,358,791,000.

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.

The Committee includes bill language providing $900,000,000 for AIDS medications in the AIDS Drug Assistance Program [ADAP]. The fiscal year 2011 comparable level was $885,000,000, and the budget request for fiscal year 2012 was $940,000,000.

The Committee is very concerned by the vulnerability of State funding for ADAP, the continuing increases in drug prices, and ongoing high unemployment, which has caused spikes in enrollment. Sufficient funding is included to continue the emergency allocations from the past 2 fiscal years and extend additional life-saving support in fiscal year 2012.

Early Intervention Services

The Committee provides $205,564,000 for early intervention grants, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $211,522,000.

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

Children, Youth, Women, and Families

The Committee provides $77,313,000 for grants for coordinated services and access to research for women, infants, children and youth, the same as the fiscal year 2011 comparable level. The budget request for 2012 was $77,787,000.

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 healthcare services to populations with or at risk for HIV disease.

AIDS Dental Services

The Committee provides $13,511,000 for AIDS Dental Services, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $13,594,000.

This program provides grants to dental schools, dental hygiene schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV disease.

AIDS Education and Training Centers

The Committee provides $34,607,000 for the AIDS Education and Training Centers [AETCs], the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 included $34,819,000.

AETCs train healthcare 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.

HEALTH CARE SYSTEMS BUREAU

Organ Donation and Transplantation

The Committee provides $24,896,000 for organ donation and transplantation activities, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $25,991,000.

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 to educate the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions.

The Committee is aware of the large and growing national organ transplantation waiting list, in part due to the unavailability of organs. Healthcare professionals, particularly physicians, nurse, and physician assistants, if given enhanced knowledge and training, can positively impact organ donation. Therefore, the Committee encourages HRSA to develop curriculum and continuing education programs for targeted health professionals.

Vascularized Composite Allografts Rulemaking Process.—The Committee notes that more than 3 years ago, on March 3, 2008, the Department published a Request for Information in the Federal Register to assist the Department in determining whether it should engage in a rulemaking with respect to the growing field of transplantation referred to as vascularized composite allografts [VCAs]. The Committee believes that this rulemaking process is necessary to bring this growing category of transplantation, which includes the transplantation of hands, arms and faces, under the policy umbrella of the National Organ Transplantation Act. The Committee therefore urges the Department to proceed with rulemaking to place VCA transplants under the policy oversight of the Organ Procurement Transplant Network.

National Cord Blood Inventory

The Committee has provided $11,910,000 for the National Cord Blood Inventory, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $13,883,000. 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.

C.W. Bill Young Cell Transplantation Program

The Committee provides $23,374,000 for the C.W. Bill Young Cell Transplantation Program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $26,544,000.

Office of Pharmacy Affairs

The Committee provides $4,480,000 for the Office of Pharmacy Affairs, the same as the fiscal year 2011 comparable level for this program. The budget request for fiscal year 2012 was $5,220,000.

The Office of Pharmacy Affairs promotes access to clinical 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 are used to help resolve deficiencies that could not be addressed within resources available for the normal operations of the office. Specifically, these deficiencies include noncompliance with the 340B pricing requirements and errors and omissions in the office's covered entity database.

The Committee strongly supports the efforts of the Office of Pharmacy Affairs to ensure the integrity of the 340B program. The Committee is particularly supportive of HRSA's plan to develop a transparent system to verify the accuracy of the 340B ceiling price. Therefore, the Committee has included bill language, requested by the administration, to allow a nominal cost recovery fee to fund the implementation of program integrity provisions recommended by the inspector general and included in the Patient Protection and Affordable Care Act. The fee will be set at 0.1 percent for covered entities and is expected to generate $5,000,000. The Committee expects HRSA to report the expected and actual amounts generated by the fee in HRSA's annual budget justification.

New Access Points.—The Committee is strongly supportive of efforts to expand access to care, particularly for those who are currently uninsured. Therefore, HRSA is encouraged to review its application policy and guidance to find opportunities to move more expeditiously in making 340B available to new clinics and access points. For example, the Committee is aware that HRSA requires a filed Medicare cost report for all hospital-affiliated clinic applications, which can take up to a year after the clinic opens. The Committee encourages HRSA to explore other forms of documentation that might be available more quickly upon the opening of a new access point.

Outpatient Coverage.—The Committee is aware that treatment guidelines over the last few decades have been moving to provision of care from inpatient to outpatient. The Committee encourages HRSA to review the definition of patient to ensure that the 340B program continues to serve the population it was intended to serve, even as that population accesses care in different ways. In any guidance that HRSA might issue, the Committee recommends that HRSA keep an eye trained on preventing society's most vulnerable patients from losing access to affordable drugs.

Supplanting.—The Committee remains strongly supportive of the 340B program and its emphasis on helping hospitals, health centers and other safety net providers extend care to those who need it most. For that reason, the Committee is troubled by reports of health care insurers and other third party payers setting reimbursement rates that discriminate against 340B covered entities and supplant the benefit of the 340B discounts. The Committee urges HRSA to clarify to healthcare insurers and other third party payers that discriminatory reimbursement rates for 340B covered entities is inconsistent with congressional intent.

Poison Control Centers

The Committee provides $21,866,000 for poison control center activities, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $29,250,000. The Poison Control Centers program currently supports a mix of grantees. Most grantees serve entire States; a few grantees serve multistate regions; and, in a handful of cases, more than one grantee serves a single State.

HRSA estimates that $7 is saved in medical spending for every dollar spent on Poison Control Centers because treatment guidance for the majority of poison exposures (over 70 percent) can be provided over the phone, thereby reducing emergency department visits, ambulance use, and hospital admissions. For that reason, the Committee is strongly supportive of ensuring that all citizens have access to poison control hotlines.

RURAL HEALTH PROGRAMS

Rural Healthcare Services Outreach Grants

The Committee provides $55,658,000 for rural health outreach grants, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $57,266,000. This program supports projects that demonstrate new and innovative models of outreach in rural areas, such as integration and coordination of health services.

The Delta States Network Grant Program provides network and rural health infrastructure development grants to the eight States in the Mississippi River Delta region. The Committee recognizes that residents in this region disproportionately experience disease risk factors and 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 offer the best hope for breaking the cycle of poor health in this region. Therefore, the Committee has included sufficient funding to continue these activities at no less than last year's level.

Mental Health Outreach.—The Committee urges HRSA to support programs that demonstrate new and innovative models of regional outreach to meet the behavioral and mental health needs of rural America. In particular, HRSA is encouraged to give priority to clinical training sites that encompass a multicounty area; train students to use secure telemedicine applications that result in timely triage, disposition and treatment; and provide outreach to

veterans, older Americans and underserved populations with limited or no access to behavioral health services.

Oral Health.—The Committee recognizes that access to oral health providers can be particularly challenging in rural areas. The Committee encourages HRSA to consider supporting oral healthcare outreach to underserved communities by accredited dental schools.

Rural Health Research

The Committee provides $9,885,000 for the Rural Health Research program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $9,929,000.

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 Hospital Flexibility Grants

The Committee provides $41,118,000 for rural hospital flexibility grants, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $26,200,000.

Under this program, HRSA works with States to provide support and technical assistance to critical access hospitals to focus on quality and performance improvement and to integrate emergency medical services.

The Committee remains supportive of the collaboration between the Department of Veterans Affairs and rural hospitals to provide locally based care, and understands that one of the largest barriers to this effort is the lack of electronic medical records that are interoperable with the VISTA system. For that reason, the Committee has again included bill language identifying $1,000,000 for grants authorized under section 1820(g)(6) of the Social Security Act to provide telehealth equipment and to develop electronic health records that are compatible with the VISTA system. The Committee encourages HRSA to coordinate with the Department of Veterans Affairs to ensure that this equipment furthers the goal of treating the illnesses and disabilities of our Nation's veterans. The Committee is particularly concerned with ensuring that veterans receive appropriate mental healthcare.

Rural Access to Emergency Devices

The Committee provides $2,500,000 for rural access to emergency devices. The fiscal year 2011 comparable level was $236,000. The budget for fiscal year 2012 did not request funds for this program.

This appropriation funds the Rural Access to Emergency Devices Act, authorized under section 413 of the Cardiac Arrest Survival Act of 2000. Funding will be used to purchase automated external defibrillators [AED], place them in public areas where cardiac arrests are likely to occur and train lay rescuers and first responders in their use.

Only an estimated 8 percent of victims who suffer a sudden cardiac arrest outside of a hospital survive. Immediate

cardiopulmonary resuscitation and early intervention, using an AED, can more than double a patient's chance of survival. Communities with comprehensive AED programs, including training of anticipated rescuers, have achieved survival rates of nearly 40 percent.

The Committee directs HRSA to prepare and submit within 90 days after the enactment of this act a report on the impact of this program since its inception, similar to the one released in 2005. The report should include the locations where AEDs were placed, the grant dollars requested and awarded, and the number of applications received and awards granted, lay rescuers and first responders trained in their use, and an estimate of the number of individuals saved under this program. This information, comparable to that requested in its January 2011 Funding Opportunity Announcement, should be shown by State and grantee as in the 2005 report.

State Offices of Rural Health

The Committee provides $10,055,000 for State Offices of Rural Health, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $10,075,000.

The State Offices of Rural Health program helps States strengthen rural healthcare delivery systems by allowing them to better coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides $7,153,000 for black lung clinics, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $7,185,000.

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.

Radiation and Exposure Screening and Education Program

The Committee provides $1,939,000 for activities authorized by the Radiation Exposure Compensation Act, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $1,948,000.

This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Telehealth

The Committee provides $13,524,000 for telehealth activities. The fiscal year 2011 comparable level was $11,524,000. The budget request for fiscal year 2012 was $11,575,000. The telehealth program promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals.

The Committee is aware of various telemonitoring demonstration programs, including programs for non-homebound patients with

chronic heart failure. The Committee believes that telemonitoring has the potential to reduce healthcare costs and improve patient outcomes in rural and frontier areas. The Committee encourages the Office for the Advancement of Telehealth to develop best practices that can reduce healthcare costs throughout the Federal Government. In particular, the Committee encourages HRSA to examine how these programs can scale across a large population, including patient identification and enrollment, communications with treating physicians, technology inventory management, customer support, and program evaluation.

Family Planning

The Committee provides $299,400,000 for the title X family planning program, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $327,356,000.

Title X grants support preventive and primary healthcare services at clinics nationwide. Approximately 70 percent of family planning clients are at or below 100 percent of the poverty level. In 2009, title X health centers saw more patients than at any time in the last decade. Title X of the PHS Act, which established the national family planning program, authorizes the provision of a broad range of effective family planning methods and preventive health services to individuals, regardless of age or marital status. This includes all FDA-approved methods of contraception.

The Committee encourages HRSA to allocate resources from the Patient Protection and Affordable Care Act to the Office of Population Affairs to be used to provide technical assistance to grantees to help them prepare for the implementation of the Affordable Care Act, including the expansion of Medicaid, technology upgrades and participating essential community providers.

The Committee is aware of a 2009 Institute of Medicine report which found that the title X family planning program provides critically needed health services to individuals with the most difficulty accessing family planning care. The Committee supports the Office of Family Planning's efforts to review and update the title X program guidance and administrative directives.

Program Management

The Committee provides $161,815,000 for program management activities for fiscal year 2012, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $170,808,000.

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM

Appropriations, 2011	$2,841,000
Budget estimate, 2012	.....
Committee recommendation	2,841,000

The Committee has provided $2,841,000 to administer the Health Education Assistance Loans program, the same as the fiscal year 2011 comparable level. The Committee has rejected the administration's proposal to transfer the this workload to the Department of Education.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2011	$226,489,000
Budget estimate, 2012	241,502,000
Committee recommendation	241,489,000

The Committee provides that $241,489,000 be released from the vaccine injury compensation trust fund in fiscal year 2012. The budget request for fiscal year 2012 was $241,502,000. The comparable level in fiscal year 2011 was $226,489,000. Of that amount, $6,489,000 is for administrative costs.

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

Appropriations, 2011	$6,281,544,000
Budget estimate, 2012	6,393,242,000
Committee recommendation	6,218,450,000

The Committee recommendation for the Centers for Disease Control and Prevention [CDC] is $6,218,450,000, including $5,765,735,000 in discretionary budget authority and an additional $367,357,000 via transfers available under section 241 of the Public Health Service [PHS] Act. The recommendation also assumes $30,000,000 in balances from Public Law 111–32 in accordance with the budget request, and $55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA].

The comparable level in fiscal year 2011 was $6,281,544,000, including $352,357,000 in transfers available under section 241 of the PHS Act, $224,859,000 in balances from Public Law 111–32 and $55,358,000 in EEOICPA mandatory funds.

The budget recommendation for fiscal year 2012 was $6,393,242,000, including $490,472,000 in transfers available under section 241 of the PHS Act, and $30,000,000 in balances from Public Law 111–32 and $55,358,000 in EEOICPA mandatory funds.

In addition, the Committee has included statutory language transferring $848,000,000 in mandatory funds to CDC from the Prevention and Public Health [PPH] Fund. The fiscal year 2011 comparable level was $610,900,000 and the budget request for fiscal year 2012 was $752,500,000.

All told, the Committee provides a program level of $7,066,450,000 for CDC.

The activities of CDC focus on several major priorities: providing core public health functions; responding to urgent health threats; monitoring the Nation's health using sound scientific methods; building the Nation's health infrastructure to insure our national security against bioterrorist threats; assuring the Nation's preparedness for emerging infectious diseases and potential pandemics; promoting women's health; and providing leadership in the implementation of nationwide prevention strategies to encour-

age responsible behavior and adoption of lifestyles that are conducive to good health.

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

The Committee has included a program level of $798,257,000 for the activities of this Center in fiscal year 2012, including $150,000,000 in transfers from the PPH Fund and $12,864,000 in transfers available under section 241 of the PHS Act.

The comparable level for fiscal year 2011 was $748,257,000, including $156,344,000 in transfers from Public Law 111–32, $100,000,000 in PPH Fund transfers and $12,864,000 in section 241 transfers.

The budget request for fiscal year 2012 included $721,663,000 for this Center, including $61,599,000 in PPH Fund transfers and $12,864,000 in section 241 transfers.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Section 317 Immunization Program	425,571	433,503	425,571
Section 317 Immunization Program (PPH Fund)	100,000	61,599	150,000
Influenza Planning and Response	159,681	159,672	159,681
Program Implementation and Accountability	63,005	66,889	63,005
National Immunization Survey (non-add)	12,864	12,864	12,864

Section 317 Immunization Program.—The Committee recognizes that high rates of childhood immunization coverage are important for reducing child mortality and saving costs over a lifetime. For every $1 spent on the childhood series of vaccines, $16.50 is saved. Therefore, the Committee has included $150,000,000 from the PPH Fund to expand the section 317 immunization program. The additional funding will allow more recommended immunizations to be available through the existing network of private and public immunization providers, and support and expand the network as needed.

Immunization Infrastructure.—The Committee recognizes that the Nation's immunization infrastructure is essential for ensuring the continued high rates of childhood immunization coverage and supports efforts to modernize this infrastructure in making recommended immunizations more widely available. The Committee supports CDC's decision to support these efforts out of the PPH Fund rather than at the expense of funding used for vaccine purchase. The Committee urges the Secretary to continue this policy.

As investments are made to modernize the immunization infrastructure, and as the Nation's health care delivery system continues to evolve though enhanced health insurance coverage, the Committee recommends that CDC develop strategies to (1) modernize immunization information systems; (2) prepare public health departments for changes in the health care delivery system, including new billing procedures related to privately insured patients; and (3) strengthen the evidence base to inform immunization policy and program monitoring, including vaccine-preventable disease surveillance, vaccine coverage assessment, and laboratory training. The strategy should also address how CDC will maintain and ex-

pand partnerships with the healthcare sector to provide routine and emergency immunization services.

The Committee recognizes that past cost savings from the section 317 program that supported an at-risk adult hepatitis B vaccine initiative have been expended. The Committee commends CDC for its efforts to provide hepatitis vaccinations through the section 317 program.

Immunization Report.—The Committee finds the annual report on the estimated funding needs of the section 317 immunization program to be vital information and requests that it be submitted not later than February 1 of each year to reflect the following fiscal year cost estimates. The report should include an estimate of optimum State and local operations funding, as well as CDC operations funding needed relative to current levels to conduct and support childhood, adolescent, and adult programs. In addition, the report should include a discussion of specific strategies to improve the overall immunization infrastructure and to reduce barriers and increase adult immunization rates in the United States and how section 317 immunization program funds are currently used to reach immunization goals. The report should further include a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD, AND TB PREVENTION

The Committee recommends $1,115,995,000 for the activities at this Center in fiscal year 2012 and an additional $10,000,000 in transfers from the PPH Fund. The fiscal year 2011 level was $1,115,995,000. The fiscal year 2012 budget request was $1,157,133,000 in discretionary appropriations and an additional $30,400,000 in transfers from the PPH Fund. The Committee has included funding for the following activities at the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Domestic HIV/AIDS Prevention and Research	800,445	827,208	800,445
HIV Prevention by Health Department	336,912	343,318	336,912
HIV Surveillance	117,667	115,803	117,667
Enhanced HIV Testing Initiative	65,401	66,043	65,401
Improving HIV Program Effectiveness	102,406	120,602	102,406
Non-Governmental Organizations	138,059	141,442	138,059
School Health—HIV	40,000	40,000	40,000
Viral Hepatitis	19,784	25,000	19,784
Viral Hepatitis Screening (PPH Fund)	.....	.....	10,000
Sexually Transmitted Infections	154,666	161,353	154,666
Tuberculosis	141,100	143,572	141,100

Hepatitis Testing.—The Committee recognizes that early diagnosis of hepatitis is a cost-effective way to reduce morbidity and mortality rates and encourages CDC to implement plans for risk-based hepatitis testing, including baby-boomers, injection drug users, and ethnic minorities such as Native Hawaiians, Native Alaskans, African Americans, and Asian and Pacific Islanders.

HIV Prevention.—The Committee commends CDC for conducting evaluations into a number of new locally developed and investigator-developed interventions for men who have sex with men [MSM], particularly African-American MSM, and conducting research to adapt existing effective behavioral interventions for additional populations such as women and other racial and ethnic minorities. The Committee looks forward to the results of this research and encourages CDC to develop a plan for disseminating any new proven interventions, including technical assistance and training opportunities for community-based organizations.

HIV Testing.—The Committee commends CDC for recently expanding the Heightened Awareness HIV Testing program to include additional jurisdictions and risk groups. The Committee requests an update on the implementation of this expansion in the fiscal year 2013 congressional budget justification.

Tuberculosis [TB].—The Committee notes that TB, including drug-resistant TB, remains a public health concern and that there are significant barriers to optimal diagnosis and treatment and national shortages of second-line TB drugs. The committee urges the Federal Tuberculosis Task Force to work with the Food and Drug Administration and other partners to accelerate the introduction of new rapid diagnostic tests and to alleviate national shortages of TB drugs.

TB in High-Risk Areas.—The Committee is aware that the TB program distributes supplemental funding based on outbreaks. The Committee is concerned that areas with persistently high rates of TB and drug-resistant TB experience outbreak conditions routinely. The Committee directs CDC to review the epidemiology of TB in States and territories with more than double the average rate of TB cases to determine if a visit from CDC's TB outbreak response team or an outbreak supplemental grant could jumpstart significant improvement in TB prevention and control in these high-risk areas.

Viral Hepatitis.—The Division of Viral Hepatitis is the centerpiece of the Federal response to controlling, reducing and preventing the suffering and deaths resulting from viral hepatitis. CDC is responsible for surveillance, research, education, training and program development focusing on activities related to hepatitis A virus, hepatitis B virus [HBV], and hepatitis C virus [HCV].

CDC estimates that up to 5.3 million Americans have chronic HBV and HCV infections and that each year up to 15,000 Americans die of HBV- and HCV-related disease. Because of the asymptomatic nature of hepatitis B and hepatitis C, approximately 65 percent and 75 percent, respectively, of the infected population are unaware that they are infected with HBV and HCV. The prevention of chronic hepatitis B and hepatitis C serves to prevent liver cancer, because HBV and HCV are the leading causes of this type of cancer throughout the world.

The Committee directs that $10,000,000 transferred from the PPH Fund be prioritized to support Division efforts to expand identification of those chronically infected persons who do not know their status and their referral to medical care, particularly focusing on groups disproportionately affected by chronic hepatitis B and hepatitis C. In particular, the Committee notes that hepatitis B

and hepatitis C testing guidelines are not aligned across HHS operating divisions, and expects CDC to work expeditiously with the Assistant Secretary for Health, AHRQ and the U.S. Preventive Services Task Force to develop a consistent national testing guideline by early 2012 to improve testing rates. As noted in the HHS action plan, the effectiveness of risk-based approaches to testing is hindered by the reluctance of providers and patients to discuss behaviors not connected with the patient's chief complaint. The Committee urges CDC to update and implement HHS recommendations for viral hepatitis testing as a standard of care in CDC-sponsored HIV/STD prevention programs, correctional health, and other programs serving populations with high disease prevalence. The Committee further encourages CDC to conduct prevention research to identify and disseminate best practices for screening and the prompt linkage to needed medical management and treatment.

In addition, the Committee recognizes that the Adult Viral Hepatitis Prevention Coordinator program is the only Federal hepatitis prevention program operating in all States and understands that the program does not include any dedicated funding for direct services. The Committee encourages the Division of Viral Hepatitis to maintain this program in all previously funded jurisdictions to build the Federal response for both low- and high-impacted areas.

The Committee further encourages CDC to continue to validate interventions focused on mother-child transmission. As the hepatitis B virus is the single greatest health disparity impacting the Asian and Pacific Islander [API] populations in the United States, the Committee urges a targeted and increased effort to address this issue, including the funding of replicable demonstration projects to help reach the API populations.

Finally, the Committee encourages CDC to develop and implement a standard curriculum to train the multiple disciplines of the public health and clinical care workforce to deliver viral hepatitis prevention, screening and referral for care. CDC is also urged to help reduce health disparities by implementing a national education campaign targeting at risk communities, strengthening the capacity of community-based organizations to provide viral hepatitis prevention services and observing May 19 of each year as Viral Hepatitis Testing Day to raise awareness of the importance of viral hepatitis screening.

NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES

The Committee includes $252,443,000 for fiscal year 2012 for this Center, the same as the comparable fiscal year 2011 level. In addition, the Committee has included $51,750,000 in transfers from the PPH Fund, the same level as was transferred in fiscal year 2011.

The fiscal year 2012 budget request was $289,118,000 in discretionary appropriations and an additional $60,000,000 in PPH Fund transfers. This Center provides outbreak investigation, infection control and scientific evaluations of emerging zoonotic, vector-borne and infectious diseases, and conducts food-borne illness surveillance and investigation.

PPH Fund transfers ensure that CDC can invest no less than last year's funding for Epidemiology-Laboratory Capacity grants. The Committee recommendation also includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Lyme Disease	8,773		8,773
Prion Disease	5,373		5,373
Chronic Fatigue Syndrome	4,737		4,737

Blood Safety Surveillance.—The Committee supports the National Healthcare Safety Network [NHSN], a surveillance tool used by hospitals and other health care facilities to better understand and prevent healthcare-associated infections. With the addition of a hemovigilance module in fiscal year 2010, NHSN also became a tool to collect and analyze national data on adverse events and medical errors occurring during blood transfusions. The Committee encourages CDC to broaden its outreach to increase hospital participation, undertake measures to assure the quality of the data collected and disseminate the data in ways that support the development of effective interventions.

Food Safety.—The Committee directs that CDC spend no less than last year's level on food safety activities. The Committee strongly supports the CDC program to ensure food safety through surveillance outbreak response. The Committee supports an expansion of OutbreakNet to all 50 States in order to increase capacity and speed of food-borne outbreak detection and response. In addition, CDC is encouraged to support efforts to build a faster and more comprehensive public health laboratory and epidemiological surveillance and investigations.

Infection Control.—The Committee is concerned by ongoing exposures and outbreaks caused by the reuse of syringes and misuse of vials in healthcare facilities. These outbreaks are entirely preventable when well-known infection control practices are practiced. The Committee urges CDC to continue its injection safety activities in three areas: provider education and awareness, detection and tracking, and response.

Prion Disease.—The Committee has included sufficient funding to continue prion disease research and surveillance. The Committee recognizes the importance of surveillance and safeguarding the Nation against prion diseases.

Vector-Borne Diseases.—As international travel becomes more commonplace, new pathogens can be introduced into new environments more quickly than ever before, as the Nation has seen with SARS, avian influenza and dengue fever. Arboviruses like chikungunya and others are a constant threat to travelers and to Americans overall. The Committee urges CDC to continue surveillance and monitoring of vector-borne diseases within the agency's new structure.

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Committee recommends $777,987,000 for chronic disease prevention and health promotion. The comparable level for fiscal year 2011 was $773,987,000 and the budget request for fiscal year 2012 was $725,207,000. In addition, the Committee recommends $487,050,000 in mandatory funding to be transferred from the Prevention and Public Health [PPH] Fund, which compares to $300,950,000 in fiscal year 2011 and $460,301,000 in the fiscal year 2012 budget request.

America's poor health is plaguing our country and taking a severe toll on our economy. One-half of all American adults have at least one chronic illness; such diseases account for nearly 70 percent of all U.S. deaths and cost the Nation approximately $1,800,000,000 per year.

Many chronic diseases are preventable, so there is an urgent need to reduce their prevalence, both for the sake of the people affected by them and for the Nation's economy. CDC administers numerous programs intended to prevent chronic diseases, but the funding structure for these programs evolved over the years in ways that were not well coordinated. In many States, the missions for several of these programs overlap.

This Committee, CDC and States have all struggled with how to better coordinate chronic disease programs. Pilot programs have included giving States transfer authority and adding program coordination staff at the State and regional levels. The President's budget for fiscal year 2012 proposed consolidating 27 programs in the National Center for Chronic Disease Prevention and Health Promotion. The Committee, meanwhile, has been particularly interested in streamlining CDC's obesity-related programs. In fiscal year 2011, the Committee proposed consolidating the Diabetes; Heart Disease and Stroke; Arthritis; School Health; and Nutrition, Physical Activity and Obesity programs, all of which include a goal of reducing obesity.

The Committee does not recommend a consolidation in fiscal year 2012, not because the need has gone away but because budget constraints make it impossible to achieve without cutting funding to numerous States.

States currently receive anywhere from 1 to 5 of the 5 obesity-related grants listed above. Without significant additional resources, as the Committee had recommended providing in fiscal year 2011, creating a national, consolidated program might lead to increased funding for some States but would certainly cause cuts in many others, some of which might be national leaders in reducing obesity. The Committee cannot support a consolidation without enough funding to ensure that the new program would be effective, efficient and fair.

In the meantime, there are numerous opportunities to reduce inefficiencies through administrative means. All of the obesity-related grants described above include reducing obesity as a key priority. Yet the obesity-related performance measures and goals in each of these programs vary. The Committee strongly urges CDC to re-

evaluate the obesity-related grant programs and take administrative steps to improve their alignment.

Within the total provided for the National Center for Chronic Disease Prevention and Health Promotion, the following amounts are available for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Tobacco	108,685	107,226	108,685
Tobacco (PPH Fund)	50,000	79,000	100,000
Nutrition, Physical Activity and Obesity	34,189	(1)	34,189
School Health on Chronic Disease	13,600	(1)	13,600
Food Allergies (non-add)	488	(1)	488
Glaucoma	3,337	(1)	3,337
Alzheimer's Disease	1,812	(1)	1,812
Inflammatory Bowel Disease		(1)	680
Interstitial Cystitis		(1)	654
Excessive Alcohol Use	2,454	(1)	2,454
Chronic Kidney Disease	2,093	(1)	2,093
Prevention Research Centers	18,001	(1)	18,001
Prevention Research Centers (PPH Fund)	10,000		10,000
Heart Disease and Stroke	55,284	(1)	55,284
Diabetes	64,796	(1)	64,796
Cancer Prevention and Control	345,332	(1)	345,332
Breast and Cervical Cancer	206,001	(1)	206,001
WISEWOMAN (non-add)	20,745	(1)	20,745
Breast Cancer Awareness for Young Women	4,908	(1)	4,908
Cancer Registries	50,295	(1)	50,295
Colorectal Cancer	43,070	(1)	43,070
Comprehensive Cancer	20,313	(1)	20,313
Ovarian Cancer	4,909	(1)	4,909
Prostate Cancer	13,188	(1)	13,188
Skin Cancer	2,150	(1)	2,150
Cancer Survivorship Resource Center	498	(1)	498
Oral Health	14,726	14,609	14,726
Safe Motherhood/Infant Health	44,049	55,734	44,049
Breast-Feeding Promotion and Support grants (PPH Fund)		2,500	7,050
Arthritis	13,075	(1)	13,075
Epilepsy	7,801	(1)	7,801
National Lupus Patient Registry	1,886	(1)	4,462
Healthy Communities	22,197	(1)	22,197
Racial and Ethnic Approach to Community Health	14,018	(1)	14,018
Racial and Ethnic Approach to Community Health (PPH Fund)	25,000		50,000
Community Transformation Grants (PPH Fund)	145,000	221,061	280,000
Community Health Worker pilot (PPH Fund)			20,000
Chronic Disease Innovation grants (PPH Fund)			10,000
Small Business Workplace Wellness (PPH Fund)	10,000		10,000

[1] Not applicable.

Breastfeeding.—The Committee is aware of research showing that suboptimal breastfeeding rates are a significant contributor to our Nation's epidemic of obesity, increasing risks of several acute and chronic diseases and conditions, including diabetes and cardiovascular disease. The Committee supports the Surgeon General's Call to Action to Support Breast Feeding. The Committee has included funding through the PPH Fund to support hospitals that promote breastfeeding and non-governmental organizations that assist breastfeeding mothers. The Committee urges CDC to collaborate with the Maternal and Child Health Bureau's doula best practices initiative.

Cancer Registries.—The Committee is pleased that CDC has provided 35 cancer registries with funding to transform information

technology that will improve electronic reporting of pediatric cancer patient data and that six additional registries will be supported in an effort to improve rapid patient data ascertainment and case completeness of pediatric cancer patients. These improvements will help create a national pediatric cancer database for researchers to use in finding pediatric cancer indicators, developing and applying appropriate treatments, and tracking long-term health outcomes of pediatric cancer patients.

Chronic Disease Innovation Grants.—Of the amounts provided in the PPH Fund for Innovation grants, the Committee has included $10,000,000 to expand the National Diabetes Prevention program authorized in section 399V–3 of the PHS Act. The Committee recognizes that approximately one-third of people with diabetes do not know that they have it, while another 57 million have pre-diabetes and are at high risk for developing this deadly disease. The Committee strongly supports efforts to curb the growing cost of healthcare by targeting populations known to be at risk of developing disease.

Chronic Obstructive Pulmonary Disease [COPD].—The Committee recognizes that COPD is now the third-leading cause of death in the United States. The Committee encourages CDC to work with the National Heart, Lung, and Blood Institute to prepare a national action plan to address COPD, including public awareness and surveillance activities.

Chronic Kidney Disease [CKD].—The Committee notes that nearly 26 million Americans suffer from CKD and that CKD has a disproportionately high impact on minority communities such as Native Hawaiians and Pacific Islanders. The Committee continues to assign high priority to the CKD program, with particular emphasis on early detection to improve health outcomes and reduce the economic burden caused by dialysis and kidney transplantation.

Community Health Worker Demonstration.—The Committee recommendation includes $20,000,000 in mandatory funding to be transferred from the PPH Fund for grants to hire community health workers, a program newly authorized in section 399V of the PHS Act. The Committee encourages CDC to prioritize applications from areas that have high health disparities and that propose increasing awareness of the new preventive benefits covered in the Patient Protection and Affordable Care Act.

Community Transformation Grants.—The Committee recommends transferring $280,000,000 from the PPH Fund for Community Transformation Grants, authorized in section 4201 of the Patient Protection and Affordable Care Act. The Committee believes this program offers enormous potential to turn the environment in which Americans work, live and raise their families into one that offers a much greater array of healthy choices.

Within this total, the Committee assumes the continuation of $145,000,000 in 5-year grants that will be awarded in September 2011 in the fiscal year 2011 competition. This competition emphasized State health department coordination and required a wide range of activities related to chronic diseases. Funds will be used for the implementation, evaluation and dissemination of evidence-based community preventative health activities in order to develop strategies and practices that will enable States to control chronic

disease and co-morbidity health disparities. Grantees are charged with reducing obesity and smoking rates by 5 percent within 5 years, two goals that are strongly supported by the Committee.

In addition, the Committee has included statutory language requiring that the $135,000,000 increase over the fiscal year 2011 level must be awarded through a new competition that will differ from the first one in several ways. In particular, this competition will allow applicants to propose catchment areas that are smaller than the minimum of 500,000 people required in the original competition. Grantees will have greater flexibility regarding the scope of the evidence-based interventions they wish to pursue; however, they must all relate to the prevention of chronic diseases. The Committee encourages the CDC to maintain the 5 percent reduction goal for the chronic disease or diseases targeted by a grantee.

The Committee is eager to see public health interventions being adopted by towns, counties, neighborhoods and organizations for which public health is not their primary mission. Therefore, the pool of eligible applicants for the new competition will be focused on non-governmental organizations, school districts, local housing authorities, Indian tribes and local transportation authorities. As the authorization requires, not less than 20 percent of grant funds will be directed to rural and frontier areas, and eligible applicants will be required to show strong collaboration with multi-sector partners, such as business, government and non-profit organizations in order to ensure a broad base of support for changes to the community.

Crohn's and Colitis Area Registry.—A substantial Federal investment has already been made in connecting patients and providers to the Crohn's and Colitis Area Registry, which has consistently improved insight into the etiology of inflammatory bowel disease, the course of illness, and methods to improve patient outcomes. The Committee restores funding for this program, which was eliminated by the Department in its fiscal year 2011 operating plan.

Diabetes in Native Americans/Native Hawaiians.—The high incidence of diabetes and kidney disease among Native American, Native Alaskan, Native Hawaiian and Filipino populations persists. The Committee urges CDC to continue its efforts to target this population within Community Transformation grants and the REACH program.

Farm-to-School Programs.—The Committee is strongly supportive of farm-to-school programs, which work to improve school nutrition through partnerships with local farms. The Committee urges CDC to give priority to applicants that propose to establish this type of partnership through the Healthy Communities and Community Transformation Grant programs. Further, the Committee is aware that the U.S. Department of Agriculture [USDA] will establish a mandatory funding stream for these programs in fiscal year 2013. The Committee further urges CDC to collaborate with USDA as the guidelines for this new program are established.

Food Allergy.—The Committee encourages CDC to develop a comprehensive plan to provide healthcare providers with better information about food allergies. In addition, the Committee encourages CDC to collaborate with other relevant agencies to assure the

broadest possible dissemination of the NIAID Guidelines for the Diagnosis and Management of Food Allergy.

Healthy Communities.—The Committee strongly supports Healthy Communities as an important entry point into community chronic disease prevention. This program provides rural and urban communities with the foundational knowledge to make changes in environments that enhance healthy options, leading to improved health outcomes. With these small, one-time grants, communities have leveraged $3 for each Federal $1 and have sustained their work with technical assistance and resources they have secured.

Heart Disease and Stroke.—The Committee notes that heart disease, stroke and other forms of cardiovascular disease continue to be the leading cause of death in the United States. The Committee remains supportive of CDC's Division for Heart Disease and Stroke Prevention, which provides public health leadership to improve cardiovascular health for all, as well as reduce the burden and eliminate disparities associated with heart disease and stroke. The Committee has included sufficient resources for the Division to continue its national heart disease and stroke evidence-based prevention and control programs and activities. They include the Paul Coverdell National Acute Stroke Registry and the "ABCs" initiative, which promotes appropriate low-dose aspirin therapy, improved high blood pressure and cholesterol control and prevention, and smoking avoidance and cessation. Also, the Division conducts prevention research and evaluation and works with communities, other Federal agencies, and food manufacturers to reduce sodium in food to help control heart disease and stroke. Further, the Division continues to develop a comprehensive national cardiovascular disease surveillance system to monitor and track heart disease, stroke, and their risk factors.

Inflammatory Bowel Disease.—The Committee notes CDC's history of supporting epidemiology research on inflammatory bowel disease and encourages CDC to facilitate opportunities for renewed support of current research in this area within the Comprehensive Chronic Disease and Prevention Program. The Committee requests a report on progress made on this issue in the fiscal year 2013 congressional budget justification.

Interstitial Cystitis.—The Committee has included funding to continue its interstitial cystitis education and awareness activities and requests an update in the fiscal year 2013 congressional budget justification.

Lupus.—The Committee remains committed to the objective of developing reliable epidemiological data on the incidence and prevalence of all forms of lupus among various ethnic and racial groups. The Committee has included sufficient funding to continue to expand the CDC National Lupus Patient Registry and address the epidemiological gaps among Hispanics/Latinos, Asian Americans and Native Americans. In addition, a cohort of registry patients will be established to further study long-term outcomes, socioeconomic burdens and mortality associated with the disease.

Office on Smoking and Health [OSH].—The Committee includes $208,685,000 for OSH, including $100,000,000 in transfers from the PPH Fund. The Committee is pleased that HHS has developed a strategic action plan for ending the tobacco epidemic and that CDC

included tobacco as one of its priority "winnable battles." The Committee has long recognized that efforts to reduce tobacco use are among the most effective and cost-effective investments in prevention. Funding from OSH is particularly important in fiscal year 2012 because States have cut funding for tobacco prevention programs by 28 percent in the last 3 years and declines in high school smoking rates have slowed significantly in recent years, with 19.5 percent of high school students still smoking.

Within the increase provided, the Committee intends that no less than $15,000,000 be used to support a media campaign to prevent and reduce tobacco use. In addition, the Committee has long supported cessation counseling through quitlines. This funding will grow in importance when the quitline number, 1–800–QUIT–NOW, is included on the planned new, graphic warning labels on cigarette packages, which are scheduled to be implemented in September 2012.

The Committee is pleased with the work of the Environmental Health Laboratory's effort to analyze tobacco products and cigarette smoke, and believes this work will become more important as the FDA continues to implement the Family Smoking Prevention and Tobacco Control Act. The Committee expects OSH to transfer no less than the amount it did in fiscal year 2011 to the Environmental Health Laboratory. The Committee notes that this transfer is to be provided to the lab in a manner that supplements and in no way replaces existing funding for tobacco-related activities.

Finally, the Committee is deeply concerned by the development and sale of new nicotine delivery products with flavors or shapes that simulate candy in an effort to target youth. Research by HHS has revealed that nearly 90 percent of tobacco users began smoking at or before age 18. As of 2009, there are 400,000 new underage daily smokers in this country each year—and roughly one-third of them will eventually die prematurely from smoking-caused disease. In addition to funds for media campaigns that aim to prevent youth smoking, the Committee has included bill language making $10,000,000 available over a 2-year period for incentive grants to communities that succeed in reducing their youth nicotine consumption rate or that implement an evidence-based policy proven to reduce such rate.

Oral Health.—The Committee is deeply concerned by CDC's plan to convert the Division of Oral Health to a branch. This action appears to counter the recent IOM report "Advancing Oral Health in America," which recommended that oral health be given a high priority within HHS. The Committee is concerned that this reorganization has instead lowered the visibility and priority of the Division of Oral Health. The Committee urges CDC to reestablish the Division. Absent such a move, the Committee directs CDC to report to the Committee by January 1, 2012, on how the oral health branch will be more effective in improving oral health in America, what steps CDC is taking to recruit and retain the high caliber staff that the Division employed, and how CDC intends to ensure that oral health is appropriately represented in leadership meetings at CDC.

The Committee recognizes that reducing disparities in oral disease will require investments in proven prevention strategies at

the State and local levels. The Committee strongly supports broad-based community programs that can result in significant cost savings. The Committee recommendation assumes that CDC will support grants to States at no less than last year's level to strengthen oral health infrastructure and community prevention programs. The Committee remains concerned about the high incidence of tooth decay among American Indian/Alaska Native [AI/AN] children and is pleased by the work CDC has done to support effective oral health messages in these communities. CDC is encouraged to continue pursuing collaborative efforts with the Indian Health Service and through the National Oral Health Surveillance System to assess early childhood caries [ECC] epidemiology in AI/AN children. The Committee encourages CDC to work with key external stakeholders to identify and fill strategic information gaps about age of onset, prevalence, severity and microbiology to improve and accelerate existing and novel approaches to prevent ECC.

Pre-school Programs.—The Committee strongly supports efforts to build good nutrition and exercise habits early in life, to more effectively combat rising rates of childhood obesity. The Committee directs CDC to give priority within the Community Transformation Grants to interventions aimed at pre-school populations.

Prevention Research Centers.—The Committee recognizes the importance of a focus on prevention in improving health, especially in rural America where access to care may be limited, and the significant contributions to research on evidence-based approaches in health promotion by the Prevention Research Centers network of community, academic and public health partners. The Committee has included the resources necessary to support the Prevention Research Centers program at no less than last year's level so that this network of academic institutions and organizations can continue to contribute widely and effectively to prevention science.

Psoriasis.—Approximately 7.5 million Americans are affected by psoriasis and/or psoriatic arthritis—chronic, inflammatory, painful, and disfiguring autoimmune diseases for which there are limited treatment options and no cure. The Committee is aware of evidence showing significant and costly co-morbidities associated with psoriasis, including heart attack, diabetes, Crohn's disease, cancer, obesity and cardiovascular disease. The Committee is pleased that CDC used funding provided in fiscal year 2010 to establish a blueprint for how to better understand psoriasis, examine the relationship of psoriasis to other serious diseases, develop public health strategies to reduce the burden of these diseases and prevent the onset of co-morbid conditions, and gain insight into the long-term impact of psoriasis and psoriatic arthritis.

Safe Motherhood and Infant Health.—The Committee commends CDC for its research and evaluation efforts regarding stillbirths, pre-term births and sudden unexpected infant deaths [SUIDs]. CDC is urged to improve and expand national and State data systems to track these conditions and to expand epidemiological research that focuses especially on their causes and prevention.

In addition to focusing on infant health, the Committee commends CDC for collecting information on maternal mortality through the Pregnancy Mortality Surveillance System.

The Committee encourages the Safe Motherhood and Infant Health program to collaborate with the National Center for Health Statistics to explore how the implementation of the electronic death certificate might be used to expand the effort to collect information on pregnancy-related deaths, information about women's health and behaviors around pregnancy, and the translation of findings and guidelines on preconception care into everyday practice and healthcare policy.

Sleep Disorders.—The Committee is pleased with the activities of the National Sleep Awareness Roundtable and encourages CDC to continue to promote awareness of the importance of sleep and sleep disorders.

Small Business Wellness Grants.—The Committee recommendation transfers $10,000,000 from the PPH Fund to continue the small business wellness grant program at no less than last year's level. The Committee is aware of the struggle that small businesses face meeting the rising cost of health insurance premiums. For that reason, the Committee directs CDC to focus this program on small businesses, as authorized in section 10408 of the Patient Protection and Affordable Care Act.

WISEWOMAN [Well-Integrated Screening and Evaluation for Women Across the Nation].—The Committee includes bill language stating that funding shall be available for making competitively awarded grants under section 1509 of the PHS Act to not less than 21 States, tribes or tribal organizations. WISEWOMAN serves uninsured and under-insured low-income women ages 40 to 64. This program helps these women avoid heart disease and stroke by providing preventive health services, referrals to local healthcare providers, as needed, and lifestyle counseling and interventions tailored to their identified risk factors to promote lasting, healthy behavior modifications. From July 2008 to June 2010, WISEWOMAN reached more than 70,000 low-income women. At their initial screening, 89 percent of these women had at least one risk factor and 28 percent had three or more risk factors for heart disease and stroke.

NATIONAL CENTER ON BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITY AND HEALTH

The Committee includes $138,072,000 for birth defects, developmental disabilities, disability and health in fiscal year 2012. The comparable level for fiscal year 2011 was $136,072,000 and the fiscal year 2012 budget request was $143,899,000.

The Committee has rejected the consolidation proposed in the fiscal year 2012 budget for disability initiatives in the National Center on Birth Defects and Developmental Disabilities [NCBDDD] out of concern that the progress that has been made on behalf of people with disabilities would be lost in the proposed structure. Should the administration decide to put forward a similar request in fiscal year 2013, the Committee encourages CDC to ensure that it is accompanied by a needs assessment that includes the categories of disabilities currently served, validates the value of such a consolidation, considers the input of stakeholders and establishes the basis for any proposed efficiencies and commonalities.

Within the total provided, the following amounts are provided for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Craniofacial Malformation	1,809	(1)	1,809
Fetal Death	808	(1)	808
Fetal Alcohol Syndrome	9,891	(1)	9,891
Folic Acid	2,795	(1)	2,795
Infant Health	7,925	(1)	7,925
Autism	21,380	23,778	21,380
Limb Loss	2,836	(1)	2,836
Tourette Syndrome	1,701	(1)	1,701
Early Hearing Detection and Intervention	10,672	(1)	10,672
Muscular Dystrophy	5,865	(1)	5,865
Paralysis Resource Center	6,739	(1)	6,739
Attention Deficit Hyperactivity Disorder	1,718	(1)	1,718
Fragile X	1,684	(1)	1,684
Spina Bifida	5,812	(1)	5,812
Congenital Heart Failure			2,000
Hemophilia	16,670	(1)	16,670
Thallasemia	1,861	(1)	1,861

[1] Not applicable.

Congenital Heart Disease.—Approximately 800,000 children and 1,000,000 adults in the United States are now living with congenital heart disease [CHD], which requires life-long cardiac care. The Committee is concerned that there is a lack of rigorous epidemiological and longitudinal data on individuals of all ages with CHD and has included funding to begin to compile this information. The Committee is particularly interested in information on prevalence, barriers to effective care, survival outcomes and neurocognitive outcomes.

Craniofacial Malformation.—The Committee commends the work that CDC has done on craniofacial malformation. In particular, the Committee is pleased with the goals and scope of work included in fiscal year 2011 grant competition and has included funding to continue that work. In addition, the Committee is impressed by the results of the March 2010 conference in Atlanta and would support a follow up conference, if funds are available.

Duchenne Muscular Dystrophy [DMD].—The Committee commends CDC for developing the DMD Care Considerations. The Care Considerations serve as a milestone for the DMD community, as they provide a framework for recognizing the multisystem primary manifestations and secondary complications of DMD and for providing coordinated multidisciplinary care to improve the lives of those individuals living with DMD. The Committee encourages CDC to continue its work to enhance the Care Considerations by convening a meeting of scientific experts to identify what gaps still exist in the current guidelines and additional areas where further research is critical. Following the completion of the expert meeting, CDC is encouraged to publish the areas of consensus from the meeting.

Fragile X-Associated Disorders [FXD].—The Committee encourages CDC to focus its efforts on identifying ongoing needs, effective treatments and positive outcomes for families through epidemiological research, surveillance, screening and the promotion of early

interventions and supports for individuals living with FXD. The Committee commends CDC for its efforts to establish the Fragile X Clinical & Research Consortium. The Committee encourages CDC to work with the National Institute of Child Health and Human Development to consolidate and coordinate Federal investments in data collection efforts related to Fragile X. Additionally, the Committee encourages CDC to focus on improving access to clinical services for underserved populations and to effectively disseminate information on promising practices related to diagnosis and early intervention to healthcare entities working with underserved populations.

Hemophilia.—The Committee has included sufficient funding to maintain the Center's hemophilia programs, particularly the surveillance, prevention and wellness activities of the hemophilia treatment centers. The comprehensive care provided by the network of hemophilia treatment centers has resulted in reduced morbidity and mortality rates for individuals with hemophilia and is a model system for caring for other high-cost, chronic conditions.

Hereditary Angioedema [HAE].—The Committee is concerned by the high rate of fatalities caused by undiagnosed or misdiagnosed HAE. The Committee encourages CDC to support efforts to increase awareness and education of HAE among healthcare providers and the general public.

Hereditary Hemorrhagic Telangiectasia [HHT].—The Committee encourages CDC to develop a sentinel network of surveillance utilizing HHT Centers that are currently co-located with Hemophilia Treatment Centers [HTCs]. The Committee hopes that the existing infrastructure at the HTCs can be used to collect data and conduct surveillance on HHT. The committee also encourages CDC to increase outreach and education to the public and health care professionals accessed by HHT patients.

Infant Health.—The Committee is concerned by the lack of information available to pregnant women and their health care providers about the safety of various prenatal exposures that may be associated with birth defects or other health risks. These exposures range from prescription medicines to daily household products. The Committee requests a report no later than 180 days after enactment of this act on the current state of information and how CDC can work with States and stakeholders to improve access to this vital information.

Intellectual Disabilities.—The Committee is aware of a growing body of evidence concluding that children and adults with mobility limitations and intellectual or learning disabilities face a high risk of obesity and other harmful health conditions. CDC is commended for its leadership in screening, referrals, research, epidemiological, preventative services, training, and other essential health services to the disability community. The Committee is particularly concerned about the lack of access to screening and preventative services within the growing population of people with intellectual disabilities. The Committee has included sufficient funding for CDC to extend screening and other preventative health services to address health disparities in this at-risk population.

Maternal Infections.—The Committee encourages CDC to continue its activities to prevent Cytomegalovirus [CMV] infection

among women. These activities should include research to address gaps in knowledge, and the development of tools to prevent and reduce disease burden and disability from CMV in infants born to mothers with CMV infection. Research directed at congenital CMV prevention strategies will allow CDC to better understand how to prevent CMV transmission during pregnancy, support prenatal and newborn CMV testing and intervention for infants born to women with CMV infection, and work with providers on recommendations for CMV and infection during pregnancy. The Committee encourages CDC to develop evidence-based guidance to prevent congenital CMV and to continue research for more effective interventions, including longer-range options such as vaccines, aimed at preventing congenital CMV and reducing disease burden among children born to women with CMV infection during pregnancy.

Marfan Syndrome.—Many people affected by Marfan syndrome, a genetic connective tissue disorder that can result in sudden loss of life from aortic dissection, remain undiagnosed or misdiagnosed until they experience a cardiac complication. The Committee encourages CDC to increase awareness of this disease among the general public and healthcare providers.

Spina Bifida.—The Committee encourages CDC to work with the FDA to establish folic acid fortification levels of corn products grown and consumed both domestically and internationally to ensure that women of child-bearing age benefit from the advantages of folic acid contained in enriched foods. The Committee also recommends continued support of a data collection initiative to improve the efficacy and quality of care.

PUBLIC HEALTH SCIENTIFIC SERVICES

The Committee recommendation includes a program level of $465,564,000 for Public Health and Scientific Services. The budget request for fiscal year 2012 was $493,616,000. The fiscal year 2011 comparable funding level was $467,564,000. The Committee recommendation includes $70,000,000 in transfers from the PPH Fund and $247,769,000 in transfers available under section 241 of the PHS Act.

The Center for Public Health and Scientific Services includes funding for the National Center for Health Statistics [NCHS]; the Offices of Surveillance, Epidemiology and Public Health Informatics; and Public Health Workforce Development.

The Committee recommendation includes funding for each of these programs to continue at no less than last year's level.

The Committee requests a report to Congress no later than 120 days after enactment of this act that details CDC's various internal laboratory activities and associated funding levels.

Preserving Integrity of Seminal Surveys.—The Committee encourages NCHS to fully support its ongoing seminal health surveys, in particular the National Health Interview Survey and National Health and Nutrition Examination Survey. The Committee urges NCHS to protect these core surveys without comprising data quality or accessibility, particularly with regard to minority populations.

Sexual and Gender Identity Inclusion in Health Data Collection.—The Committee encourages CDC to consider expanding the

National Health Interview Survey to include questions relating to sexual orientation and gender identity to better enable government agencies to understand and meet the unique health needs of lesbian, gay, bisexual, and transgender individuals.

Standardized Obesity Measurements.—The Committee is strongly supportive of the 2010 Institute of Medicine recommendation in "For the Public's Health: The Role of Measurement in Action and Accountability" that calls on CDC to develop a standardized set of measurements for obesity reduction and other public health programs. A standardized set of measurements would provide the Federal Government and other grant-making institutions with a consistent way to evaluate and compare the effectiveness and outcomes of obesity-reduction programs and other public health initiatives. The Committee urges NCHS to undertake this effort, in consultation with State and local health departments, medical and public health professional associations, charitable foundations, the academic and research communities, and other nonprofit and community-based organizations.

Task Force on Community Preventive Services.—The Committee recommendation includes $11,800,000 for the task force, including $10,000,000 in transfers from the PPH Fund.

Vital Statistics.—Vital statistics provide complete and continuous data on births, deaths and fetal deaths that are essential for understanding our Nation's health. The Committee encourages CDC to obtain data items currently collected by States and territories and collect 12 months of these data within the calendar year.

Vital Statistics Infrastructure.—The Committee understands that not all States and territories have adopted the more comprehensive 2003 standard certificates of births and deaths, which have the potential to expand the scope and quality of vital statistics collected on a national basis. The Committee urges NCHS to sustain the National Vital Statistics System to support States and territories in implementing these certificates and modernizing their infrastructure to collect these data electronically.

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

The Committee recommends $105,855,000 for Environmental Health in fiscal year 2012. The fiscal year 2011 comparable funding level was $134,855,000 and the budget request for fiscal year 2012 was $128,715,000.

In addition, $35,000,000 is provided in transfers from the PPH Fund for the Environmental Health Tracking Network, the same level as was transferred in fiscal year 2011.

Many modern public health successes 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 these substances are harmful to humans and at what level of exposure.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Volcanic Emissions Research	197	([1])	197
Amyotrophic Lateral Sclerosis Registry	5,903	([1])	5,903
Built Environment and Health Initiative	2,634	([1])	2,634
Asthma	27,444		27,444
Healthy Homes/Childhood Lead Poisoning	29,257		
Healthy Home and Community Environments		32,674	

[1] Not applicable.

Amyotrophic Lateral Sclerosis [ALS].—The Committee strongly supports the efforts of CDC and the Agency for Toxic Substances and Disease Registry [ATSDR] to maintain and enhance the National ALS Registry. The Committee intends the data collected in the registry to be used by researchers to advance the research into the cause, treatment and cure for ALS. CDC/ATSDR is encouraged to continue to collaborate with the ALS community in exploring additional ways in which the registry can support the ALS scientific and patient communities. The Committee is particularly supportive of the addition of a biorepository component and the development of strategies that can enhance clinical trials and clinical trial enrollment.

Asthma.—The Committee is concerned that CDC's proposal to consolidate the asthma program with the Healthy Homes/Childhood Lead Poisoning Program would jeopardize the Federal response to asthma at a time when asthma rates are rising. Asthma is a large public health problem in the country, affecting 25 million Americans, of whom 7 million are children. The Committee supports science-based, effective asthma interventions and management implemented by the National Asthma Control Program. The Committee directs CDC to continue its support of the program, its approach to asthma control, its community partners and its successful interventions.

Biomonitoring.—The Committee strongly supports quality assurance in current biomonitoring program efforts aimed at ensuring that results are accurate and comparable across the many different State programs. CDC is encouraged to explore the feasibility of developing reference methods and materials for several cardiovascular disease biomarkers, including apolipoprotein B, high-sensitivity C-reactive protein, small LDL and troponion. The Committee recognizes both the need for reference methods for these biomarkers and the potential return on investment in the form of cost savings for Federal health care programs, like Medicare and Medicaid, and other programs.

Blood Lead Proficiency Testing.—The Committee encourages CDC to collaborate with the Health Resources and Services Administration to ensure continued support for the National Blood Lead Proficiency Testing Program. Since 1988, this program has played an important role in combating childhood lead poisoning by assuring and improving the accuracy of lead poisoning screenings.

Environmental Health Tracking Network.—The National Tracking Network was launched in July 2009, and CDC continues to ex-

pand the quality and quantity of health and environmental information and data available through the network. The network includes data for cancer, reproductive health outcomes, birth defects, demographics, socioeconomic status, outdoor air quality, drinking water quality, hospitalizations for asthma, cardiovascular disease, carbon monoxide poisoning and childhood lead poisoning.

The Committee is aware of research suggesting that many diseases and conditions with rising rates may have environmental triggers. The Committee directs CDC to work with NIH and the ALS Registry to explore how the Environmental Health Tracking Network could map and help researchers evaluate potential environmental risk factors to autoimmune diseases, neurodegenerative diseases and autism.

In addition, the Committee encourages CDC to develop a wide variety of baseline community health data that will be tracked over time. As drilling for natural gas increases across the Nation, this information will allow communities to monitor the impact of current and future drilling sites on the health of individuals living nearby.

Healthy Homes and Lead Poisoning Prevention Program.—The Committee commends CDC for preventing approximately 100,000 children from being poisoned by lead each year through the Healthy Homes and Lead Poisoning Prevention Program. The Committee has not included funding for this program in fiscal year 2012. The Committee is aware of nurse home visiting programs in New York State, Rhode Island, and Oklahoma that have adopted healthy homes activities as part of their programming. This integrative approach of identifying and preventing environmental health and safety hazards in the homes of high-risk pregnant mothers and their babies is a cost-effective and efficient strategy for preventing disease and injury among the Nation's most vulnerable families. The Committee notes that $350,000,000 will be spent by DHS to conduct home visiting programs in fiscal year 2012 through the Maternal, Infant, and Early Childhood Home Visiting Program; this funding appropriated by the Patient Protection and Affordable Care Act, is $100,000,000 more than the fiscal year 2011 level. The Committee intends the Health Resources and Services Administration and CDC to work together to ensure that activities previously funded through Healthy Homes will be fully incorporated into the Home Visiting Program.

Newborn Screening Quality Assurance Program.—The Committee continues to support quality assurance efforts in the Nation's newborn screening program. CDC is commended for providing training, consultation, guidelines, proficiency testing and reference materials to nearly 500 laboratories responsible for newborn screening and conducts research on new tests.

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

The Committee recommends $129,714,000 for injury prevention and control activities at CDC and an additional $3,000,000 in transfers from the PPH Fund. The comparable fiscal year 2011 funding level was $143,714,000. The budget request for 2012 was $147,501,000. The administration also requested $20,000,000 in transfers from the PPH Fund.

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 recommendation includes $6,039,000 for Traumatic Brain Injury programs, $10,522,000 for the Injury Control Centers, $5,423,000 for Domestic Violence Community Projects and $3,479,000 for the National Violent Death Reporting System, the same as the comparable fiscal year 2011 levels. The Committee has included $44,474,000 for rape prevention activities, compared to $39,474,000 in fiscal year 2011. The Committee has not included funding for youth violence prevention programs, funded at $19,708,000 in fiscal year 2011.

Falls Prevention Interventions.—The Committee has included $3,000,000 from the PPH Fund to expand older adult falls prevention activities at CDC, in coordination with the Administration of Aging [AOA]. The Committee intends that CDC use the funding to conduct research to evaluate and disseminate the most effective fall prevention interventions and that AOA use the funding provided that agency to conduct outreach and demonstration programs to expand the implementation of effective interventions.

In addition, the Committee is aware that osteoporosis is a chronic condition that puts individuals at risk for more serious injuries in a fall. The Committee encourages CDC to develop an education and outreach plan in consultation with the patient and medical community to focus public health strategies on osteoporosis.

Violence Against Women.—The Committee applauds CDC's development of the National Institute Partner and Sexual Violence Surveillance System to monitor State and national trends and to inform public policies and prevention strategies. The Committee urges more research on the psychological impact of violence against women in order to increase and improve evidence-based interventions to support the recovery of women from the trauma of violence.

Youth Violence Prevention.—The Committee remains supportive of efforts to reduce youth violence through evidence-based prevention strategies. The Committee notes that the Office of Juvenile Justice and Delinquency Prevention Programs [OJJDP] at the Department of Justice conducts a comprehensive suite of prevention programs aimed at youth in high-risk categories and exhibiting high-risk behaviors. The Committee urges CDC to continue providing technical assistance to OJJDP with the data gained from the National Violent Death Reporting System and other surveillance activities.

OCCUPATIONAL SAFETY AND HEALTH

The Committee recommends a program level of $295,079,000 for occupational safety and health programs, including $106,724,000 in

transfers available under section 241 of the PHS Act. The comparable fiscal year 2011 program level was $316,079,000, and the budget request for fiscal year 2012 was $259,934,000, entirely funded through transfers available under section 241 of the PHS Act.

The CDC's National Institute for Occupational Safety and Health [NIOSH] is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission spans the spectrum of activities necessary for the prevention of work-related illness, 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. The Committee recommendation includes funding for the following activities at the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Education and Research Centers	24,321	.....	24,321
Healthier Workforce Center	5,026	.....	5,026
National Occupational Research Agenda [NORA]	111,367	101,528	111,367
Budget Authority	19,643	.....	4,643
PHS Evaluation Transfers	91,724	101,528	106,724
Mining Research	52,687	.....	52,687
Miners Choice	647	.....	647

Cost Efficiency.—The Committee strongly encourages NIOSH to continue to use existing Federal research facilities and Federal property to conduct its existing research programs. The Committee recognizes the advantages of using existing federally owned property to fulfill NIOSH's mandate and believes this approach will help NIOSH realize the most efficient use of Federal funds possible.

Education and Research Centers [ERCs].—The Committee directs CDC to spend no less than last year for ERCs.

National Occupational Research Agenda [NORA].—The Committee directs CDC to spend no less than last year for the Agriculture, Forestry and Fishing Program within the National Occupational Research Agenda.

World Trade Center Health Program.—In the 10 years since September 11, this Committee was responsible for appropriating $408,000,000 in discretionary funding for the World Trade Center Health Program. This funding made it possible to screen 56,000 workers who risked their lives after the World Trade Center attack and treat 18,000 who required medical care. Discretionary funds are no longer needed because of mandatory funding appropriated in the James Zadroga 9/11 Health and Compensation Act of 2010. From this point forward, all of the treatment costs previously borne by the discretionary appropriation will be funded through Zadroga Act funding.

GLOBAL HEALTH

The Committee recommends $350,265,000 for global health-related activities at CDC in fiscal year 2012. The fiscal year 2011

comparable level was $340,265,000 and the budget request for fiscal year 2012 was $381,245,000.

The Center for Global Health leads international programs and coordinates CDC's global efforts funded out of other centers with the goal of promoting health and preventing disease in the United States and abroad, including ensuring rapid detection and response to emerging health threats. The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Global AIDS Program	118,741	118,023	118,741
Global Immunization Program	150,854	163,602	160,854
Polio Eradication	101,597	112,441	111,597
Measles and Other Vaccine Preventable Diseases	49,257	51,161	49,257
Global Disease Detection and Emergency Response	41,902	44,191	41,902
Parasitic Diseases and Malaria	19,467	19,643	19,467
Global Public Health Capacity Development	9,301	35,786	9,301

Global Immunization Activities.—The bill provides not less than $111,597,000 for CDC's global polio eradication activities. The Committee strongly supports the dramatic progress being made in the international partnership to eradicate polio. Although resources are limited, the Committee is well aware of the aligning of technical skill, vaccine availability and strong country engagement taking place in the four countries still plagued by this disease. The Committee encourages CDC and its partners to take advantage of this historic opportunity.

Hepatitis B.—The Committee continues to encourage CDC to consider expanding global programs to increase the rate of vaccination, reduce mother-child transmission and promote educational programs to prevent hepatitis B and to reduce discrimination targeted against individuals with the disease.

Parasitic Diseases and Malaria.—The Committee is pleased with the CDC's ongoing efforts to fight global malaria and neglected tropical diseases through the Center for Global Health. Despite progress, much still needs to be done to address malaria and neglected topical diseases [NTDs] on a global scale. In 2009 more than 700,000 people died from malaria. NTDs, including enteric diseases, continue to affect more than 1 billion people worldwide. CDC research plays an essential role in the continued progress towards control and elimination efforts of global malaria and NTDs. The Committee encourages CDC to continue its research, monitoring and evaluation efforts for malaria and NTDs and its collaboration with other agencies as part of the Global Health Initiative.

Product Development Partnerships [PDPs].—PDPs enable critical research and development in the global health arena while creating jobs in the United States. The Committee encourages CDC to cultivate public-private partnerships like PDPs and to work in collaboration with the National Institutes of Health and U.S. Aid for Institutional Development to identify and pursue other innovative research and development opportunities.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Committee recommends $1,405,416,000 for public health preparedness and response activities. The fiscal year 2011 level was $1,415,416,000. The amount requested by the administration in fiscal year 2012 was $1,452,618,000. The recommendation includes $30,000,000 in transfers from Public Law 111–32, as requested by the administration. The comparable fiscal year 2011 transfer level is $68,515,000. The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
State and Local Preparedness and Response Capability	664,294	651,048	654,294
Public Health Emergency Preparedness Cooperative Agreement Program (non-add)	632,861	643,264	632,861
CDC Preparedness and Response Capability	160,121	146,570	160,121
Strategic National Stockpile	591,001	655,000	591,001

Centers of Excellence.—The Committee supports the work of the Preparedness and Emergency Response Learning Centers and the Advanced Practice Centers. These centers provide training and support for the public health system to prepare for, respond to, and recover from public health emergencies. The Committee encourages CDC to support these centers to the extent of CDC's ability.

Public Health Emergency Preparedness.—The cooperative agreement provides funding to enable public health departments to have the capacity and capability to effectively respond to the public health emergencies consisting of terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies.

Strategic National Stockpile.—The Committee is concerned that prior to the 2009 H1N1 influenza pandemic, the Strategic National Stockpile [SNS] contained only enough needles and syringes to immunize between 5 and 10 percent of the population. Stockpiling is an efficient means of preparedness for drug delivery devices and other medical supplies because these are generally low-cost products with long shelf-lives. The Committee requests a professional judgment recommendation as to the level of funding needed to acquire an adequate supply of these drug delivery devices.

In addition, the Committee encourages CDC to continue efforts to ensure that vaccines, medications, and equipment in the SNS are replenished and upgraded as needed. In particular, the Committee encourages CDC to review the supply of antiviral medications remaining since the H1N1 outbreak, including a review of the supply in light of the needs of special populations, such as children.

PUBLIC HEALTH LEADERSHIP AND SUPPORT

The Committee provides $121,419,000 for public health leadership and support activities at CDC, the same as the fiscal year 2011 comparable level. The budget request for fiscal year 2012 was $121,368,000.

In addition, the Committee includes $41,200,000 in transfers from the PPH Fund, the same as was transferred in fiscal year 2011.

Throughout CDC's accounts, the Committee has granted additional flexibility for CDC to respond to challenging budget times. The Committee does not expect that this flexibility will be used to reduce transparency on CDC's expenditure of funds appropriated in this bill. The Committee directs that CDC include summaries of programmatic activities consistent with the fiscal year 2011 operating plan level, along with the associated funding levels in the annual congressional justification, beginning in fiscal year 2014. These summaries should include a short description of the nature of CDC's work on a particular subject, the number of grants made, the average grant size, and a State-by-State table for any formula-based funding. The Committee understands that the fiscal year 2013 justification is already in draft form; therefore, the Committee expects an operating plan 90 days after enactment of this act that details spending levels for all CDC budget lines included in the Senate Committee report accompanying the fiscal year 2011 Appropriations Act for Labor, Health and Human Services, and Education and Related Agencies (S. Rpt. 111–243).

Extramural Research.—The Committee requests a report from CDC by March 1 of each year that details the breakdown of intramural and extramural funding for each program of the various offices and centers at CDC. The Committee believes that the balance between intramural and extramural funding is an important measure for assessing and understanding how the agency is meeting its national and State responsibilities.

Institutional Research Training Grant Program.—The Committee encourages CDC to continue the Institutional Research Training Grant Program.

Leadership and Management Savings.—The Committee strongly believes that as much of CDC's of funding as possible 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.

Public Health Infrastructure.—The Committee recommendation transfers $40,200,000 from the PPH fund, the same level as in fiscal year 2011, to continue the Strengthening Public Health Infrastructure for Improved Health Outcomes program. These resources are intended to support State, local, tribal, and territorial health departments to ensure that the systems supporting public health services are robust and efficient, including workforce capacity and competency; laboratory systems; health information and systems, as well as health information analysis for decisionmaking; communications; legal authorities; financing; organizations capacity; and other related activities.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

The Committee does not provide funding for the Preventive Health and Health Services block grant [PHHSBG], in accordance with the administration proposal for fiscal year 2012. The fiscal year 2011 comparable level was $80,094,000.

For over 30 years, this block grant has supported States in improving their response to critical public health needs. The Committee has regretfully accepted the administration's recommendation to eliminate this program in light of the overlap between this grant and other funds being awarded to States throughout this bill.

The Committee is aware that over 10 percent of PHHSBG funding has been used to support national rape prevention activities. The Committee has included additional funding for this purpose in the National Center for Injury Prevention and Control.

An additional 40 percent of PHHSBG funds have been used for activities related to chronic diseases. The Committee has provided a total of $329,582,000 in this bill to States for these purposes through various grant programs, including Community Transformation State grants in the PPH Fund and CDC's grant programs for diabetes; heart disease and stroke; comprehensive cancer grants; and nutrition, physical activity and obesity.

PHHSBG has also provided States with flexible funding to shore up critical infrastructure needs of their public health departments. The Committee has included $40,200,000 from the PPH Fund for the Strengthening Public Health Infrastructure for Improved Health Outcomes program, which allows States to provide many of the same activities covered by PHHSBG. State health departments can use this flexible funding source to improve their systems that support public health services, including workforce capacity and competency; laboratory systems; health information and systems, as well as health information analysis for decision making; communications; legal authorities; financing; organizations capacity; and other related activities.

BUSINESS SERVICES AND SUPPORT

The Committee provides $427,026,000 for business services support functions including costs relating to buildings and facilities. The administration request for fiscal year 2012 was $447,466,000. The fiscal year 2011 comparable level was $362,026,000. These funds will be used to support agency-wide support functions.

Due to budgetary constraints, the Committee is unable to provide the full President's budget request for these costs. For that reason, the Committee has included bill language to allow CDC to begin creating a Working Capital Fund [WCF] to achieve greater cost efficiencies across the administrative operations of the agency. The Committee directs CDC to create a strong auditing system for the WCF and brief the Committee on controls CDC will put in place to ensure that WCF funds are used solely for administrative costs and that CDC Centers and Offices are not over-charged for services.

NATIONAL INSTITUTES OF HEALTH

The Committee recommends an overall funding level for the National Institutes of Health [NIH] of $30,498,288,000. The budget request for NIH activities within the jurisdiction of this bill is $31,747,915,000 and the fiscal year 2011 level is $30,688,288,000.

The Committee regrets that fiscal constraints prevent a higher recommended funding level for NIH. With tight budgets likely to

continue for the foreseeable future, the Committee strongly urges NIH to explore creative ways to rethink the way it allocates its funding. The alternative—continuing to nick away, little by little, at the success rate or the size of awards—will inevitably have a negative impact on young investigators, who represent the Nation's future, and on high-risk, high-reward research opportunities.

The Committee credits NIH with making significant efforts in both of these priority areas despite relatively flat budgets in recent years. With the help of the New Innovator Award and Pathway to Independence Award programs, NIH funded more new investigators in 2010 than in any year before. The Transformative Research Projects Program, meanwhile, rewards exceptionally innovative ideas. The Committee encourages NIH to continue and expand on these initiatives.

The creation of the National Center for Advancing Translational Sciences [NCATS], proposed by the administration and endorsed in the Committee recommendation, is an even more far-reaching example of how NIH can refocus its mission in a difficult fiscal environment. This bill creates NCATS, abolishes the National Center for Research Resources [NCRR] and redistributes existing NCRR programs throughout other Institutes and Centers [ICs]. With the exception of $20,000,000 for the new Cures Acceleration Network, all of the changes involved in this restructuring are budget neutral.

The mission of NCATS is nothing less than fundamentally changing the way NIH pursues the translation of basic science into treatments and cures. The average length of time from target discovery to FDA approval of a new drug is 14 years, a delay that is costing lives and prolonging human suffering.

NCATS will study steps in the therapeutics development and implementation process, consult with experts in academia and the biotechnology and pharmaceutical industries to identify bottlenecks in the processes that are amenable to re-engineering, and develop new technologies and innovative methods for streamlining the processes. In order to evaluate these innovations and new approaches, NCATS will undertake targeted therapeutics development and implementation projects. In all of these efforts, the Committee expects that NCATS will complement, not compete with, the efforts of the private sector.

While the Committee welcomes the creation of NCATS, it was disappointed by the way the administration requested it. The President's proposed budget for fiscal year 2012 included a vague description of NCATS but did not formally request funding for the restructuring or provide any details about which components of NIH would be consolidated into the new Center. The failure to do so caused unnecessary uncertainty about the proposal and contributed to the impression that it was being rushed.

Lessons learned with NCATS should guide NIH as it considers another proposed restructuring, one that would involve consolidating NIDA, NIAAA and components of other ICs into a new Institute devoted to research on substance use, abuse and addiction. The Committee understands that NIH plans to adopt a more deliberate approach in evaluating the need for this Institute. The Committee strongly recommends that if the administration ultimately

decides to seek such a restructuring, it should provide sufficient details in a formal budget request to Congress.

NATIONAL CANCER INSTITUTE

Appropriations, 2011	$5,058,577,000
Budget estimate, 2012	5,196,136,000
Committee recommendation	5,001,623,000

The Committee recommends an appropriation of $5,001,623,000 for the National Cancer Institute [NCI]. Of this amount, $8,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland. The budget request for fiscal year 2012 is $5,196,136,000 and the comparable level for fiscal year 2011 is $5,058,577,000.

Breast Cancer.—The Committee notes that triple-negative breast cancer is poorly understood and has a disproportionate prevalence among African-American women. The Committee encourages NCI to increase research and awareness of this disease, and to advance prevention, detection, diagnosis, care, and treatment. The Institute is urged to collaborate with ORWH, NIMHD, the Office of Minority Health, and the Office of Women's Health in these efforts.

Health Decisionmaking.—The Committee commends NCI for its efforts to understand how the ability to comprehend and use numerical information affects health decisionmaking, as low numerical skills may not only distort perception of risks and impair risk communication, but may also impede treatment.

Health Services Research.—The Committee commends NCI for its efforts to determine how well state-of-the-art cancer care is actually delivered. Ongoing health services data collection and surveillance programs represent an important contribution to cancer surveillance and the efforts to understand and improve clinical and community practices. NCI is strongly urged to maintain support for ongoing activities that advance cancer prevention and early detection research, including data collection infrastructure that can contribute to measuring the delivery and outcome of services, and comparative effectiveness research.

Liver Cancer.—The Committee urges NCI to increase its efforts in the area of liver cancer, particularly by creating a Specialized Program of Research Excellence [SPORE] for this disease and by funding projects focusing on pathogenesis, detection and/or therapeutics.

Lung Cancer.—The Committee remains concerned by the high morbidity and mortality rates of lung cancer, particularly the increased lung cancer rates among women and the high incidence among African-American men. NCI is urged to enhance support for research in these areas.

Melanoma.—The Committee urges more research on melanoma that will identify and develop molecular markers to aid accurate diagnosis of the primary tumor; prognostication that will determine extent and type of treatment; and prediction of treatment response. The Committee commends NCI for the inclusion of melanoma in The Cancer Genome Atlas; however, in view of the relative scarcity of melanoma biospecimens available for this effort, additional resources are needed to facilitate specimen collection. Given the rising incidence rates of melanoma, the Committee encourages NCI to

support research directed at the biology of tumor initiation including UV radiation as a carcinogen, host risk factors and risk reduction strategies. The Committee continues to urge NCI to promote mechanisms of collaboration between industry, the extramural program and foundations that will accelerate translational and clinical research as outlined in the strategic action plan, including annotated specimen collection from key trials independent of sponsorship and novel trial designs to accommodate testing agents contributed by more than one company. The Committee requests an update on these requests in the fiscal year 2013 congressional budget justification.

Metastasis to Bone.—The Committee urges additional research on how to repair bone defects caused by cancer cells. Translational research is also needed to understand the impact of metastasis on the biomechanical properties of bone and the mechanisms by which bone marrow and tumor-derived cells can influence metastatic growth, survival and therapeutic resistance.

Pancreatic Cancer.—The Committee commends NCI on its fiscal year 2011 Action Plan for Pancreatic Cancer, which marks an important first step to making a targeted research investment in this deadly disease. As the plan recommends, the Committee urges NCI to put in place a long-term, comprehensive strategic plan; move forward with requests for applications or program announcements specific to pancreatic cancer; and include more experts in pancreatic cancer on scientific review panels in fiscal year 2012. In addition, earlier this year NCI reported to the Committee that extramural research staff has been empowered to propose exceptions for promising pancreatic cancer research proposals that may not otherwise be funded, and that the Institute has made it a priority to identify novel research ideas. The Committee requests an update in the fiscal year 2013 congressional budget justification on the use of exceptions as well as a description of novel research ideas being pursued in relation to pancreatic cancer.

Pediatric Cancer.—The Committee notes that childhood cancer research accounts for less than 5 percent of the Institute's annual budget and encourages NCI to increase that amount, as cancer remains the leading cause of disease-related death in children. More effective and less toxic treatments are needed.

Slow-Growing Children's Brain Tumors.—Two primary roadblocks to basic research on pediatric low-grade astrocytoma [PLGA] brain tumors have been identified: a shortage of viable tissue samples and the lack of a mouse model. The Committee urges NCI to establish research priorities that address the shortage of tissue samples by incentivizing hospitals and medical institutions to centralize and share tissue samples. The Committee also urges NIH to examine possible solutions to address the lack of a mouse model for PLGA brain tumors. The Committee requests an update on these issues in the fiscal year 2013 congressional budget justification.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2011	$3,069,723,000
Budget estimate, 2012	3,147,992,000
Committee recommendation	3,036,189,000

The Committee recommendation includes $3,036,189,000 for the National Heart, Lung, and Blood Institute [NHLBI]. The budget request for fiscal year 2012 is $3,147,992,000 and the comparable level for fiscal year 2011 is $3,069,723,000.

The Committee recommendation for NHLBI includes sufficient funding to accommodate the transfer of gene vector grants currently administered by NCRR.

Asthma.—NHLBI is urged to advance more effective life-saving and life-enhancing treatments for asthma and to collaborate with the FDA, NIAID, NICHD, NIMHD, and the Office of Minority Health in this regard. The Committee notes that the prevalence and burden of asthma are high among African-Americans, Latinos and other communities of color, as well as children. The Committee urges NHLBI to examine the impact of long-acting medications and prescribed steroids on overall health, growth and development of children.

Cardiovascular Disease.—The Committee continues to place a high priority on research related to heart disease, stroke and other forms of cardiovascular disease and remains concerned that NIH still spends less than 8 percent of its budget on our Nation's No. 1 and most costly killer. The Committee strongly urges NHLBI to significantly enhance its investment and further stimulate interest in multidisciplinary and interdisciplinary basic, clinical, translational, and prevention cardiovascular disease research, including its risk factors, using all appropriate mechanisms. In addition, the Committee urges the prompt implementation of priority initiatives outlined in its Division of Cardiovascular Diseases Strategic Plan. NHLBI is also encouraged to increase its attention to the impact of cardiovascular disease on ethnic minorities such as Native Hawaiians and Asians.

Chronic Obstructive Pulmonary Disease [COPD].—The Committee applauds NHLBI's efforts to raise public awareness of COPD and encourages the Institute to work with community stakeholders and other Federal agencies, including CDC, to develop a national action plan to respond to the growing burden of this disease.

Jackson Heart Study.—The Committee recognizes that the Jackson Heart Study in Jackson, Mississippi, is the largest investigation of cardiovascular disease in the African-American population. The Committee acknowledges the continued need for comprehensive research to address this health disparity and the important implications for such research to all persons threatened by cardiovascular disease. The Committee urges continued focus in addressing cardiovascular disease in African-Americans at NHLBI and NIMHD.

Marfan Syndrome and Thoracic Aortic Aneurysms.—The Committee commends NHLBI for its ongoing support of clinical research on Marfan syndrome in the pediatric population, and it encourages support for basic and translational research on this complex connective tissue disorder. The Committee also notes recent advancements in genetic research related to thoracic aortic aneurysms and encourages the Institute to promote additional research on this condition.

Pulmonary Hypertension [PH].—The Committee encourages NHLBI to support the establishment of a Pulmonary Hypertension Clinical Research Network to expand clinical trials and facilitate collaboration and data sharing among PH investigators. The Committee also continues to encourage the Institute to collaborate with the PH community to raise awareness of the disease.

RuSH Project.—The Committee supports the Registry and Surveillance System in Hemoglobinopathies [RuSH] project, which will determine the number of Americans with sickle cell disease, thalassemia and hemoglobin E disease. The Committee believes that NHLBI should retain control of the data system to fully characterize these patient populations and use the data to conduct research for new therapies, as well as to monitor the implementation of Healthy People 2020 using leading health indicators. NHLBI should also consult with HRSA concerning an expansion of sites for treatment centers.

Sleep Disorders.—The Committee awaits the imminent release of the National Sleep Disorders Research Plan by the National Center on Sleep Disorders Research, which will articulate priorities and opportunities NIH-wide for addressing the challenge of sleep disorders and circadian disturbances. The Committee is concerned by the growing body of knowledge demonstrating linkages between sleep disorders and a number of health conditions, including obesity, diabetes and cardiovascular disease, and the impact of sleep disturbances on safety at the workplace and in transportation. The Committee recommends more collaboration among ICs regarding sleep research and accelerated efforts in sleep research training.

Social Support.—NHLBI is encouraged to continue its research on how psychosocial factors, such as social support, may affect the course of prevention and treatment of, and recovery from, cardiovascular illness or events.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2011	$409,608,000
Budget estimate, 2012	420,369,000
Committee recommendation	404,997,000

The Committee recommendation includes $404,997,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. The budget request for fiscal year 2012 is $420,369,000 and the comparable level for fiscal year 2011 is $409,608,000.

Systemic Bone Active Therapeutics.—The Committee urges continued research on the effects of systemic bone active therapeutics on the craniofacial skeleton, including factors predisposing individuals to osteonecrosis of the jaw, as well as new approaches to facilitate bone regeneration.

Temporomandibular Joint [TMJ] Disorders.—The Committee encourages NIDCR to collaborate with other ICs regarding the etiology and pathogenesis of TMJ disorders as well as the co-morbid chronic pain conditions and disorders that solely or predominantly affect women. In particular, NIDCR should work with NIAMS and NIBIB to develop research opportunities in the area of joint pain. Examples of topics that need more exploration include: a basic understanding of the kinematics and biomechanics of TMJ disorders as they relate to normal jaw function and in disease; the develop-

ment of biomarkers in bone, muscle and cartilage that are predictive of temporomandibular disease progression; the interactions of the TMJ musculoskeletal system with the nervous system; and the development of non-invasive measures of TMJ bone structure, growth, degradation and repair. The recent scientific meeting of the TMJ Association, co-sponsored by NIDCR and other ICs, concluded that there needs to be a shift in research toward a systematic exploration of common underlying root causes. The Committee strongly urges NIH to heed the recommendations from this meeting, which have the potential to accelerate scientific progress not just in TMJ disorders but in the other coexisting conditions.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2011	$1,792,224,000
Budget estimate, 2012	1,837,957,000
Committee recommendation	1,772,045,000

The Committee recommendation includes $1,772,045,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. The budget request for fiscal year 2012 is $1,837,957,000 and the comparable level for fiscal year 2011 is $1,792,224,000.

Chronic Pelvic Pain.—The Committee is pleased by the progress made in the Multidisciplinary Approach to the Study of Chronic Pelvic Pain [MAPP] Research Network, particularly the inclusion of male subjects, as the research plan continues to focus on the natural history of interstitial cystitis. The Committee encourages the MAPP Research Network to collaborate closely with patient health organizations.

Depression and Diabetes.—NIDDK is encouraged to strengthen collaborations with other institutes regarding research on the links between diabetes and depression.

Diabetes Prevention Program.—The Committee recognizes the success of the NIDDK-funded Diabetes Prevention Program, a clinical research trial which found that modest weight loss through dietary changes and increased physical activity could prevent or delay the onset of type 2 diabetes significantly. The Committee urges NIDDK to support further diabetes research that will build upon past successes, improve prevention and treatment, and close in on a cure.

Functional Gastrointestinal Disorders and Gulf War Syndrome.—The Committee recognizes the direct link between functional gastrointestinal disorders, such as irritable bowel syndrome and functional dyspepsia, and gulf war syndrome, as detailed in the Institute of Medicine report "Gulf War and Health: Volume 8. Health Effects of Serving in the Gulf War." The Committee urges NIDDK to collaborate with the Department of Defense and the Department of Veterans Affairs to advance research on the etiology, natural history and quality of functional gastrointestinal disorders in patients with gulf war syndrome.

Gestational Diabetes.—The Committee urges NIDDK to explore additional opportunities for research on gestational diabetes, particularly regarding possible long-term health consequences such as a susceptibility to type 2 diabetes.

Glomerular Diseases.—The Committee recognizes the recent progress made in understanding glomerular diseases, such as focal segmental glomerulosclerosis [FSGS], including the discovery of specific genetic factors which make African-Americans five times more likely to develop FSGS than Caucasians. The Committee urges NIDDK to continue to support research on glomerular diseases and collaborate with NIMHD to expand research on the impact these diseases have on minority populations.

Inflammatory Bowel Disease [IBD].—The Committee commends NIDDK for recent advancements in IBD research and encourages continued support for the study of genetic, cellular and environmental factors that contribute to the development of these complex diseases. The Committee also notes the increasing incidence of IBD in children and urges the Institute to expand support for genetic and clinical studies of pediatric patients.

Pediatric Functional Gastrointestinal Disorders [FGIDs].—The Committee urges NIDDK to work with NICHD to support research on the quality of life for children suffering from FGIDs, which often interfere with emotional, social and professional development and can impair physical, economic and educational well being.

Pediatric Kidney Disease.—The Committee supports NIDDK's research emphasis on pediatric kidney disease and continues to encourage the development of multicenter, pediatric prospective clinical/translational trials.

Polycystic Kidney Disease [PKD].—The Committee urges NIDDK to collaborate with other institutes and leverage discoveries from its portfolio of PKD grants for the purpose of developing a comprehensive strategic plan for PKD and other related neo-plastic genetic diseases. For example, the Committee understands that cysts in PKD emulate the uncontrolled cell growth observed in cancer. The Committee believes this analysis will allow NIH to more effectively use Federal funds, create and identify additional public-private partnerships to maximize investments, and more quickly move PKD research findings to clinical trials.

Vitamin D Deficiency and Chronic Kidney Disease.—The Committee is pleased to note the full range of bone and mineral research under way in both the intramural and extramural programs at NIDDK, including the additional research emphasis the Institute is placing on the relationship between vitamin D deficiency and chronic kidney disease. These research findings are expected to be particularly relevant to national efforts aimed at reducing health disparities in diverse populations.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2011	$1,622,003,000
Budget estimate, 2012	1,664,253,000
Committee recommendation	1,603,741,000

The Committee recommendation includes $1,603,741,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. The budget request for fiscal year 2012 is $1,664,253,000 and the comparable level for fiscal year 2011 is $1,622,003,000.

Dystonia.—The Committee commends the participation of NINDS in the Dystonia Coalition and encourages continued investments in dystonia research.

Epilepsy.—The Committee applauds the establishment of the Interagency Collaborative to Advance Research in Epilepsy [ICARE], led by NINDS, which includes all Federal institutes and centers that fund epilepsy research along with voluntary organizations in the field. The Committee encourages ICARE's continuation as a venue for sharing efforts and perspectives on finding cures for epilepsy. The Committee also commends NINDS for its plans to create the Epilepsy Centers Without Walls program, which will promote multidisciplinary research efforts targeted toward specific topic areas in epilepsy, including epileptogenesis, comorbidities and mortality in epilepsy.

Muscular Dystrophy.—The Committee commends NIH for collaborating with the Parent Project Muscular Dystrophy [PPMD] End Duchenne Grant Award Program by referring applicants who propose translational research on Duchenne muscular dystrophy but miss NIH paylines to PPMD for the opportunity to seek bridge funding. The Committee encourages additional efforts at NIH to translate research findings on Duchenne into novel discoveries.

Network of Excellence in Neuroscience Clinical Trials.—The Committee commends NINDS for its leadership in creating the Network of Excellence in Neuroscience Clinical Trials [NEXT] program, which will create a robust, standardized and accessible infrastructure to facilitate rapid development and implementation of protocols in neurological disorders affecting adult and/or pediatric populations. NINDS has indicated that the first project to utilize the new NEXT infrastructure will be a biomarker validation study of spinal muscular atrophy [SMA]. Identifying one or more biomarkers for SMA would represent a significant step towards accelerating efforts to create effective treatments for this disease. The Committee also urges NINDS to continue to demonstrate strong support for translational research on SMA that will accelerate the development of therapies for testing in the clinic and facilitate the submittal of investigational new drug applications to the Food and Drug Administration. The Committee requests an update in the fiscal year 2013 congressional budget justification on the specific goals for the NEXT SMA initiative and its efforts relative to translational research on SMA.

Stroke.—The Committee continues to prioritize research into the causes, diagnosis, treatment, recovery, rehabilitation and prevention of stroke. The Committee urges NINDS to foster innovative basic, clinical, translational and prevention stroke research for all age groups affected by stroke, including children and newborns, through all available mechanisms as appropriate. Further, the Committee notes that NINDS will manage a novel stroke planning effort beginning in 2011, building on the work of the Stroke Progress Review Group, to assess the current state of stroke research and develop priorities to advance the most promising areas in prevention, treatment, recovery, and rehabilitation research. The Committee requests an update on this initiative in the fiscal year 2013 congressional budget justification.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2011	$4,775,968,000
Budget estimate, 2012	4,915,970,000
Committee recommendation	4,725,288,000

The Committee recommendation includes $4,725,288,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. The budget request for fiscal year 2012 is $4,915,970,000 and the comparable level for fiscal year 2011 is $4,775,968,000. Included in these funds is $299,000,000 to be transferred to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis. The budget request was $300,000,000 for this purpose and the fiscal year 2011 level was $297,300,000.

Anti-Malarial Medicines.—The Committee encourages the Institute to continue supporting the work of institutions of higher learning in combating the health, economic and security impacts of malaria. The Committee encourages NIAID to increase its investment in public-private partnerships that are involved in research and development of anti-malarial medicines; the development of safe and effective drugs for malaria prophylaxis and treatment, including 8-aminoquinolines; new, effective pediatric formulations; and alternatives to artemisinin combination therapies in response to the rapidly emerging threat of artemisinin resistance.

Food Allergies.—The Committee is pleased that NIAID has convened periodic expert panels on food allergy research since 1996 to make key recommendations to investigate the natural history of food allergy in young children who have risk factors predisposing them to develop food allergy; resolve impediments to clinical trials design and conduct; and perform clinical trials using food allergens, given orally or sublingually, to treat existing food allergy. The Committee is aware that public and private research to develop immunotherapies is progressing to an advanced clinical trials stage with the consensus support of the Nation's leading food allergy research institutions. NIAID is strongly encouraged to support this stage of the research, which has the potential to cure food allergies.

Hepatitis B Virus [HBV].—The Committee applauds NIAID's efforts to pursue the development of new classes of drugs that are safe and effective in treating HBV. The Committee urges continued HBV research on different courses of treatment as well as ways to support efforts to identify new cellular and antiviral targets and develop new strategies for intervention. The Committee also urges an increased focus on pregnant women and pediatric cases of hepatitis B.

Immunotherapy.—The Committee is aware of research showing that broader use of immunotherapy for the treatment of allergic rhinitis could improve clinical outcomes and significantly reduce healthcare costs. Additional research is needed to examine the clinical and economic impact of immunotherapy in both children and adults. The Committee encourages NIAID to collaborate with AHRQ and the Centers for Medicare and Medicaid Services on the development and support of a research initiative on this topic.

Kidney Transplantation.—As the demand for suitable kidneys for transplantation continues to far exceed the supply, the Committee is pleased to learn that research funded by NIAID has resulted in

the establishment of desensitization protocols that have successfully demonstrated an increase to the suitability of a larger number of cadaver kidneys for transplantation for highly sensitized candidates, who are the sickest and most difficult to match on the kidney transplant waiting list. The Committee therefore urges NIAID to support a multi-center initiative with a companion data collection and analysis center to facilitate the use of this protocol at an increasing number of transplant centers across the country.

Microbicides.—With NIH and USAID leadership, proof of concept has been established for an antiretroviral [ARV]-based microbicide to prevent HIV infection in women. The Committee encourages NIAID to coordinate with USAID, the State Department, other Federal agencies and global donors to prioritize and expedite microbicide development efforts with the goals of enabling regulatory approval of the first effective microbicide and providing support for efficacy trials of new and complementary ARV-based microbicides.

Tuberculosis [TB].—The Committee notes the recent development of GeneXpert, the new TB diagnostic test that holds the potential to dramatically improve TB diagnosis, treatment and control. The Committee applauds NIAID for its continued attention to the development of new TB diagnostics, drugs and vaccines.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2011	$2,033,782,000
Budget estimate, 2012	2,102,300,000
Committee recommendation	2,347,309,000

The Committee recommendation includes $2,347,309,000 for the National Institute of General Medical Sciences [NIGMS]. The budget request for fiscal year 2012 is $2,102,300,000 and the comparable level for fiscal year 2011 is $2,033,782,000.

The recommended increase for NIGMS over the fiscal year 2011 level results mostly from the planned transfer of the Institutional Development Awards [IDeA] program and the Division of Biomedical Technology, Bioinformatics and Computational Biology from NCRR.

Behavioral Research.—The Committee applauds the leadership of NIGMS in the development of the OppNet collaboration on basic behavioral and social science research, and it encourages NIGMS to maintain its commitment to that trans-NIH initiative. The Committee also commends NIGMS's program of research on the efficacy of interventions to promote research careers, such as its studies on effective mentoring and career transitions.

Institutional Development Awards [IDeA].—The Committee recognizes the importance of the Centers of Biomedical Research Excellence and the IDeA Networks of Biomedical Research Excellence programs, which are essential components to the overall success of the IDeA program. The focus of IDeA should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within the IDeA States.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2011	$1,317,854,000
Budget estimate, 2012	1,352,189,000
Committee recommendation	1,303,016,000

The Committee recommendation includes $1,303,016,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD]. The budget request for fiscal year 2012 is $1,352,189,000 and the comparable level for fiscal year 2011 is $1,317,854,000.

Adverse Pregnancy Outcomes.—The Committee is pleased with the progress NICHD has made to identify women at risk for long-term morbidity, as women with severe, early adverse pregnancy outcomes are at increased risk for chronic health problems. The Committee encourages NICHD to continue developing strategies to prevent long-term adverse outcomes in these women.

Chromosome Abnormalities.—The Committee appreciates recent accomplishments by NIH in addressing the science of dosage-sensitive and -insensitive genes. The Committee now urges NIH to leverage these efforts to achieve the translational science goal of producing detailed clinical data that can both move the science forward by being useful to researchers and assist clinicians in working with affected individuals and their families. The Committee also acknowledges and appreciates the ongoing NIH activities related to genetic disorders but urges new funding to support independent investigators whose work can provide pilot data or insight into future directions for the study of chromosome abnormalities, particularly those involving chromosome 18.

Demographic and Economic Research.—The Institute's investment in population-representative longitudinal studies, such as the National Longitudinal Study of Adolescent Health, the National Longitudinal Study of Youth Child Supplement and Panel Study of Income Dynamics has yielded groundbreaking scientific research and served as a model for making publicly funded research data widely available, spurring cost-effective research in numerous disciplines and across multiple institutions. The Committee urges NICHD to continue investing in these large-scale population data sets and to sustain support for critical research infrastructure for demographic and behavioral population science.

Learning and School Readiness.—The Committee recognizes the important contribution of NICHD in establishing the scientific foundation of the development of reading, math and science skills that are critical to maintaining the Nation's competitiveness in math and science achievement.

Maternal Morbidity.—Though maternal morbidity rates are rising, the Committee understands that there are no uniform definitions of severe maternal morbidity. The Committee encourages NICHD to hold a consensus workshop to identify such definitions, which would help Federal, State and local agencies and research institutions establish standardized and interoperable processes for surveillance, data collection and research.

Metabolic Bone Disease.—The Committee is encouraged by results thus far from the Bone Mineral Density in Childhood Study,

which will serve as a valuable resource for clinicians and investigators to assess bone deficits in children and risk factors for impaired bone health. The Committee urges the Institute to extend the study and explore additional research that will lead to a better understanding and prevention of osteopenia and osteoporosis.

Preterm Birth.—The Committee notes that the preterm birth rate has begun to decline from its peak of 12.8 percent in 2006 to 12.3 percent in 2008. The Committee urges increased Federal investment to continue the downward trend. Specifically, the Committee urges NICHD to expand its support of prematurity research by creating integrated transdisciplinary research centers on preterm birth as recommended by the Institute of Medicine and the Surgeon General's Conference on the Prevention of Preterm Birth. To initiate this process, the Committee encourages NICHD to establish transdisciplinary research centers for prematurity. The Committee also encourages NICHD to expand its support for preterm birth-related research through the Maternal-Fetal Medicine Units Network, the Neonatal Research Network and the Genomic Proteomic Network for Preterm Birth Research.

Prosthetics Research.—The Committee is aware that increasing numbers of Americans are undergoing amputation as a result of the growing prevalence of diabetes, cardiovascular disease and other reasons. The Committee also understands that, to date, little research has been done to examine prosthetic outcomes and to link prosthetic and orthotic treatments, devices and supports to patient outcomes. In order to support evidence-based healthcare practice in prosthetics and orthotics, and establish which approaches work best for which patients, the Committee encourages NICHD to work with the National Institute on Disability and Rehabilitation Research and experts in the field of prosthetic research to develop a prosthetics outcomes research agenda and implement needed research.

Psychotropic Drugs and Children.—The Committee is aware that NICHD has formed a special workgroup, which includes representatives from NIMH and the FDA, to better understand the impact of medications on developing children. The Committee requests an update in the fiscal year 2013 congressional budget justification on the workgroup's activities regarding psychotropic drugs and a description of the basic and clinical research the workgroup believes should be undertaken.

Rehabilitation Research.—The Committee commends NIH for appointing a blue-ribbon panel to evaluate rehabilitation research at the National Center for Medical Rehabilitation Research [NCMRR] and across all of NIH. The Committee requests a copy of the panel's report when it is available. The panel is urged to identify gaps in the field of rehabilitation research and recommend which ICs or other Federal agencies should be responsible for addressing them. In addition, the Committee recognizes the improvements that have been made in delineating rehabilitation research as part of NIH reporting mechanisms established since the passage of the NIH Reform Act. However, the Committee encourages NIH, through the leadership of NCMRR, to further clarify a consistent definition of rehabilitation across all institutes and centers and to seek ways to delineate between physical, cognitive, mental and substance abuse

rehabilitation when characterizing NIH-supported research. Finally, the Committee encourages NCMRR to explore the broader social, emotional and behavioral context of rehabilitation, including effective interventions to increase social participation and reintegrate individuals with disabilities into their communities.

SMA Newborn Screening.—The Committee applauds NICHD for funding a pilot study of newborn screening for spinal muscular atrophy [SMA] that will confirm the efficacy and accuracy of the SMA screening technology. The Committee understands that newborn screening holds promise for assisting with early interventions of SMA and developing improved and more standardized care protocols for patients living with SMA, and it may also assist in the development of potential drug therapies. Natural history, preclinical and preliminary clinical data all suggest that potential therapies will demonstrate the greatest effectiveness when delivered presymptomatically. The Committee encourages NICHD to support the development of crucial follow-up care protocols for children identified with SMA through the pilot study, and to report on progress made in this area in the fiscal year 2013 budget justification.

Vulvodynia.—The Committee is encouraged by positive signs that NICHD is devoting greater attention to this long-neglected condition, especially with regard to stimulating interest in both the intramural and extramural research community and ensuring adequate representation of vulvodynia experts on peer-review panels. The Committee expects to be updated on progress in these areas in the fiscal year 2013 congressional budget justification. The Committee also notes that vulvodynia often coexists with other persistent pain conditions, including interstitial cystitis, fibromyalgia, temporomandibular joint and muscles disorders, irritable bowel syndrome, endometriosis, headache, and chronic fatigue syndrome. The Committee strongly urges the creation of a trans-NIH research initiative that will support studies aimed at identifying common etiological pathways among these disorders, with the goal of developing potential therapeutic targets.

NATIONAL EYE INSTITUTE

Appropriations, 2011	$700,828,000
Budget estimate, 2012	719,059,000
Committee recommendation	692,938,000

The Committee recommendation includes $692,938,000 for the National Eye Institute [NEI]. The budget request for fiscal year 2012 is $719,059,000 and the comparable level for fiscal year 2011 is $700,828,000.

Age-Related Macular Degeneration [AMD].—The Committee commends NEI for conducting the Comparison of AMD Treatments Trial, a comparative effectiveness trial of the two leading anti-angiogenic drug therapies currently used to treat the "wet" form of AMD.

Diabetic Eye Disease.—The Committee acknowledges the NEI Diabetic Retinopathy Clinical Research Network's results that laser treatment for diabetic macular edema, when combined with anti-angiogenic drug treatment, is more effective than laser treatment alone, and notes that this finding will revolutionize the standard

of care that has been in place for the past 25 years. With NIDDK leading a new NIH strategic plan to combat diabetes, NEI's research through its various diabetic eye disease networks will be more important than ever.

Genetic Basis of Eye Disease.—The Committee commends NEI for elucidating the genetic basis of devastating eye diseases, such as AMD, retinitis pigmentosa and glaucoma. The Committee is pleased that, building upon the first successful use of genome-wide association studies [GWAS] to determine the increased risk of developing AMD from gene variants, NEI has created a new International AMD Genetics Consortium to bring together researchers to share and analyze GWAS results to further determine the genetic basis of the disease.

Translational Research.—The Committee commends NEI's translational research initiatives through partnerships with other ICs, other agencies within HHS, and private funding organizations. The Committee acknowledges NEI's leadership of the human gene therapy clinical trial for neurodegenerative eye disease Leber Congenital Amaurosis, which has indicated that the treatment is safe and produces lasting visual improvement, and it is pleased that NEI is expanding the trial to younger patients with less severe disease.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2011	$683,724,000
Budget estimate, 2012	700,537,000
Committee recommendation	676,033,000

The Committee recommendation includes $676,033,000 for the National Institute of Environmental Health Sciences [NIEHS]. The budget request for fiscal year 2012 is $700,537,000 and the comparable level for fiscal year 2011 is $683,724,000.

Multidisciplinary Research.—The Committee notes that research conducted through NIEHS is steadily revealing previously unrecognized influences of environmental exposures on a wide range of diseases and conditions, including breast cancer, autism, obesity, asthma and chemical sensitivities, and has the potential to lead to novel methods of preventing, detecting and treating disease. The Committee commends NIEHS for its research across many disease areas, including the Institute's translational and community-based studies, and involving those living in rural communities.

Public Health Hazards.—The Committee recommends that NIEHS address the public health hazards associated with exposure to volcanoes, such as on the Big Island of Hawaii, and continue efforts to evaluate the health impact of natural environmental hazards.

NATIONAL INSTITUTE ON AGING

Appropriations, 2011	$1,100,481,000
Budget estimate, 2012	1,129,987,000
Committee recommendation	1,088,091,000

The Committee recommendation includes $1,088,091,000 for the National Institute on Aging [NIA]. The budget request for fiscal year 2012 is $1,129,987,000 and the comparable level for fiscal year 2011 is $1,100,481,000.

Age-Related Bone Loss.—The Committee supports the Institute's continuing Biology of Aging Program and appreciates the focus on developing a further understanding of aging processes, health and longevity. Given the demographics of our rapidly aging population, a continuing need exists for new therapeutic approaches to prevent and treat age-related bone loss, fractures and other metabolic bone diseases, including osteogenesis imperfecta, glucocorticoid-induced osteoporosis and bone loss due to kidney disease.

Basic Behavioral Research.—The Committee applauds the Institute's leadership role in the OppNet initiative, which will build a collective body of knowledge about the nature of behavioral systems, deepen the understanding of basic mechanisms of behavioral processes and emphasize the relevance of basic behavioral science research throughout NIH's mission.

Demographic and Economic Research.—The Committee commends NIA for prioritizing support of the Health and Retirement Study [HRS], which includes data from a representative sample of 20,000 Americans aged 50 and over regarding their health and healthcare needs, income and savings, and work and retirement plans. NIA is especially encouraged to continue its successful collaboration and co-funding agreements for the HRS with the Social Security Administration. The Committee commends NIA's initiative in developing comparable international surveys, particularly in countries that have aged faster than the United States. The Committee anticipates important research advances regarding gene-environment interactions once the genome-wide array study of the HRS sample is fully implemented.

Life Course Perspectives.—The Committee encourages NIA to maintain its important emphasis on life course studies, which focus on how transitions among family and other relationships may affect health, healthcare and aging.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2011	$534,349,000
Budget estimate, 2012	547,891,000
Committee recommendation	528,332,000

The Committee recommendation includes $528,332,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. The budget request for fiscal year 2012 is $547,891,000 and the comparable level for fiscal year 2011 is $534,349,000.

Marfan Syndrome.—The Committee encourages NIAMS to expand support for research on the multi-body system disorder Marfan syndrome, including musculoskeletal and extracellular matrix biology studies.

Scleroderma.—The Committee continues to prioritize research on scleroderma and commends the Institute for its ongoing efforts in this area. The Committee notes the high mortality associated with pulmonary complications from scleroderma, and it encourages NIAMS to collaborate with NHLBI on this important issue.

Temporomandibular Joint [TMJ] Disorders.—Many people who have TMJ disorders suffer from conditions that routinely affect other joints in the body, such as trauma and arthritis. Therefore,

the Committee calls on NIAMS to collaborate with NIDCR to study the jaw anatomy and physiology and the complex neural, endocrine and immune system interactions that orchestrate jaw function and trigger jaw joint pathology. NIAMS should integrate findings from studies of the structure, mechanical function, metabolism and blood flow of bone, joints and muscles with studies of central and peripheral neural pathways, as well as the endocrine, paracrine and cytokine factors that impact upon craniofacial structures as a means to understanding the underlying causes of pain and dysfunction. The Committee also urges NIAMS to support comparative studies of the TMJ with other joints that could document similarities and differences at the clinical and molecular levels.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2011	$415,155,000
Budget estimate, 2012	426,043,000
Committee recommendation	410,482,000

The Committee recommendation includes $410,482,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. The budget request for fiscal year 2012 is $426,043,000 and the comparable level for fiscal year 2011 is $415,155,000.

Early Detection, Diagnosis and Intervention.—The Committee urges NIDCD to continue to study the speech, language, voice, auditory and psychosocial outcomes of children identified with hearing loss through newborn screening, including evaluation of different sound amplification strategies (including multiple hearing aid fittings) on perception and understanding; the impact of complex listening environments, such as noisy classrooms, on hearing aid performance; and the effects of parental engagement and delivery of services on emotional well-being. The Committee also recommends continuing study of the neurological basis of variability in outcomes in children with cochlear implants.

Hair Cell Regeneration.—The Committee continues to place a high priority on research involving inner ear hair cell regeneration and stem cells. It applauds NIDCD's development of a system for making what appear to be functional hair cells from stem cells and recommends further studies in this area. The Committee encourages continuing development of in vitro assays to identify molecules involved in the differentiation of adult and embryonic stem cells into specific cell types used in communication, as well as research on how to regenerate connections between nerve cells that project to the brain and replacement hair cells. Also advocated are the continuation of gene transfer studies that have shown transcription factors are able to induce some non-sensory cells within the cochlea to develop as neurons.

Hearing Aids and Cochlear Implants.—The Committee is pleased that NIDCD has launched a series of research initiatives between clinicians and researchers based on recommendations from a 2009 NIDCD Working Group on Accessible and Affordable Health Care for Adults with Mild to Moderate Hearing Loss. The Committee urges continuing collaborations between industry, scientists, clinicians and consumers in the area of low-cost hearing aids so that

more of the population who need hearing aids can obtain them at affordable costs. The Committee is aware that some individuals need alternative hearing prostheses and therefore recommends additional studies evaluating the "bimodal" option of an implant in one ear and a hearing aid in the other as well as the option of implanting a short electrode, which combines electric and acoustical stimulation in the same ear.

Synapse Function.—The use of hearing aids and cochlear implants may be limited by dramatic changes in synapse connections following developmental hearing loss. Recognizing this, the Committee supports research on genetic and cellular mechanisms of normal synapse function and on approaches to prevent or reverse deafness-caused disruptions that affect one's ability to benefit from aids or implants.

Hearing Impairment Among Children and Young Adults.—The Committee urges additional research on children and young adults with unilateral hearing loss [UHL] from all modes of injury. In particular, it recommends further studies on educational and behavioral problems among children with UHL and development of strategies to minimize this risk. The Committee also supports additional research to understand the susceptibility of adolescents and young adults to develop noise-induced hearing loss. The Committee commends NIDCD for its public education efforts about the dangers of hearing loss from noise exposure, especially the "It's a Noisy Planet. Protect Their Hearing" campaign, which was expanded to include Spanish language publications.

Hereditary Hearing Loss.—The Committee encourages additional efforts by NIDCD to identify and understand the structure, function and regulation of genes whose mutation results in deafness and other communication disorders.

Noise-Induced Hearing Loss.—The Committee continues to put a high priority on better understanding and preventing noise-induced hearing loss. In particular, the Committee encourages NIDCD to support environmental and genetics studies assessing predisposition to noise-induced hearing loss and additional research on the use of antioxidants and other micronutrients to prevent cell death in the inner ear. Genetic and proteomic studies in zebrafish concerning the effect of ototoxic drugs on hair cells are also encouraged.

Otitis Media.—The Committee recognizes the threat to infants' and children's health and development from ear infection, or otitis media. The Committee therefore urges NIDCD to accelerate its research on the pathogenesis of ear infection and its consequences. In particular, it urges additional studies of genetic risk factors, new treatments for chronic and recurrent otitis media, and new methods for the delivery of drugs to the middle ear.

Plasticity.—The Committee continues to support research on functional changes of neurons and synapses of the central auditory nervous system during development and following hearing loss. Specifically, the Committee encourages the continuation of brain-imaging research in children with severe to profound unilateral hearing loss to understand the reorganization that occurs to process sound, speech and language, as well as experiments in animals to understand perceptual and neural coding changes in the audi-

tory cortex during conductive hearing loss and after restoration of normal hearing.

Presbycusis.—The Committee urges NIDCD to continue multidisciplinary physiological and neurological studies of the peripheral and central mechanisms of presbycusis, or age-related hearing loss. It commends NIDCD's support of a P50 Specialized Center on Experimental and Clinical Studies of Presbycusis. The Committee also recommends support for temporal bone banks so that inner ear bones from individuals diagnosed with presbycusis can be studied.

Tinnitus.—The Committee urges NIDCD to address the lack of knowledge about the specific neural dysfunction responsible for tinnitus. It also encourages research on the prevention, treatment and cure of this prevalent disorder, including identifying chemicals to prevent development of chronic tinnitus; developing preventative delivery methods for ototoxic drugs; and discovering treatments to suppress hearing-system hyperactivity.

Translational Research.—The Committee recommends additional research activities and clinical trials on the prevention and treatment of hearing loss from noise, drugs, aging, and genetic causes, and translation of these studies to therapies. Clinical trials relevant to Meniere's disease, sudden deafness and autoimmune inner ear disease are encouraged.

Usher Syndrome.—The Committee encourages NIDCD to continue to support genetic research into Usher syndrome, the most common condition that affects both hearing and vision.

Vestibular Research.—The Committee continues to urge the NIDCD to conduct vestibular research in animal models and humans.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2011	$144,381,000
Budget estimate, 2012	148,114,000
Committee recommendation	142,755,000

The Committee recommendation includes $142,755,000 for the National Institute of Nursing Research [NINR]. The budget request for fiscal year 2012 is $148,114,000 and the comparable level for fiscal year 2011 is $144,381,000.

Science-Driven Practice.—The Committee supports NINR's efforts to prepare faculty researchers, who are desperately needed to educate new nurses. NINR's continued commitment to the science-driven practice of the nursing profession remains vital to preventing disease, improving quality patient care, and ensuring the proper training and development of nurse researchers.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2011	$458,286,000
Budget estimate, 2012	469,197,000
Committee recommendation	453,127,000

The Committee recommendation includes $453,127,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. The budget request for fiscal year 2012 is $469,197,000 and the comparable level for fiscal year 2011 is $458,286,000.

Underage Drinking Initiatives.—The Committee applauds NIAAA's continued focus on underage alcohol use and college binge

drinking research. The Committee urges NIAAA to continue research to evaluate campus-based programs that seek to reduce drinking and related problems among college students using both individual and environmental approaches, including mandated intervention and/or treatment and community partnerships that involve heavy publicity and highly visible enforcement. The Committee recognizes the critical role of psychological research in understanding drinking behavior and in developing behaviorally based interventions as well as the demonstrated effectiveness of those interventions alone or in combination with pharmacotherapy.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2011	$1,050,542,000
Budget estimate, 2012	1,080,018,000
Committee recommendation	1,038,714,000

The Committee recommendation includes $1,038,714,000 for the National Institute on Drug Abuse [NIDA]. The budget request for fiscal year 2012 is $1,080,018,000 and the comparable level for fiscal year 2011 is $1,050,542,000.

Blending Initiative.—The Committee is concerned that NIDA has reduced funding for activities that help State substance abuse agencies infuse into the Nation's publicly funded substance abuse system the knowledge gained by NIDA's research. In particular, the Committee is concerned that NIDA reduced funds for its Blending Initiative, which supported a dialogue between NIDA, SAMHSA and State substance abuse agencies on "research to practice" and "practice to research" activities. The Committee urges NIDA to allocate funding to re-engage State substance abuse agencies on this important issue.

Education.—The Committee encourages NIDA to continue its work in the area of education to inform people of all ages of the detriment to society that drug abuse causes in terms of pronounced effects on health and the extensive expense to the economy of the Nation.

Medications Development.—The Committee encourages NIDA to use all available mechanisms, including the Small Business Innovation in Research program, to expand support for medications development to treat diseases of drug abuse and addiction.

Military Personnel, Veterans, and Their Families.—The Committee commends NIDA for its successful efforts to coordinate and support research with the Department of Veterans Affairs and other NIH institutes on substance abuse and associated problems among U.S. military personnel, veterans and their families. Many military personnel need help confronting war-related problems including traumatic brain injury, post-traumatic stress disorder, depression, anxiety, sleep disturbances, and substance abuse, including tobacco, alcohol and other drugs. Many of these problems are interconnected and contribute to individual health and family relationship crises, yet there has been little research on how to prevent and treat the unique characteristics of wartime-related substance abuse issues. The Committee commends NIDA for this crucial work.

Prescription Drug Abuse.—The Committee applauds the Committee for its continued effort to halt prescription drug abuse. This

effort requires the cooperation of many components of the Federal Government, but NIDA should maintain its comprehensive leadership role in this important area.

Substance Abuse by Teenagers.—The Committee urges NIDA to concentrate its effort to reverse the recent increase in experimentation in substance abuse by teenagers. This effort will require innovative approaches in the education, prevention and treatment arenas.

Translational Research.—The Committee recognizes the value of the translational research funded by NIDA, which includes preventive and treatment modalities directed toward a decrease in drug experimentation and most importantly the development of treatments for the diseases of drug dependence.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2011	$1,477,292,000
Budget estimate, 2012	1,517,006,000
Committee recommendation	1,460,671,000

The Committee recommendation includes $1,460,671,000 for the National Institute of Mental Health [NIMH]. The budget request for fiscal year 2012 is $1,517,006,000 and the comparable level for fiscal year 2011 is $1,477,292,000.

HIV/AIDS Behavioral Research.—The Committee supports NIMH's critical work in developing behavioral interventions to prevent the spread of HIV/AIDS across multiple populations as well as addressing co-morbid mental and substance abuse disorders. The Committee recognizes that new research is needed to ensure the long-term maintenance of behavior changes as HIV/AIDS has become a chronic disease. Behavioral research aimed at reducing the likelihood of HIV infection should include structural, environmental and socioeconomic variables to ensure that research-based interventions can be evaluated as appropriate for racial and ethnic minority populations.

Premature Mortality.—The Committee continues to be concerned about premature mortality and lower life expectancy experienced by adults living with serious mental illness as result of treatable medical conditions such as cardiovascular, pulmonary, endocrine, and infectious diseases. The Committee urges NIMH to collaborate with other institutes including NIDDK and NHLBI on a focused research program into the causes and interventions needed to address this crisis. The Committee requests an update on this topic in the fiscal year 2013 budget justification.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2011	$511,497,000
Budget estimate, 2012	524,807,000
Committee recommendation	505,738,000

The Committee recommendation includes $505,738,000 for the National Human Genome Research Institute [NHGRI]. The budget request for fiscal year 2012 is $524,807,000 and the comparable level for fiscal year 2011 is $511,497,000.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2011	$313,802,000
Budget estimate, 2012	322,106,000
Committee recommendation	333,671,000

The Committee recommendation includes $333,671,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB]. The budget request for fiscal year 2012 is $322,106,000 and the comparable level for fiscal year 2011 is $313,802,000.

The recommended increase for NIBIB over the fiscal year 2011 level results from the planned transfer of several grants focused on point-of-care diagnostics and biomedical imaging from NCRR.

NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 2011	$1,257,754,000
Budget estimate, 2012	1,297,900,000
Committee recommendation	.....

The Committee recommends eliminating the National Center for Research Resources [NCRR] as part of its plan to create NCATS. The budget request for fiscal year 2012 is $1,297,900,000 and the comparable level for fiscal year 2011 is $1,257,754,000.

The Committee recommendation includes sufficient funding to accommodate the transfer of programs currently administered by NCRR to NIGMS, NIBIB, NIMHD, NHLBI and OD.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

Appropriations, 2011	$127,713,000
Budget estimate, 2012	131,002,000
Committee recommendation	126,275,000

The Committee recommendation includes $126,275,000 for the National Center for Complementary and Alternative Medicine [NCCAM]. The budget request for fiscal year 2012 is $131,002,000 and the comparable level for fiscal year 2011 is $127,713,000.

Access to Natural Product Collections.—The Committee supports the efforts of NCCAM to increase its access to comprehensive and professionally organized natural product libraries, as such collections represent valuable research resources to facilitate the efficiency and cost-effectiveness of the Center's research program.

Behavioral Interventions.—The Committee commends NCCAM's support of research on the cognitive and emotional effects of mindfulness meditation, and it encourages the Center to collaborate with other institutes and centers to explore additional behavioral interventions.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2011	$209,713,000
Budget estimate, 2012	214,608,000
Committee recommendation	272,650,000

The Committee recommendation includes $272,650,000 for the National Institute on Minority Health and Health Disparities [NIMHD]. The budget request for fiscal year 2012 is $214,608,000 and the comparable level for fiscal year 2011 is $209,713,000.

The bill includes new language allowing the planned transfer of the Research Centers in Minority Institutions program from NCRR. This transfer accounts for most of the recommended increase for NIMHD over the fiscal year 2011 level.

Diabetes.—The Committee urges NIMHD to expand, intensify and support ongoing research and other activities with respect to pre-diabetes and diabetes, particularly type 2 diabetes, in minority populations, including research to identify clinical, socioeconomic, geographical, cultural and organizational factors that contribute to diabetes in such populations. Specifically, the Committee encourages the Institute to support research on behavior and obesity; environmental factors that may contribute to the increase in type 2 diabetes in minorities; environmental triggers and genetic interactions that lead to the development of type 2 diabetes in minority newborns; genes that may predispose individuals to the onset of type 1 and type 2 diabetes and its complications; methods and alternative therapies to control blood glucose; and diabetic and gestational diabetic pregnancies in minority mothers. The Committee also asks that NIH, through NIMHD and the National Diabetes Education Program, mentor health professionals to be more involved in weight counseling, obesity research and nutrition; provide for the participation of minority health professionals in diabetes focused research programs; and encourage increased minority representation in diabetes-focused health fields.

Glomerular Diseases.—The Committee notes that African-Americans are five times more likely to develop glomerular diseases, such as focal segmental glomerulosclerosis [FSGS], than Caucasians. The Committee urges NIMHD to collaborate with NIDDK on this important issue.

Obesity.—The Committee strongly urges NIH to continue to support research to identify and reduce health disparities, including studies focusing on populations at disproportionate risk for obesity and its accompanying health consequences such as, but not limited to, cancer, diabetes and cardiovascular disease. To effectively address the problem of obesity and its health consequences, the Committee requests that NIMHD intensify its investment in obesity research and review the benefits of establishing a Comprehensive Center of Excellence for Obesity Research and Prevention. Further, the Committee urges NIH to develop a trans-NIH strategy for obesity research that is coordinated and has a significant health disparity obesity research focus coordinated through NIMHD. This comprehensive approach will critically and systematically explore the causes and potential solutions for health disparities in obesity. Studies should focus on regions with populations at disproportionate risk for obesity and its health consequences, in particular populations most affected—racial and ethnic minorities, low-income populations and rural populations—and include regional analysis. The Committee requests NIH to participate in a trans-HHS working group that sets measurable objectives based on scientific data and information that leverages the appropriate HHS agencies like AHRQ and CDC in order to improve dissemination and implementation of scientific information to clinicians and community organizations to aggressively improve obesity rates in health disparate populations.

Scleroderma.—The Committee commends the Institute for establishing the Exploratory Centers of Excellence Program and is pleased that health disparities research related to scleroderma will be prioritized.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

Appropriations, 2011	$69,436,000
Budget estimate, 2012	71,328,000
Committee recommendation	68,653,000

The Committee recommendation includes $68,653,000 for the Fogarty International Center [FIC]. The budget request for fiscal year 2012 is $71,328,000 and the comparable level for fiscal year 2011 is $69,436,000.

The Committee continues to support FIC's efforts to foster long-term research and training partnerships between U.S. research institutions and those in developing countries.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2011	.....
Budget estimate, 2012	.....
Committee recommendation	$582,326,000

The Committee recommendation includes $582,326,000 to create the National Center for Advancing Translational Sciences [NCATS].

NCATS will house several programs that are currently administered by and/or funded through NCRR, NHGRI or OD. They include Clinical and Translational Science Awards [CTSAs], Therapeutics for Rare and Neglected Diseases [TRND], Rapid Access to Interventional Development, the Office of Rare Diseases Research [ORDR] and the NIH–FDA Regulatory Science Initiative.

The recommended appropriation for NCATS is sufficient to fund the above programs at the same level at which they were funded in fiscal year 2011. The Committee especially urges no reduction in funding for CTSAs.

In addition, the Committee includes $20,000,000 to create the Cures Acceleration Network [CAN], which was authorized in the Patient Protection and Affordable Care Act. The Committee believes this program offers exciting potential to help speed the translation and application of promising new treatments for diseases. CAN is authorized to make grants to biotech companies, universities and patient advocacy groups to target new discoveries that have shown potential at the laboratory level but have not advanced far enough to attract significant investments from the private sector. Specifically, CAN will focus on funding the development of "high need cures," which are defined as drugs, biological products or medical devices that the NIH Director determines to be a priority "to diagnose, mitigate, prevent, or treat harm from any disease or condition, and for which the incentives of the commercial market are unlikely to result in its adequate or timely development." CAN is also intended to reduce the barriers between laboratory discoveries and clinical trials for new therapies and facilitate FDA review for the high need cures funded by this initiative.

Two types of awards are authorized—grant awards and partnership awards, the latter of which require a $1 to $3 match. Up to 20 percent of the appropriated funds may be used to obligate funds through "other transactions," which are funding agreements or mechanisms that are not grants, contracts, or cooperative agreements, and are intended to provide additional flexibility akin to that of the Department of Defense's Defense Advanced Research Projects Agency [DARPA].

Behavioral Research.—The Committee encourages NCATS to include staff expertise and resources to manage research on the translation of behavioral interventions into communities.

Clinical and Translational Science Awards [CTSAs].—The Committee is encouraged by the success of the CTSA consortium and strongly recommends that the program be fully funded, consistent with professional judgment, as it nears full implementation. As the CTSA program transitions to NCATS, the Committee urges the NIH Director to ensure that the current focus on the full spectrum of translational research is maintained. The inclusion of patient-centered outcomes research, community engagement, training, dissemination science, and behavioral research is extremely important to the translation and application of basic science discoveries and success of the CTSAs.

Drug Repurposing.—There are over 11,000 commercial compounds that are in a pool of late-stage, pre-clinical through phase III clinical trials that have been tested in humans, but whose development has been discontinued by pharmaceutical companies. By leveraging existing compounds, researchers and industry can develop new treatments for patients. The Committee encourages NIH to work with pharmaceutical companies to support drug repurposing and the sharing of compounds; in particular, NIH is encouraged to develop guidelines for drug repurposing technology transfer agreements.

Dystonia Coalition.—The Committee commends ORDR for the work conducted in the Rare Diseases Clinical Research Network and requests an update on the patient registry of the Dystonia Coalition.

Hereditary Angioedema [HAE].—The Committee encourages ORDR and relevant Institutes and Centers to expand research on HAE, a rare and potentially life-threatening genetic condition. In particular, the Committee urges ORDR to support a scientific conference on HAE, with the goal of identifying research opportunities and priorities for this disease.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2011	$336,733,000
Budget estimate, 2012	387,153,000
Committee recommendation	358,979,000

The Committee recommendation includes $358,979,000 for the National Library of Medicine [NLM]. The budget request for fiscal year 2012 is $387,153,000 and the comparable level for fiscal year 2011 is $336,733,000. An additional $8,200,000 is made available from program evaluation funds. Of the funds provided, $4,000,000 is for the improvement of information systems, to remain available until expended.

The Committee recommendation allows that additional funding for the National Center for Biotechnology Information and support for the Public Access program may be provided directly to NLM. Under current practice, some of this funding is provided to NLM through a small tap on ICs.

OFFICE OF THE DIRECTOR

Appropriations, 2011	$1,166,963,000
Budget estimate, 2012	1,298,412,000
Committee recommendation	1,439,064,000

The Committee recommendation includes $1,439,064,000 for the Office of the Director [OD]. The budget request for fiscal year 2012 is $1,298,412,000 and the comparable level for fiscal year 2011 is $1,166,963,000.

The recommended increase for OD over the fiscal year 2011 level results from several changes connected to the planned elimination of NCRR. OD will now house the Comparative Medicine Program, including National Primate Research Centers; shared and high-end instrumentation; Science Education Partnership Awards; and selected other programs that are currently administered by NCRR.

The Committee recommendation is sufficient to allow up to $189,215,000 to be used for continuation of the National Children's Study.

The Committee recommends $537,811,000 for the Common Fund. The budget request is $556,890,000 and the fiscal year 2011 level is $543,021,000.

Angiogenesis.—The Committee encourages NIH to support research that will determine the role angiogenesis may have in disease prevention and intervention. The Trans-Institute Angiogenesis Research Program should implement a vigorous agenda that examines current angiogenesis therapies in order to improve outcomes. In particular, the Committee urges NCI to take a leading role in examining angiogenic levels in the body prior, during and after treatments. The Committee urges NIH to use current population studies to determine the angiogenic effect of medication, diet and lifestyle. In addition, all relevant institutes are urged to coordinate efforts to study the correlation of platelet proteomes to angiogenesis with the goal of developing a health marker.

Autism.—The Committee encourages NIMH, NINDS and NICHD to expand their support for the development of clinically based therapeutics for autistic children through the use of a variety of mechanisms, including grants, contracts and the Small Business Innovation in Research program.

Black Scientists.—The Committee is deeply disturbed by the recent study which found that between 2000 and 2006, black scientists were much less likely to win approval of R01 grants than white scientists, even after controlling for the education level of the applicants and the academic institution where they work. Also of concern is the disproportionately low number of black researchers who applied for a grant—just 1.5 percent of all applicants. In addition, the study raises questions about the effectiveness of NIH's graduate and postgraduate training, as black researchers do not seem to benefit from this training as much as white researchers do. The Committee notes that NIH itself funded this study and that

the agency appears to be responding with significant actions designed to redress the disparities. Ultimately, however, NIH will be judged on whether the disparities are reduced. The Committee requests an update on this issue in the fiscal year 2013 congressional budget justification.

Bone Research.—The Committee urges the Director to work with all relevant institutes to enhance interdisciplinary research leading to targeted therapies for improving bone density, quality and strength for all Americans. More scientific knowledge is needed in a number of key areas involving bone and muscle, fat and the central nervous system. Research is also urgently needed to improve the identification of populations who might require earlier treatment because they are at risk of rapid bone loss due to a wide range of conditions or diseases, including obesity, diabetes, chronic renal failure, cancer, HIV, conditions that affect absorption of nutrients or medications, or addiction to tobacco, alcohol or other opiates. The Committee also encourages NIH to develop a plan to expand genetics and other research on rare bone diseases, including: osteogenesis imperfecta, Paget's disease of bone, fibrous dysplasia, osteopetrosis, fibrous ossificans progressiva, melorheostosis, X-linked hypophosphatemic rickets, multiple hereditary exostoses and multiple osteochondroma.

Chemical Risk Assessment.—The Committee understands that NIH supports a new approach on chemical risk assessment based on the incorporation of advanced molecular biological and computational methods in lieu of animal toxicity tests as outlined in a recent National Research Council report. As part of that effort, the Committee encourages NIH to continue to support extramural and "proof of concept" studies on the use of toxicity pathway analyses for assessing human risks to chemical exposures. The Committee requests an update on these efforts in the fiscal year 2013 congressional budget justification.

Chimpanzees.—The Committee is eagerly anticipating the release later this year of the Institute of Medicine's analysis of whether chimpanzees should continue to be used in medical research.

Chronic Fatigue Syndrome [CFS].—The Committee commends NIH for holding a state of the knowledge workshop on CFS in 2011. Within 1 year following that workshop, the Committee urges NIH to develop a CFS research plan outlining a coordinated strategy for intramural and extramural research on CFS and related funding opportunity announcements. Further, the Committee supports the development of a CFS research database to catalogue the intramural and extramural NIH research funding that has been awarded for CFS research to date and the resulting advances.

Class B Animal Dealers.—The Committee is encouraged by the steps NIH is taking to increase the capacity of Class A vendors to supply the types of dogs that currently come from Class B random source dealers; to notify its grant recipients that as of 2015, the use of NIH grant funds to acquire dogs from Class B dealers will be prohibited; and to advise its grantees to identify new sources for such animals. The Committee urges NIH to set 2015 as the outside target date for completing this process. Meanwhile, NIH has informed the Committee that no phase-out of cats from Class B vendors is needed, because sufficient numbers of cats currently are

available through Class A vendors to support the needs of NIH-supported research. If there is already no need for Class B cats in NIH-funded research, the Committee sees no reason why NIH should wait until Class B dogs are prohibited—a process that will take at least 3 years—to prohibit the use of Class B cats as well. The Committee therefore expects NIH to begin informing researchers of this policy as soon as possible and requests an update in the fiscal year 2013 congressional budget justification.

Cystic Fibrosis [CF].—While the life expectancy of CF patients has slowly improved, the Committee remains concerned regarding the severe morbidity and early mortality associated with the condition and acknowledges that improvements to date have largely focused on enhanced supportive care. The Committee cites the strong need for further research regarding treatments that target the underlying cause of CF and recognizes that protein structural studies may advance the understanding of the mechanisms of action of CF drugs in clinical development. The Committee encourages support for such protein structural studies and encourages the use of new technologies to discover, develop and characterize the effect of new treatments, including the use of airway imaging to characterize the function of the airways. The Committee also notes the potential for research in CF to have applications on a wide array of human diseases, and urges continued work to identify the applications of CF treatments to other disease states.

Eosinophil-Associated Disorders.—The Committee urges NIH to prioritize research on eosinophilic disorders and develop a trans-institute strategy involving NIAID, NIDDK, NICHD and NIMH. Multidisciplinary research efforts are needed to develop improved methods of diagnosis and treatment in adults and children and to assess strategies for managing depression and emotional stress in patients with severe eosinophilic disorders. NIH should seek opportunities to collaborate with private sector organizations on this initiative. The Committee requests an update on this effort in the fiscal year 2013 congressional budget justification.

Fragile X.—The Committee urges NIH, working with NICHD, the Fragile X Clinical Research Consortium and the private research sector, to fully implement the NIH Research Plan on Fragile X Syndrome and Associated Disorders. NIH is encouraged to support translational research that shows significant promise of safer and more effective treatments for the various Fragile X-associated disorders. The Committee requests an update in the fiscal year 2013 congressional budget justification regarding the status of federally funded registry initiatives and how they might be coordinated.

Global Rare Diseases Patient Registry and Data Repository.—The Committee commends NIH for its plans to develop the Global Rare Diseases Patient Registry and Data Repository [GRDR]. The Committee understands that a pilot program of the GRDR will include the creation of an infrastructure for an Internet-based platform to aggregate de-identified patient data from existing and newly established rare diseases registries and the development of a web-based template to allow any patient group to establish its own patient registry. The purpose of this pilot program is to develop a resource for patient support organizations and the scientific community, aca-

demic centers and industry in the United States and globally to mine the de-identified, aggregate data for various medical research studies, including clinical trials. The Committee encourages NIH to consider Duchenne muscular dystrophy and glomerular disease for inclusion in the pilot program.

Hereditary Hemorrhagic Telangiectasia [HHT].—The Committee urges the Director to bring together representatives from NHLBI, NINDS, NIDDK, NIAMS, NICHD, NCI and ORDR to develop a coordinated strategy for advancing research on HHT, particularly regarding translational research and early detection and intervention.

Human Tissue Supply.—The Committee remains committed to matching the increased needs of NIH-funded researchers, both intramural and extramural, who rely upon human tissues and organs to study human diseases, both normal and rare, and strive to translate research advances and discoveries into treatments and cures. Furthermore, the Committee recognizes that meeting the national demand of production of high-quality biospecimens in a timely manner is crucial to advancing translational research across all institutes and centers. Therefore, the Committee urges the Director to maintain core and trans-NIH support for its nationwide human tissue and organ procurement network.

Inflammatory Bowel Disease [IBD].—The Committee commends NIH for its support of the Human Microbiome Project and notes the significance of this groundbreaking research in advancing the understanding of inflammatory bowel disease. The Committee encourages NIH to expand research in this area in collaboration with the IBD scientific community. In particular, the Committee supports expanded genetic and clinical studies of pediatric patients.

Interdisciplinary Research Consortia and the NeuroTherapeutics Research Institute.—The Committee encourages NIH to continue its initial investments in the development of the Interdisciplinary Research Consortia, in particular the NeuroTherapeutics Research Institute.

Lymphatic Research and Lymphatic Disease.—The Committee commends the trans-NIH Coordinating Committee for Lymphatic Research [CCLR] for its efforts. Nevertheless, stronger oversight and engagement is needed from the leadership of the Office of the Director and the ICs to help make more meaningful advances into the lymphatic system and lymphatic diseases, as the Committee has requested for many years. In particular, the Committee requests explicit, prospective, actionable plans and implementation strategies for each of the 2007 CCLR Working Group Recommendations that detail the prospective roles that each pertinent Institute and Center would undertake. A particular emphasis is needed on the plans for the patient registry/tissue bank; clinical and experimental imaging initiatives; the incorporation of additional expertise in lymphatic biology/disease in the pertinent CSR study sections; and the creation of programs to train new investigators in lymphatic research. Furthermore, the Committee urges NIAID and NIAMS to demonstrate greater emphasis on lymphatics.

Mitochondrial Disease.—The Committee appreciates the efforts of NIH to study mitochondrial function and primary mitochondrial disease. Research on primary mitochondrial disease is highly rel-

evant to progress on a host of common diseases and conditions where mitochondrial dysfunction is clearly implicated. The Committee encourages NIH to expand its mitochondrial research portfolio to support the training of young investigators in the field and incorporate researchers with expertise in mitochondrial structure and function into the grants review and priority-setting process. Finally, the Committee urges NIH to take tangible actions to implement the recommendation from NHLBI's 2007 symposium on "Modeling Mitochondrial Dysfunction" that NIH should better coordinate and share the advances that have been made by various ICs regarding mitochondrial disease.

Mobile Technology.—The Committee supports the new initiative by the Office of Behavioral and Social Sciences Research [OBSSR] in the area of mobile technology research to enhance health. The Committee urges that research focus on developing pilot programs to support smoking cessation, the prevention and detection of diabetes, and maternal and child health. The Committee also encourages OBSSR to engage in discussions with the Department of State and USAID to evaluate and consider global initiatives in these areas.

Mucopolysaccharidoses [MPS].—The Committee encourages NINDS, NIDDK, NIAMS and ORDR to expand research efforts in the development of effective treatments for MPS, a group of genetic, progressive disorders that are caused by the absence or malfunctioning of certain enzymes. The Committee also urges all relevant ICs and the ORDR to fund research consortia and support conferences on MPS and lysosomal diseases. The Committee commends NINDS and the ORDR for sponsoring the recent Gordon Research Conference focusing on the basic science of lysosomal biology and function but with strong emphasis on pathogenic mechanisms of lysosomal disease. The Committee also encourages NIAMS to continue to support investigator-initiated research focused on the skeletal complications associated with MPS.

Neurofibromatosis [NF].—NF is an important research area for multiple NIH institutes. As NF is connected to many forms of cancer in children and adults, the Committee encourages NCI to substantially increase its NF research portfolio in pre-clinical and clinical trials by applying newly developed and existing drugs. The Committee also encourages NCI to support NF centers, clinical trials consortia, patient databases, and biospecimen repositories. The Committee urges additional focus from NHLBI, given NF's involvement with hypertension and congenital heart disease. Because NF causes tumors to grow on the nerves throughout the body, the Committee urges NINDS to continue aggressive research on nerve damage and repair. In addition, the Committee continues to encourage NICHD and NIMH to expand funding of clinical trials for NF patients in the area of learning disabilities. Children with NF1 are prone to the development of severe bone deformities, including scoliosis; the Committee therefore encourages NIAMS to expand its NF1 research portfolio. The NIDCD is urged to expand its research on NF2, which accounts for approximately 5 percent of genetic forms of deafness. The Committee encourages the NEI to support research on the treatment of optic gliomas, vision loss and cataracts, major clinical problems associated with NF. Finally, the

Committee encourages NHGRI to expand its NF portfolio, as NF represents an ideal model to study the genomics of cancer predisposition, learning and behavior, and bone disease.

OppNet.—The Committee encourages NIH to continue its support of the NIH Basic Behavioral and Social Science Opportunity Network [OppNet] and requests an update on the network's progress in the fiscal year 2013 congressional budget justification.

Overlapping Chronic Pain Conditions.—The Committee recognizes that NIH has taken seriously its repeated calls for an improved and expanded research effort to better understand overlapping chronic pain conditions including chronic fatigue syndrome, endometriosis, fibromyalgia, headache, interstitial cystitis, irritable bowel syndrome, temporomandibular joint and muscle disorders, and vulvodynia. As noted by the IOM report on pain released in June, these poorly understood and neglected conditions impact 50 million American women and cost the Nation $80,000,000,000 annually, an amount that could be substantially reduced with improved research, education and care. The Committee is aware that initial progress is being made toward the development and implementation of a trans-NIH research initiative to support studies aimed at identifying etiological pathways of these overlapping conditions, with the goal of identifying potential therapeutic targets, and expects further substantial progress to be made this fiscal year. This will require continued and expanded efforts by all the relevant ICs. The Committee urges NINDS to take the lead on this effort.

Pain.—The Committee has for many years encouraged a stronger emphasis on pain research at NIH, and so it notes with great interest the recent Institute of Medicine report "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research." The report, which was mandated by the Patient Protection and Affordable Care Act and funded by NIH, estimates that chronic pain afflicts at least 116 million adults in the United States and costs the Nation between $560,000,000,000 and $635,000,000,000 a year, of which $99,000,000,000 is borne by the Federal Government and States. The report documents the growing recognition that chronic pain can be a disease in itself, causing changes throughout the nervous that often worsen over time. Nevertheless, the biological and psychological aspects of pain, as well as its diagnosis, treatment and prevention, remain poorly understood. NIH took a first step toward addressing these questions in a systematic way by creating the NIH Pain Consortium in 2003. Eight years later, it is clear that NIH must do more. Although every Institute and Center deals in some way with pain, none of them "owns" this critical area of research. If that is to be responsibility of the Pain Consortium rather than an individual IC, then the consortium needs more resources, more staffing and a more elevated status within NIH. The IOM report concludes that "there needs to be a transformation in how pain research is conducted and that the Pain Consortium should take an even more proactive role in effecting that transformation." In addition, the report recommends that the consortium should hold "more frequent, regular, structured and productive meetings" and improve the process for reviewing grant proposals related to pain, and that NIH should

consider the possibility of identifying a lead IC on pain. The Committee requests a response to the IOM recommendations in the fiscal year 2013 congressional budget justification.

Pediatric Low-Grade Astrocytoma [PLGA].—The Committee understands that current treatments for PLGA, a slow-growing children's brain cancer, are invasive, toxic and largely ineffective, and have not advanced in almost 25 years. Therefore, the Committee urges NCI, NINDS, NIBIB, and ORDR to accelerate the pace of expansion of the pediatric cancer research portfolio by creating research priorities with a sequential agenda and timeline, and facilitating the collaboration of organizations (both public and private) already funding related research initiatives. The Committee further encourages the institutes to prioritize targeted translational research projects that will help identify chemical compounds or combination therapies for use as more effective, less toxic treatments. The Committee requests an update on these efforts in the fiscal year 2013 congressional budget justification.

Primate Research.—The Committee continues to support the National Primate Research Centers, which allow NIH-supported scientists to conduct nonhuman primate research in the pursuit of improving human health.

Product Development Partnerships.—Public-private partnerships, including product development partnerships [PDPs], can both enable critical research and development in the global health arena and create jobs in the United States. The Committee encourages NIH to cultivate PDPs and to work with CDC and other agencies that have a role in advancing global health to identify and pursue other innovative research and development opportunities.

Rehabilitation Research.—The Committee recognizes the need to continue to build a sustainable infrastructure and capacity of emerging scientists in rehabilitation research. The Committee encourages the use of career development awards for emerging scientists, such as physical therapists, to meet this need.

Spina Bifida.—The Committee encourages NIDDK, NICHD and NINDS to study the causes and care of the neurogenic bladder to improve the quality of life of children and adults with spina bifida; to support research to address issues related to treatment, management and associated secondary conditions, such as hydrocephalus; and to invest in understanding the myriad co-morbid conditions experienced by children with spina bifida, including those associated with both paralysis and developmental delay.

Tuberous Sclerosis Complex [TSC].—The Committee continues to encourage additional research on TSC and related neurological disorders. Because TSC serves as a gateway for understanding more prevalent neurological disorders such as autism and epilepsy, the Committee encourages NIH to focus resources on clinical trials for new drug targets for TSC.

Vulvodynia.—The Committee notes that educational materials developed as part of the vulvodynia educational campaign have not been made available to key audiences and urges ORWH to widely disseminate them to federally funded health centers and college health clinics, as well as to the public and patient and medical communities.

OFFICE OF AIDS RESEARCH

The Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative and policy elements of the NIH AIDS research program. The Committee recommendation does not include a direct appropriation for OAR. Instead, funding for AIDS research is included within the appropriation for each Institute, Center and Division of NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of NIH and OAR, be allocated directly to OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the NIH Director and 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 includes bill language permitting OAR to use up to $8,000,000 for construction or renovation of National Primate Research Centers. This is the same as the fiscal year 2011 level and the budget request.

BUILDINGS AND FACILITIES

Appropriations, 2011	$49,900,000
Budget estimate, 2012	125,581,000
Committee recommendation	125,581,000

The Committee recommendation includes $125,581,000, the same as the budget request, for NIH buildings and facilities. The comparable level for fiscal year 2011 is $49,900,000.

The Committee understands that the average age of NIH's 280 buildings is 41 years and that the backlog of maintenance of repair exceeds $1,400,000,000. The Committee recommendation will not be sufficient to drive down the backlog, but it is expected to prevent further degradation of NIH facilities.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 2011	$3,511,081,000
Budget estimate, 2012	3,556,648,000
Committee recommendation	3,484,262,000

The Committee recommends $3,484,262,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2012. The comparable fiscal year 2011 level is $3,511,081,000 and the administration request is $3,556,648,000. The recommendation includes $129,625,000 in transfers available under section 241 of the PHS 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. In addition, the Committee recommends that $88,000,000 in mandatory funds be transferred to SAMHSA from the Prevention and Public Health [PPH] Fund.

SAMHSA's work to improve the provision of mental health and substance abuse services is carried out by three statutorily-created Centers: the Center for Mental Health Services, Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. The Committee does not concur with the administration

proposal to reorganize the Programs of Regional and National Significance [PRNS] function of each center into a single agency-wide account for Innovation and Emerging Issues. The Committee believes the proposed consolidated structure would be detrimental to the specific programmatic and policy expertise of each center, especially as it relates to substance abuse prevention and substance abuse treatment. Therefore, the Committee has provided funding for PRNS under each of the three SAMHSA centers as it has done in previous years.

The Committee has included new bill language that creates separate appropriations for each Center, along with a separate appropriation for cross-cutting Health Surveillance and Program Support activities. In previous years the Committee provided funding to SAMHSA through one agency-wide appropriation. The Committee believes this more detailed appropriation structure better reflects the organization of SAMHSA's programmatic activities and provides for greater transparency and accountability of SAMHSA funding.

The Committee recommendation includes $154,279,000 for grants throughout SAMHSA that fund mental health and substance use treatment services targeted to homeless and at-risk families. Within this total, $14,576,000 is included for a new Homeless Initiative Program with the Department of Housing and Urban Development to provide permanent supportive housing to those who experience chronic, long-term homelessness.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2011	$977,236,000
Budget estimate, 2012	1,020,769,000
Committee recommendation	970,640,000

The Committee recommends $970,640,000 for mental health services. The comparable level for fiscal year 2011 is $977,236,000 and the administration request is $1,020,769,000. The recommendation includes $20,997,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that $45,000,000 in mandatory funds be transferred to the Center for Mental Health Services [CMHS] from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance, the community mental health services 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 $331,680,000 for programs of regional and national significance [PRNS]. The comparable level for fiscal year 2011 is $338,276,000 and the administration request is $273,342,000. In addition, the Committee recommends that $45,000,000 in mandatory funds be transferred to this activity from the PPH Fund. These programs address priority mental health needs through developing and applying evidence-based practices, offering training and technical assistance, providing targeted ca-

pacity expansion grants, and changing the delivery system through family, client-oriented and consumer-run activities.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
CAPACITY:			
Co-Occurring State Incentive Grant	$2,168	$2,168	$2,168
Seclusion & Restraint	2,449	2,449	2,449
Youth Violence Prevention	77,568	94,333	77,568
National Traumatic Stress Network	40,718	11,300	40,800
Children and Family Programs	9,194	6,486	6,486
Consumer and Family Network Grants	6,236	4,966	6,236
MH System Transformation and Health Reform	26,606	10,623	10,623
Project LAUNCH	24,706	.....	34,706
Primary and Behavioral Health Care Integration	27,807	14,000	27,807
Primary & Behavioral Health Integration [PPHF]	35,000	20,000	35,000
Community Resilience and Recovery Initiative	5,000	5,000	.....
Suicide Lifeline	5,522	5,522	5,522
GLS—Youth Suicide Prevention—States	29,374	29,738	29,738
GLS—Youth Suicide Prevention—Campus	4,858	4,975	4,975
Suicide Prevention [PPHF]	10,000	.....	10,000
AI/AN Suicide Prevention Initiative	2,944	2,944	2,944
Homelessness Prevention Programs	30,830	39,696	39,696
Older Adult Programs	2,814	.....	.....
Minority AIDS	9,283	9,283	9,283
Criminal and Juvenile Justice Programs	6,684	6,684	6,684
SCIENCE AND SERVICE:			
GLS—Suicide Prevention Resource Center	4,957	4,957	4,957
Information Dissemination and Training	8,168	7,878	7,878
Consumer & Consumer Support T.A. Centers	1,927	1,927	1,927
Minority Fellowship Program	4,279	4,279	5,099
Disaster Response	904	1,054	1,054
Homelessness	2,306	2,306	2,306
HIV/AIDS Education	974	774	774

Child Trauma.—The Committee reiterates its strong support for the National Child Traumatic Stress Network [NCTSN]. The Committee has provided $40,800,000 under section 582 of the PHS Act to support the continuance of the current model and mission of the NCTSN. This activity provides grants to the National Center for Child Traumatic Stress [NCCTS] and academic, clinical, and community-based centers for the purposes of developing knowledge of best practices, offering trauma training to child-serving providers, and providing mental health services to children and families suffering from PTSD and other trauma-related disorders.

The Committee also recognizes the extraordinary value of the core data set developed by the NCCTS, which identifies the impact of multiple traumas on the lives of children and the effectiveness of evidence-based treatment and services. Within the funding provided, the Committee again provides $1,000,000 for continued data analysis and reports related to the NCCTS core data set. Additional data collection by the NCCTS regarding clinical processes and outcomes could enhance evidence-based practices being utilized through the NCTSN.

Clinical Training.—The Committee is aware that a new clinical accreditation program is being developed by the Psychological Clinical Science Accreditation System to ground training of practi-

tioners in empirically supported treatments. SAMHSA is encouraged to continue its collaboration with relevant professional organizations regarding this program so that those seeking services are assured of receiving scientifically sound treatment.

Disabilities.—The Committee recognizes the important role that SAMHSA plays relative to many Americans with disabilities. Emerging research indicates that persons with severe mental illness experience additional conditions that impact their ability to function within the community. These co-occurring or other functional disorders can include substance use disorder, hidden traumatic brain injury, chronic medical conditions, or other conditions. The Committee urges SAMHSA to continue making a substantial commitment to the development of new interventions and services for individuals with mental health conditions who have co-occurring or multiple disabilities.

Minority Fellowship Program.—The Committee is concerned that while minorities represent 30 percent of the population and are projected to increase to 40 percent by 2025, only 23 percent of recent doctorates in psychology, social work and nursing were awarded to minorities. The Committee also recognizes that professional counselors are highly trained and well-qualified mental health professionals who deliver culturally appropriate behavioral health services to diverse populations. The Committee has provided an increase in funding to allow SAMHSA to increase the pool of culturally competent mental health professionals by granting professional counselors eligibility to participate in the Minority Fellowship Program.

Primary and Behavioral Healthcare Integration.—The Committee notes that adults with serious mental illness have chronic health conditions, such as heart disease, hypertension, diabetes and chronic respiratory conditions, at higher rates than adults in the general population. The Committee continues to believe aggressive action is necessary to eliminate this disparity and has continued funding for Primary and Behavioral Health Care Integration grants at SAMHSA. The Committee provides $62,807,000 for this program, which includes $27,807,000 provided in discretionary appropriations and $35,000,000 in transfers from the PPH Fund. This is the same as the comparable level for fiscal year 2011. The Committee directs SAMHSA to ensure that new grants awarded for fiscal year 2012 are funded under the authorities in section 520(k) of the PHS Act.

Project LAUNCH.—The Committee recommendation includes $34,706,000 for the Project LAUNCH program, which funds mental health prevention and promotion strategies for young children aged zero to eight. The Committee notes that many prevention interventions that reduce risk factors and increase resilience are funded in other agencies such as HRSA and the Administration for Children and Families. The Committee intends that funds provided to Project LAUNCH not duplicate activities eligible for funding elsewhere in the Department. The Committee requests a list of all grant awards made under this program, along with a description of the activities undertaken by grantees.

Suicide Prevention in Indian Populations.—The Committee continues to be concerned about the high incidence of drug and alcohol

abuse and suicide in American Indian populations. SAMHSA is encouraged to develop culturally competent suicide prevention training courses to be used with selected gatekeepers in Indian country. The Committee further urges SAMHSA to collaborate with the Indian Health Service to identify priority communities to pilot this gatekeeper initiative and to develop a plan to help insure the sustainability within American Indian and Alaska Native communities.

Community Mental Health Services Block Grant

The Committee recommends $419,933,000 for the community mental health services block grant. This amount is the same as the comparable fiscal year 2011 level. The administration request is $434,684,000. The recommendation includes $20,997,000 in transfers available under section 241 of the PHS Act.

The community mental health services block grant distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant 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.

Children's Mental Health Services

The Committee recommends $117,803,000 for the children's mental health services program. This amount is the same as the comparable fiscal year 2011 level for this program. The administration request is $121,316,000. This program provides grants and technical assistance to support a network of community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare and primary healthcare systems.

Projects for Assistance in Transition From Homelessness [PATH]

The Committee recommends $64,917,000 for the PATH Program. This amount is the same as the comparable fiscal year 2011 level. The administration request is $65,047,000. The PATH program addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy

The Committee recommends $36,307,000 for the protection and advocacy for individuals with mental illness [PAIMI] program. This amount is the same as the comparable fiscal year 2011 funding level. The administration request is $36,380,000. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities, or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

Mental Health State Prevention Grants

The Committee recommendation does not include funding for the proposed Mental Health State Prevention Grant program. This is a new activity that was not funded in fiscal year 2011. The administration request is $90,000,000 for this program, which would promote the wellness of children, youth and young adults up to age 25. While the Committee applauds the administration for emphasizing mental health prevention, it was not able to provide significant resources to a new State formula program in the current fiscal environment. The Committee also notes that several key features of the program—such as the allocation formula, required activities of grantees and outcome measures—have not yet been determined.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2011	$2,189,132,000
Budget estimate, 2012	2,293,136,000
Committee recommendation	2,194,227,000

The Committee recommends $2,194,227,000 for substance abuse treatment programs, including programs of regional and national significance and the substance abuse prevention and treatment block grant to the States. The comparable fiscal year 2011 level is $2,189,132,000 and the administration request is $2,293,136,000. The recommendation includes $81,200,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that $25,000,000 in mandatory funds be transferred to the Center for Substance Abuse Treatment [CSAT] from the PPH Fund.

Programs of Regional and National Significance

The Committee recommends $411,575,000 for programs of regional and national significance [PRNS] within CSAT. The comparable fiscal year 2011 level is $406,480,000 and the administration request is $403,822,000. The recommendation includes $2,000,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that $25,000,000 in mandatory funds be transferred to PRNS from the PPH Fund.

Programs of regional and national significance include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
CAPACITY:			
Co-occurring State Incentive Grants [SIGs]	4,263	4,263	4,263
Opioid Treatment Programs/Regulatory Activities	8,903	8,903	8,903
Screening, Brief Intervention, Referral, & Treatment [SBIRT]	28,237	29,106	28,237
SBIRT [PPHF]	25,000		25,000
TCE—General	28,033	17,411	28,033
Pregnant & Postpartum Women	16,000	16,000	16,000
Strengthening Treatment Access and Retention	1,775	1,675	1,675

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Recovery Community Services Program	5,236	2,450	2,450
Access to Recovery	98,954	98,454	98,454
Children and Families	30,678	30,678	30,678
Treatment Systems for Homeless	41,650	47,360	47,360
Minority AIDS	65,988	65,988	65,988
Criminal Justice Activities	65,135	67,635	67,635
NASPER	.....	2,000	.....
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,081	9,081	9,081
Minority Fellowship Program	547	547	547
Special Initiatives/Outreach	2,000	2,271	2,271

Addiction Services Workforce.—The Committee notes the growing workforce crisis in the addictions field due to high turnover rates, worker shortages, an aging workforce, stigma and inadequate compensation. The Mental Health Parity and Addiction Equity Act and the Patient Protection and Affordable Care Act are anticipated to increase the number of individuals who will seek substance use disorder services and may exacerbate current workforce challenges. As the provision of quality substance use disorder services is dependent on an adequate qualified workforce and SAMHSA is the lead Federal agency charged with improving these services, the Committee expects SAMHSA to focus on developing the addiction workforce and identify ways to address the current and future workforce needs of the addiction field. The Committee directs SAMHSA to submit a report by March 31, 2012, on current workforce issues in the addiction field, as well as the status and funding of its substance use disorder services workforce initiatives. This report should also detail how SAMHSA is working with HRSA to address addiction service workforce needs and should identify the two agencies' specific roles, responsibilities, funding streams and action steps aimed at strengthening the addiction services workforce.

Addiction Technology Transfer Centers [ATTCs].—The Committee directs SAMHSA to ensure that ATTCs continue to maintain a primary focus on addiction treatment and recovery services in order to strengthen the addiction workforce. As more individuals become eligible for substance abuse services through Medicaid and private insurance, the ATTC network is critical to ensure there is a skilled workforce able to meet the demand in substance use disorder services.

Drug Courts.—The Committee directs SAMHSA to ensure that all funding appropriated to CSAT for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. In addition, the Committee urges SAMHSA to ensure that State substance abuse agencies are eligible to apply for all drug treatment court grant programs in its portfolio. The Committee expects SAMHSA to ensure that non-State substance abuse agency applicants for these grants continue to demonstrate evidence of working directly and extensively with the corresponding State substance abuse agency in the planning, implementation and evaluation of the grant.

Hepatitis Testing.—The Committee continues to recognize the high incidence of hepatitis among substance abusers. The Com-

mittee encourages SAMHSA to develop a demonstration project on hepatitis education and testing for patients and providers.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee recommendation includes $53,237,999 for the SBIRT program, which includes $28,237,000 in discretionary and evaluation tap funding, along with $25,000,000 in transfers from the PPH Fund. The Committee directs SAMHSA to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention and treatment services to those at risk of developing substance abuse disorders.

Substance Abuse Testing.—The Committee notes the scientific progress that has been made on alternative means of substance abuse testing, including oral fluid testing, and encourages SAMHSA to continue to update its drug testing guidelines in order to take advantage of these new opportunities.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends $1,782,652,000 for the substance abuse prevention and treatment [SAPT] block grant. The amount is the same as the comparable level for fiscal year 2011. The administration request is $1,494,314,000. The recommendation includes $79,200,000 in transfers available under section 241 of the PHS Act. 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 a formula. State plans must be submitted and approved annually.

The Committee recommendation does not include a waiver, requested by the administration, of the statutory requirement that 20 percent of the SAPT block grant be set aside for substance abuse prevention. The administration proposes to reallocate these setaside funds to a new Substance Abuse State Prevention Grant program. The Committee is concerned that creating another State grant program with new requirements would represent an unnecessary and burdensome approach and would not support services being delivered on a continuum of prevention, treatment and recovery support services. Furthermore, a 1-year waiver of the setaside is not a stable basis for States to make long-term plans for substance abuse prevention programming.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2011	$186,061,000
Budget estimate, 2012	74,582,000
Committee recommendation	186,361,000

The Committee recommends $186,361,000 for programs to prevent substance abuse. The comparable fiscal year 2011 level is $186,061,000 and the administration request is $74,582,000. The Center for Substance Abuse Prevention [CSAP] is the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

Programs of Regional and National Significance

The Committee has provided $186,361,000 for programs of regional and national significance [PRNS] within CSAP. 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.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnerships for Success	110,015	.....	110,015
Mandatory Drug Testing	4,906	5,206	5,206
Minority AIDS	41,385	41,385	41,385
Sober Truth on Preventing Underage Drinking (STOP Act)	7,000	7,000	7,000
National Adult-Oriented Media Public Service Campaign	1,000	1,000	1,000
Community-based Coalition Enhancement Grants	5,000	5,000	5,000
Intergovernmental Coordinating Committee on the Prevention of Underage Drinking	1,000	1,000	1,000
SCIENCE AND SERVICE:			
Fetal Alcohol Spectrum Disorder	9,821	8,000	9,821
Center for the Application of Prevention Technologies	8,074	8,511	8,074
Science and Service Program Coordination	4,789	4,409	4,789
Minority Fellowship Program	71	71	71

The Committee notes that the Strategic Prevention Framework State Incentive Grant [SPF SIG] program promotes an evidence-based, public health approach to substance abuse prevention. This program utilizes a five-step, data-driven planning model to ensure that services target areas of greatest need. Grantees use the findings from public health research along with evidence-based prevention programs to build State and local capacity, which will in turn promote resilience and decrease risk factors in individuals, families and communities. The Partnerships for Success program builds on this model by providing additional funding to eligible SPF SIG grantees that achieve a quantifiable decline in statewide substance abuse rates. Both programs are promising approaches to preventing the onset and reducing the progression of substance abuse, including childhood and underage drinking.

The administration proposes to eliminate funding for both the SPF SIG and Partnerships for Success programs, terminating many grants mid-cycle and before an assessment of program performance is completed. While the administration proposed to redirect funding to a new Substance Abuse State Prevention Grant program, the Committee notes that the President's budget would cut substance abuse prevention grants across SAMHSA by $71,545,000 below the comparable fiscal year 2011 level. The Committee further notes that youth drug use rates are increasing and perceptions of harm decreasing. According to SAMHSA's National Survey on Drug Use and Health, use of marijuana rose among Americans aged 12 and older from 5.8 percent in 2007 to 6.9 percent in 2010. This is not the time to cut funding for substance abuse prevention or to disrupt a promising approach to this problem. For this reason the Committee recommendation does not approve the administration request and provides funding to the SPF SIG and Partnership for Success programs at last year's levels. SAMHSA is directed to allo-

cate funding to the remaining cohort of SPF SIG grantees at amounts not less than what they received in fiscal year 2011.

The Committee recognizes substance abuse prevention as a unique and distinct field and urges SAMHSA to promote programming consistent with this finding. The Committee intends that funds specifically appropriated for bona fide substance abuse and underage drinking prevention purposes shall not be consolidated with, reallocated to or used for any other programs or initiatives in SAMHSA which do not have youth drug and underage alcohol abuse as a primary purpose, even if it may have secondary effects on these goals.

Underage Drinking.—The Committee has provided $1,000,000 for the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD] and expects this interagency group to explicitly address the issue of underage, high-risk drinking on college campuses through an identification of best practices, strategies and policies currently being implemented on college campuses to deal with this persistent and pervasive public health issue. The Committee expects to see this specific information included in the next ICCPUD report.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2011	$158,652,000
Budget estimate, 2012	168,161,000
Committee recommendation	133,034,000

The Committee recommends $133,034,000 for health surveillance and program support activities. The comparable level for fiscal year 2011 is $158,652,000 and the administration request is $168,161,000. The recommendation includes $27,428,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that $18,000,000 in mandatory funds be transferred to this account from the PPH Fund for surveillance activities.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA's surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

The Committee has also provided funding in this account for agency activities that cut across SAMHSA's three centers. The Committee recommendation reflects the administration proposal to consolidate funding for public awareness, performance management and information dissemination, including SAMHSA's Health Information Network and the National Registry of Evidence-based Programs. These support activities were previously funded in each Center. Combining these functions in a single budget line will allow SAMHSA to achieve efficiencies from the consolidation of multiple contracts. The fiscal year 2011 amounts have been adjusted for comparability.

The Committee recommendation does not include funding requested by the administration for cross-cutting initiatives relating to military families or behavioral health information technology. The Committee was not able to fund either activity due to fiscal constraints.

The Committee recommendation does not provide discretionary funding or transfers from the PPH Fund for the administration's proposed Prevention Prepared Communities initiative. According to the proposed budget, this new program would implement evidence-based programs to prevent substance abuse and mental health issues in individuals aged 9 to 25. The Committee believes the proposal would be duplicative of other programs, such as the SPF SIG and Partnerships for Success. The administration requested $22,600,000 for this new program.

Due to budget constraints, the Committee has not provided funding or transfers from the PPH Fund for the administration's proposed Tribal Behavioral Health Grant program. The administration requested $50,000,000 for this new program.

The Committee is concerned by the reliance of SAMHSA on contractors for the provision of technical assistance. The Committee believes that dependence on contractors is detrimental to building and maintaining specific knowledge and expertise within SAMHSA's workforce. In addition, the Committee notes a recent report by the Project on Government Oversight showing that the Federal government pays billions more annually in taxpayer dollars to hire contractors than it would to hire Federal employees to perform comparable services. In this time of fiscal constraint, the Committee is concerned that overuse of contractors may not maximize the amount of agency funding going to service provision. The Committee requests a report no later than 3 months after enactment, detailing all agency technical assistance contracts issued with fiscal year 2011 funding. The report should include descriptions of each contract, the entities receiving contracts and the amount provided.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2011	$372,053,000
Budget estimate, 2012	366,397,000
Committee recommendation	372,053,000

The Committee recommends $372,053,000 for the Agency for Healthcare Research and Quality [AHRQ]. This amount is the same as the comparable funding level for fiscal year 2011. The administration request is $366,397,000 for AHRQ. The Committee recommendation is funded entirely from transfers available under section 241 of the PHS Act. In addition, the Committee recommends that $12,000,000 in mandatory funds be transferred to AHRQ from the PPH Fund.

AHRQ was established in 1990 to enhance the quality, appropriateness and effectiveness of health services, as well as access to such services. In order to fulfill this mission, AHRQ conducts, supports and disseminates scientific and policy-relevant research on topics such as reducing medical errors, eliminating healthcare disparities, using information technology, and comparing the effectiveness of drugs and medical procedures. AHRQ-supported research provides valuable information to researchers, policymakers, healthcare providers and patients on ways to improve our Nation's health system and make healthcare more affordable.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides $238,768,000 for research on health costs, quality and outcomes [HCQO]. The comparable funding level for fiscal year 2011 is $245,653,000 and the administration request is $232,612,000 for this activity. In addition, the Committee recommends that $12,000,000 in mandatory funds be transferred to HCQO from the PPH Fund. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Patient-Centered Outcomes Research	21,000	21,600	19,600
Prevention/Care Management	15,904	23,304	15,904
Prevention and Public Health Fund Transfer (non-add)	12,000	.....	12,000
Value	3,730	3,730	3,730
Health Information Technology	27,645	27,572	25,572
Patient Safety	65,585	64,622	65,585
Crosscutting Activities Related to Quality, Effectiveness & Efficiency	111,789	91,784	108,377

Within the total for HCQO, the Committee provides $19,600,000 for patient-centered outcomes research, also known as comparative effectiveness research [CER]. The recommendation provides sufficient resources to maintain existing grants and contracts at AHRQ but does not include funding for new research. The Committee has not funded new CER research activity in recognition that the Patient Centered Outcomes Research Institute, created by the Affordable Care Act, will be responsible for managing and prioritizing CER.

Building the Next Generation of Researchers.—The Committee is deeply concerned about declines in the number of, and funding for, training grants for the next generation of researchers. The Committee urges AHRQ to provide greater support to pre- and post-doctoral training grants and fellowships to ensure America stays competitive in the global research market.

Clinical Preventive Services Research.—The Committee has included $5,000,000 in transfers from the PPH Fund to continue to build the evidence base regarding clinical preventive services. This research will address evidence gaps in implementation of preventive services in primary care, as well as advance the national research agenda regarding how to improve access, delivery and outcomes of clinical preventive services in priority populations.

Investigator-Initiated Research.—The Committee continues to support investigator-initiated research, which forms the backbone of AHRQ's ability to improve healthcare with creative and innovative approaches to ongoing and emerging healthcare issues. Within the Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research portfolio, the Committee provides $43,364,000, the same as the comparable funding level for fiscal year 2011, for investigator-initiated research. This funding level will allow ARHQ

to support new investigator-initiated research grants to advance discovery and the free marketplace of ideas.

Moving Research Into Practice.—The Committee continues to support AHRQ's research translation activities, including practice-based research centers and learning networks that are designed to better understand healthcare delivery and move the best available research and decisionmaking tools into healthcare practice. The Committee recommendation includes funding for AHRQ to continue these programs.

Nurse Staffing Ratios.—The Committee notes that minimum nurse staffing standards have been found to increase patients' satisfaction with the care they receive and increase the number of nurses who serve at the bedside. The Committee encourages AHRQ to study the impact that nurse-to-patient ratios, in conjunction with the organizational setting, have on the quality of care and patient outcomes. AHRQ is also encouraged to recommend further integration of these ratios into quality measurement and quality improvement activities.

Rehabilitation Research.—The Committee is aware that rehabilitation interventions offer potential solutions to many health policy issues regarding cost-effective interventions that improve the health of citizens and contribute to a higher quality healthcare delivery system. The Committee encourages AHRQ to seek opportunities to collaborate with CMS and the National Center for Medical Rehabilitation Research [NCMRR] within the Eunice Kennedy Shriver National Institute for Child Health and Human Development [NICHD]. The Committee believes such a partnership should advance potential opportunities to conduct comparative investigations of rehabilitation interventions with other healthcare treatment approaches.

Scientific Freedom in Contracted Research.—The Committee understands that AHRQ continues to increase its use of contracts for conducting research and that in a number of circumstances the principal investigator is not allowed to publish scientific findings in peer-reviewed journals in a reasonable time due to contract clause limitations. The Committee is concerned that such contractual prior restraint clauses on the publication of research may inadvertently stifle scientific freedom and hinder the dissemination of findings that can inform health policymaking. The Committee directs AHRQ to review its policies to ensure researchers have the opportunity to publish research findings in scientific peer-reviewed journals without unreasonable restrictions to allow greater review and input from the scientific community.

U.S. Preventive Services Task Force [USPSTF].—The Committee provides a program level of $11,300,000 for the USPSTF, the same as the comparable funding level for fiscal year 2011. The recommendation includes $4,300,000 in transfers available from section 241 of the PHS Act and $7,000,000 in transfers from the PPH Fund.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides $59,300,000, the same as the administration request, for medical expenditures panel surveys [MEPS]. The comparable funding level for fiscal year 2011 is $58,800,000.

MEPS collects detailed information annually from households, healthcare providers and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment and the degree of health insurance coverage of the U.S. population. The increase provided will support the precision of survey estimates and analytic capacity by maintaining MEPS' sample size.

PROGRAM SUPPORT

The Committee recommends $73,985,000 for program support. The comparable funding level for fiscal year 2011 is $67,600,000 and the administration request is $74,485,000. The Committee recommendation includes funding requested by the administration for tenant improvement costs associated with a possible relocation of staff. Funding has also been provided to support dissemination of USPSTF recommendations and increase transparency of USPSTF methods and processes.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2011	$173,143,799,000
Budget estimate, 2012	184,279,110,000
Committee recommendation	184,279,110,000

The Committee recommends $184,279,110,000 in mandatory funding for Grants to States for Medicaid. This is the same amount as the administration's request for fiscal year 2012. The fiscal year 2011 comparable level was $173,143,799,000.

The fiscal year 2012 recommendation excludes $86,445,289,000 in fiscal year 2011 advance appropriations for fiscal year 2012. As requested by the administration, $90,614,082,000 is provided for the first quarter of fiscal year 2013.

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 that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the national average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2011	$229,464,000,000
Budget estimate, 2012	231,011,580,000
Committee recommendation	231,012,000,000

The Committee recommends $231,012,000,000 in mandatory funding for Payments to Healthcare Trust Funds. The administration's request for fiscal year 2012 is $231,011,580,000. The fiscal year 2011 comparable level was $229,464,000,000.

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 admin-

istrative costs that have not been financed by payroll taxes or premium contributions.

The Committee provides $178,041,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare part B enrollees. The Committee further provides $51,451,000,000 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 Committee recommendation also includes $475,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of part D administrative expenses. The Committee recommendation includes $581,000,000 in reimbursements to the Health Care Fraud and Abuse Control [HCFAC] fund.

PROGRAM MANAGEMENT

Appropriations, 2011	$3,586,855,000
Budget estimate, 2012	4,396,973,000
Committee recommendation	4,044,876,000

The Committee recommends $4,044,876,000 for CMS program management. The administration requested $4,396,973,000. The fiscal year 2011 comparable level was $3,586,855,000.

Research, Demonstrations and Evaluations

The Committee recommends $31,200,000 for research, demonstrations and evaluation activities. The Committee includes sufficient funding to fulfill the President's request for the Medicare Current Beneficiaries Survey, Real Choice Systems Change grants, other activities and continuations of the demonstrations previously authorized under this account.

CMS research and demonstration activities expand efforts that improve the efficiency of payment, delivery, access and quality of the Medicare and Medicaid programs.

The Committee encourages the Center for Medicare and Medicaid Innovation to collaborate with AHRQ to expand and implement research that has resulted in successful strategies to reduce waste and duplication in hospitals while improving the quality of healthcare. The Committee believes that AHRQ's research translation activities, such as its ACTION network, could be used to promote these strategies to hospitals and help with their implementation.

Atrial Fibrillation [AFib].—The Committee is aware that AFib is the most common chronic cardiac arrhythmia, affecting an estimated 2.3 million Americans. The number of patients with AFib is likely to increase significantly, underscoring a substantial public health risk. Already, the disease accounts for approximately one-third of hospitalizations for cardiac rhythm disturbances, costing $4,700 per patient annually. AFib also has significant morbidity and mortality consequences, increasing the risk of stroke approximately five-fold and causing an estimated 15 percent of all strokes

in the United States. The Committee encourages CMS to consider targeting AFib patients in current and planned Medicare payment and quality improvement programs for the purpose of improving patient outcomes and reducing avoidable healthcare costs, including those associated with hospital admissions and readmissions for these patients. Such programs could include those pertaining to quality reporting, performance measurement, medication therapy management, wellness assessments, transitions of care, support services, and post-acute care.

Chronic Kidney Disease.—The Committee is aware that approximately 23 million Americans have evidence of kidney disease and another 20 million are at risk of developing it. Therefore the Committee strongly supports efforts to prevent kidney disease and detect symptoms early to improve treatment outcomes. The Kidney Disease Education and Awareness program authorized in section 152 of the Medicare Improvements for Patients and Providers Act of 2008 is one such program. The intent of this program is to increase awareness and screening of chronic kidney disease and enhance surveillance systems to better assess the incidence and prevalence of this disease. The program would be carried out through a 5-year pilot project in three States, with a GAO evaluation. The Committee encourages CMS to consider implementing this demonstration to determine if greater outreach can improve health outcomes and generate cost savings for the Federal Government.

Program Operations

The Committee recommends $2,813,935,000 for program operations. The comparable funding level for fiscal year 2011 was $2,397,655,000 and the fiscal year 2012 budget request was $3,062,025,000.

The program operations account 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.

The Committee recommendation includes $167,863,000 for contract costs for the Healthcare Integrated General Ledger Accounting System and includes bill language that extends the availability of those funds until September 30, 2013.

The Committee has included additional funding within Program Operations to help support the work required of CMS to implement the Patient Protection and Affordable Care Act, signed into law on March 23, 2010.

This funding will be used to support the development of quality standards for the Medicare Shared Savings plan, performance measures to reduce hospital acquired infections, quality incentives on end-stage renal disease and value-based purchasing standards.

In addition, the Patient Protection and Affordable Care Act requires CMS in fiscal year 2012 to improve parts C and D of Medicare by closing the "doughnut hole," simplifying election periods, reducing wasteful dispensing, and extending special needs plans.

CMS will expand consumer assistance and education efforts, with healthcare.gov being the primary example. CMS plans to ex-

pand provider assistance as well, including the introduction of additional transparency in the Medicare appeals process.

Finally, the Patient Protection and Affordable Care Act requires CMS in fiscal year 2012 to support States as they attempt to meet the January 1, 2013, deadline for a viable State-based health insurance exchange.

The Committee recommendation also includes increased funding for the National Medicare Education program. This funding supports beneficiary materials, Internet sites, contact centers and support services. The Committee notes that the baby boom generation is beginning to age into Medicare, with average monthly enrollment jumping from 45.9 million in 2009 to 47.2 million in 2010. That trend will only accelerate in the coming years, causing a dramatic increase in the need for support as these Americans set up their Medicare benefit plans. Baby boomers access information in different ways than previous generations already on Medicare did and the Committee commends CMS for modifying beneficiary materials and support systems accordingly.

Collaboration With the Food and Drug Administration [FDA].—The Committee encourages CMS to review information from FDA that describes if a newly approved drug indication was approved by FDA through either a noninferiority or a superiority trial. A manufacturer can choose to submit a new drug application using either a non-inferiority or a superiority clinical trial or both.

Medicare Secondary Payer Reimbursement.—The Committee is concerned by the delays experienced in the Medicare Secondary Payer reimbursement system, in part caused by a lack of clear information about the amount owed to Medicare. The Committee expects CMS to submit a plan to the Committee within 180 days of enactment of this act that allows Medicare beneficiaries to obtain a final and reliable demand letter regarding how much they must reimburse Medicare under the Medicare Secondary Payer Act prior to reaching a settlement in the associated civil litigation. That plan must identify any statutory of other barriers to implementing such a process, make recommendations related to any barriers identified and propose a timeline for implementation.

Mobile Oxygen Therapy.—The Committee is aware of ongoing research into mobile applications of oxygen therapy in wound care, which might allow for less onerous and less expensive forms of delivery. Some of these devices provide episodic oxygen delivery, while others provide continuous streams of oxygen. The Committee encourages CMS to review clinical data on all forms of mobile oxygen delivery, with an eye toward improved wound healing.

Remote Access to Care.—The Committee is concerned by a recent letter from CMS to a grantee of the Federal Native Hawaiian Health Care program that effectively blocks the implementation of a Hawaii State law allowing advanced practice registered nurses to practice without the physical supervision of a physician. Given the barrier imposed by island geography, blocking the State law may have the unintended consequence of reducing access to care. The Committee urges CMS to work with the Health Resources Services Administration to find a suitable resolution that maximizes access to care in remote locations.

Uniformed Services Plans.—The Committee understands that CMS may assume responsibility for future enrollees of the Uniformed Services Family Health Plans [USFHP] past age 65 pending the final disposition of a Department of Defense [DOD] proposal included in the fiscal year 2012 National Defense Authorization Act. The Committee is aware of the high patient satisfaction rates that this plan enjoys. The Committee directs CMS to work with DOD to ensure that beneficiaries experience the smoothest possible transition. In addition, the Committee urges CMS to explore the quality of care, cost-effectiveness and medical outcomes of this model to determine if a demonstration is warranted on capitation-based payment systems. If this proposal is enacted, the Committee requests a report in the fiscal year 2013 justification on the steps CMS has taken to ensure the continuity of care for beneficiaries and to review the USFHP model for any strategies CMS might adopt around delivering high-quality integrated care.

Vaccination.—It is estimated that the cost of the health burden to society from vaccine preventable diseases, including influenza, is approximately $10,000,000,000 annually. In particular, the Committee is concerned that the majority of healthcare workers do not get regularly recommended vaccinations and that adult vaccination rates are particularly low for minority groups. The Committee commends CMS for including healthcare workers in seasonal influenza vaccination reporting rates and performance metric. The Committee looks forward to reviewing the data that will be collected beginning in 2012.

State Survey and Certification

The Committee recommends $361,276,000, the same as the fiscal year 2011 level, for Medicare State survey and certification activities. The administration's request for fiscal year 2012 was $400,283,000.

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.

High Risk Insurance Pools

The Committee has included $44,000,000, the same as the budget request, for High Risk Insurance Pools. The fiscal year 2011 level was $54,890,000.

Federal Administration

The Committee recommends $794,465,000 for Federal administration costs. The fiscal year 2011 funding level was $737,505,000 and the budget request was $859,465,000.

Dental Disease.—The Committee notes that, although virtually all dental disease is fully preventable, tooth decay remains the most common chronic illness among children. With more children expected to receive coverage for dental services, there will be even greater pressure on an already challenged dental delivery system. Increasing entry points into the oral healthcare delivery system is increasingly being recognized as essential to improving access to

oral healthcare. Currently, 34 States allow dental hygienists to provide dental care outside of a dental office without a prior exam or pre-authorization by a dentist. The Committee urges CMS and HRSA to take steps to facilitate expanded access to dental services in community health centers and other public health settings. Further, dental Medicaid regulations should be updated to reflect how practice has evolved and dental services are currently delivered.

Tuberculosis [TB].—The Committee is concerned about the growth in cases of drug-resistant forms of TB, including 114 cases of multi-drug-resistant TB in the United States in 2009. The Committee notes that timely and effective treatment regimens are necessary to reduce transmission of drug-resistant TB. Therefore, the Committee strongly supports the ongoing collaboration between CMS and CDC that has thus far resulted in multi-level communication to States about options in Medicaid. The Committee encourages CMS to continue this collaboration.

HEALTH CARE FRAUD AND ABUSE CONTROL

Appropriations, 2011	$310,377,000
Budget estimate, 2012	580,580,000
Committee recommendation	581,000,000

The Committee recommends $581,000,000, to be transferred from the Medicare trust funds, for health care fraud and abuse control activities. The comparable amount in fiscal year 2011 was $310,377,000 and the fiscal year 2012 budget request included $580,580,000.

The Committee recommendation includes a base amount of $311,000,000 and an additional $270,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

This amount, in addition to the $1,271,930,000 in mandatory monies for these activities, will provide a total of $1,852,930,000 for health care fraud and abuse control activities in fiscal year 2012.

The Committee has included $345,715,000 in discretionary funds for the Medicare Integrity Program and intends the remaining funds to be allocated as they were requested in the administration's budget for fiscal year 2012.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2011	$2,964,323,000
Budget estimate, 2012	2,305,035,000
Committee recommendation	2,305,035,000

The Committee recommends $2,305,035,000, the same as the budget request under current law, in fiscal year 2012 mandatory funds for payments to States for child support enforcement and family support programs. The comparable fiscal year 2011 appropriation is $2,964,323,000. In addition, the Committee recommends $1,100,000,000, the same as the budget request, in advance funding for the first quarter of fiscal year 2013. The comparable advance appropriation provided in fiscal year 2011 as an advance appropriation for fiscal year 2012 is $1,200,000,000.

These funds support States' efforts to promote the self-sufficiency and economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between non-custodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

The Committee notes that the budget request includes a legislative proposal that would require that child support payments made on behalf of youth in foster care are used in the best interest of the child, rather than as an offset to State and Federal child welfare costs. The Committee supports this initiative and will work with the Committees of jurisdiction on this proposal as necessary.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2011	$4,700,580,000
Budget estimate, 2012	2,569,551,000
Committee recommendation	3,600,580,000

The Committee recommends $3,600,580,000 for the low income home energy assistance program [LIHEAP]. The comparable fiscal year 2011 funding level is $4,700,580,000 and the fiscal year 2012 budget request is $2,569,551,000. LIHEAP provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient.

The Committee is aware of the significant continuing demand for LIHEAP assistance and regrets that budget constraints require a cut in funding. The Committee notes that the recommended level for fiscal year 2012 is $1,030,252,000 higher than the fiscal year 2008 funding level and $1,031,029,000 higher than the administration's budget request.

Within the total, the Committee recommendation includes $3,400,653,000 for the State formula block grant. Bill language stipulates that all of the funds should be allocated to States based on the original LIHEAP formula. The comparable fiscal year 2011 funding level is $4,500,653,000 and the budget request is $1,980,000,000. LIHEAP block grants are awarded to States, territories, Indian tribes, and tribal organizations according to a statutory formula, based in part on each State's share of home energy expenditures by low-income households. Within this amount, the Committee includes up to $3,000,000 for program integrity and oversight efforts and $27,000,000 for leveraging incentive funds, as requested by the administration.

The Committee recommendation also includes $199,927,000, the same as the comparable fiscal year 2011 level, for the contingency fund. The budget request is $589,551,000. The Committee does not include bill language making the contingency fund available until expended, as proposed by the administration. The contingency fund is used to provide additional assistance to States adversely affected by extreme heat or cold, significant price increases, or other causes of energy-related emergencies.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2011	$729,466,000
Budget estimate, 2012	824,694,000
Committee recommendation	787,639,000

The Committee recommends $787,639,000 for refugee and entrant assistance. The comparable fiscal year 2011 funding level is $729,466,000 and the fiscal year 2012 budget request is $824,694,000. The refugee and entrant assistance program is designed to assist refugees, asylees, Cuban and Haitian entrants, trafficking victims, and torture victims (summarized below as "refugees") to become employed and self-sufficient as quickly as possible. It also funds temporary shelter and services for unaccompanied alien children apprehended by law enforcement who are in Federal custody awaiting adjudication of their immigration status.

Transitional and Medical Services

The Committee recommendation includes $386,625,000 for transitional and medical assistance. The comparable fiscal year 2011 funding level is $352,625,000 and the budget request is $394,224,000.

Transitional and medical services provide grants to States and nonprofit organizations to provide up to 8 months of cash and medical assistance to incoming refugees as well as foster care services to unaccompanied minors. Within the total, the Committee recommendation includes not less than $65,000,000 for the voluntary agency matching grant program, which provides grants to resettlement agencies to provide comprehensive services, including case management, job development, job placement, and interim housing and cash assistance, with the goal of refugees becoming self-sufficient within their first 4 months. Refugees enrolled in this program are not eligible for regular transitional and medical assistance. The Committee continues to support the voluntary agency matching grant program and encourages the Office of Refugee Resettlement [ORR] to explore the continued expansion of this program.

While many of the costs of the transitional and medical services program are outside of HHS' control, the Committee remains concerned with the projected increases in these costs. The Committee directs ACF to include actual and projected information in their fiscal year 2013 budget justification, broken out by refugees in State-administered, voluntary agency matching grant, and Wilson-Fish programs where applicable, on the number of refugees arriving in the United States, potentially eligible for assistance and actually receiving assistance; the average amount of time refugees receive assistance; the average cash and medical assistance benefit; and the total obligations of the program. The Committee also directs ACF to separately include information on the actual and projected costs of reimbursing States for providing foster care for unaccompanied refugee minors [URM], including the number of URMs in foster care.

Victims of Trafficking

The Committee recommendation includes $9,794,000, the same amount as the comparable fiscal year 2011 funding level, for vic-

tims of trafficking. The fiscal year 2012 budget request is $9,814,000. This program supports a national network for identifying, certifying and providing comprehensive services to international victims of trafficking.

Social Services

The Committee recommendation includes $153,697,000, the same amount as the comparable fiscal year 2011 funding level, for social services. The fiscal year 2012 budget request is $179,005,000. These funds include formula and discretionary grants to States and nonprofit organizations to provide a variety of employment and support services to recently arrived refugees.

Preventive Health

The Committee recommendation includes $4,739,000, the same amount as the comparable fiscal year 2011 funding level, for preventive services. The budget request is $4,748,000. This program funds grants to coordinate and promote refugees' access to health screening, treatment and follow-up services.

Targeted Assistance

The Committee recommendation includes $48,493,000 for targeted assistance, the same amount as the comparable fiscal year 2011 funding level, for the targeted assistance program, which provides additional funds to States with an influx of refugee arrivals and a high concentration of refugees facing difficulties achieving self-sufficiency. The budget request is $48,590,000.

Unaccompanied Alien Children

The Committee recommendation includes $173,225,000 for unaccompanied alien children [UAC]. The comparable fiscal year 2011 funding level is $149,052,000 and the budget request is $177,225,000. The unaccompanied alien children program provides shelter and support services to unaccompanied alien minors apprehended in the United States by the Department of Homeland Security or other law enforcement agencies. Children are taken into ORR's care pending resolution of their claims for relief under U.S. immigration law or release to an adult family member or guardian.

Within the total, the Committee provides $6,100,000 to continue the pro bono legal services initiative to ensure legal representation for both released and detained children. These funds should be used to train legal counsel to detect abuse, mistreatment, labor exploitation and trafficking of these children. In addition, a portion of these funds should be used to train legal counsel in methods that will ensure the appearance of children at all immigration court hearings.

Victims of Torture

The Committee recommendation includes $11,066,000, the same amount as the comparable fiscal year 2011 funding level, for victims of torture. The budget request is $11,088,000. This program provides treatment, social and legal services to victims of torture and training to healthcare providers on treating the physical and psychological effects of torture.

PAYMENTS TO STATES FOR THE CHILDCARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2011	$2,222,627,000
Budget estimate, 2012	2,926,757,000
Committee recommendation	2,222,627,000

The Committee recommends $2,222,627,000, the same amount as the comparable fiscal year 2011 funding level, for the childcare and development block grant [CCDBG]. The budget request is $2,926,757,000. The CCDBG is a formula grant to States to provide financial assistance to low-income families to help pay for childcare and improve the quality of childcare programs.

Within the total, the Committee recommendation includes $18,922,000 for resource and referral programs and school-aged childcare activities, of which $1,000,000 is specified in bill language for a national toll-free hotline and Web site that provides consumer education materials and assists families in accessing local information on childcare options. The Committee recommendation also includes $283,592,000 for childcare quality improvement activities, of which $104,005,000 is specified for improving infant and toddler childcare. These quality improvement funds are in addition to the 4 percent quality improvement set-aside established in the authorizing legislation. Finally, the Committee recommendation includes $9,890,000 for childcare research and evaluation activities.

The Committee notes the administration has proposed revised reporting requirements for tribes that integrate Federal funding, including CCDBG funding, for employment, job training and related services into a single coordinated program, as authorized by Public Law 102–477. While the Committee supports an improved reporting system, any changes should be made consistent with Public Law 102–477, which is intended to improve efficiencies and lessen the administrative burden on tribes. The Committee does not support the proposed requirement that tribes under this program report separately on CCDBG, Temporary Assistance for Needy Families, and Native Employment Works funding. The Committee expects notification prior to ACF implementing any changes to reporting requirements under these programs.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2011	$1,700,000,000
Budget estimate, 2012	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends $1,700,000,000 in mandatory funds for fiscal year 2012 for the social services block grant [SSBG]. This amount is the same as the comparable fiscal year 2011 funding level and the budget request. The SSBG is a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled and the elderly.

The Committee continues to regard the SSBG as a critical source of funding for services that protect children from neglect and abuse, including providing foster and respite care, as well as related services for children and families, persons with disabilities and older adults. The Committee recognizes the importance of this program, especially in providing mental health and counseling

services to underserved populations, and recommends continued usage and flexibility of these funds for such purposes.

CHILDREN AND FAMILY SERVICES PROGRAMS

Appropriations, 2011	$9,519,357,000
Budget estimate, 2012	9,794,598,000
Committee recommendation	9,845,685,000

The Committee recommends $9,845,685,000 for fiscal year 2012 for children and families services programs. The comparable funding level for fiscal year 2011 is $9,519,357,000 and the budget request is $9,794,598,000. The recommendation includes an additional $5,762,000 in transfers available under section 241 of the Public Health Service Act.

This appropriation supports a variety of programs for children, youth and families; the developmentally disabled; Native Americans; victims of child abuse, neglect and domestic violence; and other vulnerable populations.

Head Start

The Committee recommends $7,899,633,000 for Head Start. The comparable funding level for fiscal year 2011 is $7,559,633,000 and the budget request is $8,099,783,000.

Head Start provides comprehensive early childhood development services for low-income children and families that emphasize cognitive and language development, socio-emotional development, physical and mental health and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee recommendation maintains the expansion of the Head Start program started with Recovery Act funding in fiscal years 2009 and 2010. It fully supports the increase of over 61,000 Head Start slots funded through the Recovery Act and in total will allow Head Start to provide comprehensive early childhood services to 968,000 low-income children and their families.

There is considerable and increasing evidence that high-quality early childhood education has long lasting effects for low-income children and families. Children receiving high-quality care are more likely to graduate high school on time and go on to college, more likely to earn higher incomes later in life and less likely to commit a crime. The Committee's investments in Head Start and elsewhere in HHS and the Department of Education, as well as changes in the Improving Head Start for School Readiness Act of 2007, will ensure that more low-income children and families have access to high-quality early childhood education.

Consolidated Runaway and Homeless Youth Program

The Committee recommends $97,539,000, the same as the fiscal year 2011 level, for the consolidated runaway and homeless youth program. The budget request includes $102,734,000 for this purpose. This program supports basic centers which provide temporary shelter, counseling and after-care services to runaway and homeless youth under age 18 and their families; the transitional living program, which provides longer-term shelter and services for older

youth; and a national toll-free runaway and homeless youth crisis hotline. Because of budget constraints, the Committee recommendation regretfully does not include increased funding for the administration's proposal targeted at enhancing services for youth victims of sex trafficking.

Basic centers and transitional living programs provide services to help address the needs of some of the estimated 1,600,000 runaway and homeless youth, many of whom are running away from unsafe or unhealthy living environments. These programs have been proven effective at lessening rates of family conflict and parental abuse, as well as increasing school participation and the employment rates of youth.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommends $17,935,000, the same as the fiscal year 2011 level, for education and prevention grants to reduce sexual abuse of runaway and homeless youth. The budget request is $17,971,000. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to or are at risk of being subjected to sexual abuse or exploitation.

Child Abuse Prevention and Treatment Programs

The Committee recommends $93,881,000, the same as the fiscal year 2011 level, for child abuse prevention and treatment programs. The budget request is $97,244,000. These programs seek to improve and increase activities that identify, prevent and treat child abuse and neglect through grants to States; research and demonstrations; technical assistance; and grants to community-based organizations.

State Formula Grants

Within the total for child abuse prevention and treatment, the Committee recommendation includes $26,482,000 for State formula grants, the same as the comparable fiscal year 2011 funding level. The budget request is $26,535,000. This program provides formula grants to States to improve their child protective service systems.

Discretionary Activities

Within the total for child abuse prevention and treatment, the Committee recommendation includes $25,793,000 for discretionary activities, the same as the comparable fiscal year 2011 funding level. The budget request is $29,020,000. This program supports discretionary grants for research, demonstration and technical assistance to increase the knowledge base of evidence-based practices and disseminate information to State and local child welfare programs.

Community-Based Grants

Within the total for child abuse prevention and treatment, the Committee recommendation includes $41,606,000 for community-based grants, the same as the comparable fiscal year 2011 funding level. The budget request is $41,689,000. This program provides

formula grants to States that then disburse funds to local, community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

Abandoned Infants Assistance

The Committee recommends $11,575,000, the same as the budget request, for the abandoned infants assistance program. The comparable fiscal year 2011 funding level is $11,605,000. This program provides discretionary grants to public and private community and faith-based organizations to develop, implement and operate demonstration projects that prevent the abandonment of infants and young children impacted by substance abuse and HIV. Funds may be used to provide respite care for families and caregivers, allow abandoned infants and children to reside with their natural families or in foster care, and carry out residential care programs for abandoned infants and children who are unable to reside with their families or be placed in foster care.

Child Welfare Services

The Committee recommends $281,181,000, the same as the comparable fiscal year 2011 funding level, for child welfare services. The budget request is $281,744,000. This formula grant program helps State and tribal public welfare agencies improve their child welfare services with the goal of keeping families together. States and tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training and Demonstration

The Committee recommends $27,153,000, the same as the fiscal year 2011 level, for child welfare research, training and demonstration. The budget request is $27,207,000. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

Within this amount, the Committee recommendation includes $20,000,000, as requested by the administration, for innovative approaches to foster care program. This continues funding for 5-year demonstration projects started in fiscal year 2010 to improve the outcomes of children and families in foster care, particularly those with long-term involvement in the foster care system.

Adoption Opportunities

The Committee recommends $39,253,000, the same as the comparable fiscal year 2011 funding level, for adoption opportunities. The budget request is $39,332,000. In fiscal year 2011 the more narrowly focused adoption awareness program was eliminated and its funding redirected to the adoption opportunities program. The Committee supports and maintains this consolidation.

The adoption opportunities program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs. The adoption awareness program provided grants to train health center staff to inform pregnant women about adoption and to make referrals on request to adoption agencies. It also funded the planning, development and operation of a national campaign to inform the public about the adoption of children with special needs. The adoption opportunities program has broad authority to fund these types of awareness activities and will continue to fund them in the consolidated program.

Consistent with the authorization of this program, the Committee expects that these funds will focus on facilitating the adoption of older children, minority children, and children with special needs, particularly infants and toddlers with disabilities who have life-threatening conditions.

Adoption Incentives

The Committee recommends $39,421,000, the same as the comparable fiscal year 2011 funding level, for the adoption incentives program. The budget request is $49,875,000. This program provides incentive payments to States based on a formula in law to encourage States to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place. If the payments due to States are higher than the amount of funds available, the payments are reduced on a pro rata basis based on the amount available.

Strengthening Communities Fund

The Committee recommendation does not include funding for the strengthening communities fund. This program was first funded in the American Recovery and Reinvestment Act but did not receive funding in fiscal year 2011. The budget request for fiscal year 2012 is $20,000,000. The strengthening communities fund is designed to improve the capacity of community and faith-based organizations to contribute to economic development and revitalization. ACF is currently conducting an outcome-based evaluation of this program and the Committee will consider funding in future fiscal years pending the results of that evaluation.

Social Services and Income Maintenance Research

The Committee recommends $5,762,000, the same as the fiscal year 2011 level, for social services and income maintenance research. This entire amount is funded through transfers available under section 241 of the PHS Act, the same as in fiscal year 2011. The budget request is $8,762,000, of which $5,762,000 is from transfers available under the PHS Act. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of American families, and contribute to the healthy development of children and youth.

The Committee recommendation does not provide increased funding specified for an early childhood care and education research and evaluation study. The Committee supports this research and

the administration's initiative to strengthen program evaluation, but notes that research and evaluation funding for early childhood programs is set aside within Head Start and the Child Care and Development Block Grant.

The Committee encourages ACF to continue to work with the Administration on Aging and other HHS agencies to evaluate intergenerational approaches aimed at improving the outcomes for vulnerable populations. The Committee is aware of effective neighborhood based programs that utilize older volunteers to foster permanency and improved outcomes for at risk youth.

Developmental Disabilities

The Committee recommends $163,056,000 for developmental disabilities programs. The comparable fiscal year 2011 funding level is $168,857,000 and the budget request is $163,366,000. These programs support community-based delivery of services that promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

State Councils

Within the total for developmental disabilities, the Committee recommendation includes $74,916,000 for State councils, the same as the comparable fiscal year 2011 funding level. The budget request is $75,066,000. State developmental disability councils work to develop, improve and expand the system of services and supports for people with developmental disabilities. By engaging in activities such as training, educating the public, building capacity and advocating for change in State policies, these councils support the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Protection and Advocacy

Within the total for developmental disabilities, the Committee recommendation includes $40,942,000 for protection and advocacy programs, the same as the comparable fiscal year 2011 funding level. The budget request is $41,024,000. This formula grant program provides funds to States to establish and maintain protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services or rehabilitation.

Projects of National Significance

Within the total for developmental disabilities, the Committee recommendation includes $8,333,000, the same as the budget request, for projects of national significance to assist persons with developmental disabilities. The comparable fiscal year 2011 funding level is $14,134,000. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity and integration into the community of persons with developmental disabilities.

The Committee recommendation supports the continuation of current grants, including initiatives on youth transition to employ-

ment, family support, technical assistance and data collection, as well as continued support of the Autism Research Center.

University Centers for Excellence

Within the total for developmental disabilities, the Committee recommendation includes $38,865,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs], the same as the comparable fiscal year 2011 funding level. The budget request is $38,943,000. The UCCEDD program supports a network of 67 university-based centers that provide interdisciplinary education, conduct research and develop model services for children and adults with disabilities. The centers serve as the major vehicle to translate disability-related research into community practice and to train the next cohort of future professionals who will provide services and supports to an increasingly diverse population of people with disabilities.

Voting Access for Individuals With Disabilities

The Committee recommendation includes $5,245,000 for voting access for individuals with disabilities. The budget request did not include funding for this program. The comparable fiscal year 2011 funding level is $17,375,000. This program supports formula grants to States for the Secretary of State or chief election official to make polling places more accessible and increase individuals with disabilities' participation in the voting process, as well as a separate formula grant to States for protection and advocacy organizations to do the same.

The Committee recommendation does not provide formula funding for Secretaries of State but maintains funding for protection and advocacy programs. States have over $33,000,000 in fiscal year 2007 to fiscal year 2010 unexpended funds available to their Secretaries of State under this program, and States may still use those funds for these activities. In addition, the Committee encourages ACF to work with States and protection and advocacy organizations to ensure that these funds are used in a timely manner. The Committee also encourages ACF, in consultation with the National Council on Disability, to monitor the implementation of the Help America Vote Act for voters with disabilities during the 2012 election cycle.

Native American Programs

The Committee recommends $48,675,000, the same as the fiscal year 2011 level, for Native American programs. The budget request is $48,773,000. The Administration for Native Americans [ANA] assists tribal and village governments and Native Indian institutions and organizations to support and develop stable, diversified local economies. In promoting social and economic self-sufficiency, ANA provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

Within the total, the Committee recommendation includes $12,000,000 for Native American language preservation activities, including no less than $4,000,000 for language immersion programs authorized by 803C(b)(7)(A)–(C) of the Native American Pro-

grams Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006. The Committee strongly encourages ANA to give priority to grantees with rigorous immersion programs.

Community Services Programs

The Committee recommends $731,501,000 for community services programs. The comparable fiscal year 2011 funding level is $727,212,000 and the budget request is $393,907,000.

Community Services Block Grant

Within the total for community services programs, the Committee recommendation includes $678,640,000 for the community services block grant [CSBG], the same as the comparable fiscal year 2011 funding level. The budget request is $350,000,000. The CSBG is a formula grant 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. States are required to pass on at least 90 percent of these funds to local community-based organizations, that vast majority of which are community action agencies.

The Committee strongly supports the CSBG, which provides critical flexible funding for local organizations that serve as a central source of assistance for low-income populations. These local organizations typically administer larger Federal programs such as Head Start, LIHEAP and the Weatherization Assistance Program. The CSBG provides critical funding to support the administration of these programs at the local level, as well as flexible funding to fill in service gaps and meet the particular needs of local communities. The Committee supports efforts to improve accountability and transparency, but within the current framework of the program.

Community Economic Development

Within the total for community services programs, the Committee recommendation includes $21,964,000 for the community economic development program. The comparable fiscal year 2011 funding level was $17,964,000. The budget request is $20,000,000. This program provides grants to community development corporations to support employment and business development opportunities for low-income individuals.

Within this total for community economic development, the Committee recommendation includes up to $10,000,000, including any related program support and evaluation costs, for the Healthy Foods Financing Initiative [HFFI]. A recent study by the Department of Agriculture found that over 23 million Americans, including 6.5 million children, live in low-income areas without ready access to grocery stores. HFFI is a joint initiative with the Department of Agriculture and Department of the Treasury to provide financial and technical assistance to community development financial institutions, nonprofit organizations and businesses to expand access to healthy foods in these low-income and underserved areas.

Rural Community Facilities

Within the total for community services programs, the Committee recommendation includes $6,990,000 for the rural community facilities program. The comparable fiscal year 2011 funding level was $4,990,000. The budget request did not include funding for this program. The rural community facilities program provides grants to regional nonprofit organizations to provide training and technical assistance to low-income rural communities in developing and managing safe and affordable water and wastewater treatment facilities.

Job Opportunities for Low-Income Individuals

Within the total for community services programs the Committee recommendation does not include funding for the job opportunities for low-income individuals [JOLI] program. The comparable fiscal year 2011 funding level is $1,641,000. The budget request did not include funding for this program. JOLI provides grants to nonprofit organizations to support employment and business opportunities for Temporary Assistance for Needy Families [TANF] recipients and other low-income individuals, focusing on micro-enterprise and self-employment. This small discretionary grant program has never been evaluated and duplicates activities funded in the TANF program.

Individual Development Accounts

Within the total for community services programs, the Committee recommendation includes $23,907,000, the same as the budget request, for individual development accounts. The comparable fiscal year 2011 funding level is $23,977,000. This program funds activities to encourage and help low-income individuals and families accumulate savings for dedicated purposes, including buying a home, paying for college or starting a business.

Domestic Violence Hotline

The Committee recommends $3,203,000, the same as the comparable fiscal year 2011 funding level, for the national domestic violence hotline. The budget request is $4,500,000. This national, toll-free hotline provides information and assistance to victims of domestic violence 24 hours a day.

Family Violence Prevention and Services

The Committee recommends $129,792,000, the same as the comparable fiscal year 2011 funding level, for the family violence prevention and services program. The budget request is $135,052,000. These funds support programs to prevent family violence and provide immediate shelter and related assistance for victims of domestic violence and their dependents.

The Committee encourages ACF to provide funding for State resource centers to reduce disparities in domestic violence in States with high proportions of Indian (including Alaskan Native) or Native Hawaiian populations, as authorized by section (a)(2)(B)(i) of the Family Violence Prevention and Services Act.

Mentoring Children of Prisoners

The Committee does not include funding for the mentoring children of prisoners program, which was eliminated in fiscal year 2011. The budget request is $25,000,000. This program provided grants to community organizations to create and sustain mentoring relationships between children of prisoners and adults in their community. Program data showed that the majority of the mentoring relationships established through the program lasted fewer than 12 months.

Independent Living Training Vouchers

The Committee recommends $45,260,000, the same as the comparable fiscal year 2011 funding level, for independent living training vouchers. The budget request is $45,351,000. This program supports vouchers of up to $5,000 per year for postsecondary education and training for foster care youth up to 21 years of age. This program increases the likelihood that individuals who age out of the foster care system will be better prepared to live independently and contribute productively to society.

Disaster Human Services Case Management

The Committee recommends $1,996,000, the same as the comparable fiscal year 2011 funding level, for the disaster human services case management program. The budget request is $2,000,000. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and FEMA contacts in order to identify needed assistance, and providing ongoing support and tracking through the recovery process.

Program Administration

The Committee recommends $209,386,000, the same as the comparable fiscal year 2011 funding level, for program administration. The budget request is $226,184,000. Within this amount, the Committee includes $1,376,000 for the Center for Faith-based and Community Initiatives.

SUPPORTING HEALTHY FAMILIES AND ADOLESCENT DEVELOPMENT

Appropriations, 2011	$428,184,000
Budget estimate, 2012	428,311,000
Committee recommendation	428,184,000

The Committee recommends $428,184,000, the same as the comparable fiscal year 2011 funding level, for supporting healthy families and adolescent development. The budget request is $428,311,000. The recommendation consists of $365,000,000 in mandatory funds authorized by the Social Security Act and $63,184,000 in discretionary appropriations. This account was previously named Promoting Safe and Stable Families and has been revised to better describe the activities funded within it.

This program supports activities that can prevent the emergence of family crises which might require the temporary or permanent

removal of a child from his or her own home. Grants allow States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2011	$4,769,000,000
Budget estimate, 2012	5,153,000,000
Committee recommendation	5,153,000,000

The Committee recommends $5,153,000,000 in mandatory funds for payments for foster care and permanency, an appropriated entitlement that includes funding for the foster care, adoption assistance, guardianship assistance and independent living programs. This is in addition to the $1,850,000,000 appropriated last year as an advance appropriation for the first quarter of fiscal year 2012. The comparable funding level for fiscal year 2011 is $4,769,000,000, in addition to the $1,850,000,000 provided as an advance appropriation the previous year. The Committee recommends $2,100,000,000, the same as the budget request, for an advance appropriation for the first quarter of fiscal year 2013. The Committee recommendation provides the full amount requested under current law.

The foster care program, authorized under title IV–E of the Social Security Act, provides Federal reimbursement to States and tribes for maintenance payments to families and institutions caring for eligible foster children. Funds are matched at the Federal medical assistance percentage [FMAP] rate for each State. Funding is also provided for administrative costs for the management of the foster care program, as well as training costs for foster care workers and parents.

The adoption assistance program provides funds to States for maintenance payments and the nonrecurring costs of adoption for children with special needs. The goal of this program is to facilitate the adoption of hard-to-place children in permanent homes and thus prevent long, inappropriate stays in foster care. As in the foster care program, State administrative and training costs are eligible under this program for Federal reimbursement subject to a matching rate.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 created a new IV–E guardianship assistance program. This program gives States and tribes an option under their IV–E foster care programs to provide assistance payments to relatives taking legal guardianship of eligible children who have been in foster care.

The independent living program provides services to foster children under 18 and foster youth ages 18 to 21 to help them make the transition to independent living by engaging in a variety of services including educational assistance, life skills training and health services. States are awarded grants based on their share of the number of children in foster care, subject to a matching requirement.

ADMINISTRATION ON AGING

AGING SERVICES PROGRAMS

Appropriations, 2011	$1,549,322,000
Budget estimate, 2012	1,787,944,000
Committee recommendation	1,534,701,000

The Committee recommends an appropriation of $1,534,701,000 for the Administration on Aging [AoA], which includes $52,000,000 in Medicare trust funds. The comparable fiscal year 2011 level is $1,549,322,000. The administration request is $1,787,944,000 for AoA. In addition, the Committee recommends that $17,000,000 in mandatory funds be transferred to AoA from the PPH Fund. The AoA is charged with administering programs through the national aging network that promote the development of comprehensive, coordinated home- and community-based care for seniors.

Supportive Services and Senior Centers

The Committee recommends an appropriation of $367,611,000 for supportive services and senior centers. This amount is the same as the comparable funding level for fiscal year 2011. The administration request is $416,476,000. The supportive services program provides formula grants to States and territories to fund a wide range of social services such as multipurpose senior centers, adult day care, transportation and in-home assistance such as personal care and homemaker assistance. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local services providers.

Preventive Health Services

The Committee recommends $20,984,000 for preventive health services. This amount is the same as the comparable funding level for fiscal year 2011. The administration request is $21,026,000 for this activity. The preventive health services program funds activities that help seniors stay healthy and avoid chronic disease, thus reducing the need for more costly medical interventions. The Committee has included bill language requiring States to use these funds for evidence-based interventions, such as enhanced fitness and wellness programs, depression screening and medication management programs. These evidence-based prevention programs have been shown through randomized-controlled trials to be effective at helping older adults improve their health status and lower their use of healthcare services.

Protection of Vulnerable Older Americans

The Committee recommends $21,839,000 for grants to States for protection of vulnerable older Americans. This is the same as the comparable fiscal year 2011 funding level. The administration request is $26,880,000. This activity funds the long-term care ombudsman program and 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 other long-term care facilities, while elder abuse prevention targets its message to the elderly community at large.

National Family Caregiver Support Program

The Committee recommends $153,912,000 for the national family caregiver support program. This amount is the same as the comparable funding level for fiscal year 2011. The administration request for this program is $192,220,000. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to include the following five components into their program: information to caregivers about available services; assistance to caregivers in gaining access to services; caregiver counseling and training; respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and limited supplemental services that fill remaining service gaps.

Native American Caregiver Support Program

The Committee recommendation includes $6,376,000, the same as the fiscal year 2011 level, to carry out the Native American caregiver support program. The administration request is $8,388,000 for this activity. This program assists 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 $439,901,000, which is the same as the comparable fiscal year 2011 level. The administration request is $440,718,000 for this activity. For home-delivered meals, the Committee recommends a funding level of $217,241,000. This is the same as the comparable fiscal year 2011 level. The administration request is $217,644,000 for this activity.

These programs address the nutritional needs 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 a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals and supportive services, they have flexibility to transfer funds between these programs.

Nutrition Services Incentives Program

The Committee recommendation includes $160,693,000 for the nutrition services incentives program [NSIP]. This amount is the same as the comparable funding level for fiscal year 2011. The administration request is $160,991,000. 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 $27,653,000 for grants to Native Americans. This amount is the same as the comparable fiscal year

2011 level. The administration request is $27,704,000. Under this program, awards are made to eligible organizations based on their share of Native Americans, Native Alaskans and Native Hawaiians aged 60 and over.

Program Innovations

The Committee recommends $12,728,000 for program innovations. The comparable fiscal year 2011 level is $13,023,000. The administration request is $18,705,000 for this activity. These funds support activities that 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.

Older Adults and Mental Health.—The Committee urges AoA to expand its efforts to address the mental and behavioral health needs of older adults, including an emphasis on mental health screening, treatment services for older individuals and programs to increase public awareness and reduce the stigma associated with mental disorders in older individuals. The Committee is pleased with AoA efforts to implement the mental and behavioral health aspects of the Older American Act Amendments of 2006 and continues to urge AoA to designate an officer to focus on the mental health needs of older Americans.

Within funding for Program Innovations, the Committee has provided $1,000,000 to continue the 24-hour call center that provides Alzheimer family caregivers with professional care consultation and crisis intervention.

Aging Network Support Activities

The Committee recommends $24,143,000 for aging network support activities. The comparable fiscal year 2011 funding level is $34,214,000. The administration request is $17,727,000. These funds provide support for the national aging services network and also allow seniors and their families to obtain information about their care options and benefits. Programs funded include the Eldercare Locator, the Pension Information and Counseling program and Senior Medicare Patrols.

Alzheimer's Disease Demonstration Grants to States

The Committee recommendation includes $4,018,000 for the Alzheimer's disease demonstration grants to States program. The comparable fiscal year 2011 funding level for this program is $11,441,000 and the administration request is $11,462,000. Due to budget constraints, the Committee recommendation includes funding only for the continuation costs of existing grants. This program was started in 1992 with the goal of testing and implementing new models of care for individuals with Alzheimer's disease. The Committee notes that all States have received funding for one or more demonstrations. States should incorporate the successful models created as a result of these demonstrations into other funding streams, such as the Family Caregiver Support Services program.

Lifespan Respite Care

The Committee recommends $2,495,000 for the Lifespan Respite Care program. This amount is the same as the comparable fiscal year 2011 level. The administration request is $10,000,000 for this program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access and quality of respite care services thereby reducing family caregiver strain. The Committee recognizes that respite care can provide family caregivers with relief necessary to maintain their own health, bolster family stability and avoid or delay more costly nursing home or foster care placements. The Committee commends AoA efforts to ensure that grantees use the funds to serve all age groups, chronic conditions and disability categories equitably and without preference.

Chronic Disease Self-Management Program

The Committee recommends $10,000,000 in mandatory funding, provided through a transfer from the PPH Fund, for the Chronic Disease Self-Management Program [CDSMP]. The administration requested $10,000,000 in discretionary funds for this activity. This program was not funded in fiscal year 2011 but did receive funding through the American Recovery and Reinvestment Act of 2009. CDSMP assists those with chronic disease with managing their conditions and improving their health status. Topics covered by the program include nutrition, appropriate use of medications, fitness and effective communications with healthcare providers. The Committee notes that CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency rooms visits.

Elder Falls Prevention

The Committee recommends that $7,000,000 in mandatory funding be transferred from the PPH Fund for elder falls prevention activities at AoA, in coordination with CDC. This is a new activity that was not funded in fiscal year 2011. The administration did not request funding. The Committee notes that falls are the leading cause of fatal and nonfatal injuries for those 65 and older. Among older adults who sustain hip fractures in falls, 25 percent remain institutionalized for at least 1 year and 50 percent cannot return home or live independently. The Committee intends that funds provided to AoA should be used for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

Adult Protective Services Demonstrations

Due to budget constraints, the Committee recommendation does not include funding for Adult Protective Services demonstrations. The administration requested $16,500,000 for this new program, which would test and evaluate innovative approaches to preventing and responding to elder abuse.

State Health Insurance Assistance Program

The Committee recommendation includes $52,000,000 for State Health Insurance Assistance Programs [SHIPs]. This amount is the same as the comparable funding level for fiscal year 2011. The administration request is $46,960,000 for this program. SHIPs provide accurate and understandable health insurance information to Medicare beneficiaries and their families. The Committee concurs with the administration's proposal to transfer this grant program to AoA from the Centers for Medicare and Medicaid Services. The Committee notes that many SHIPs are already housed in, or are partnered with, area agencies on aging. Activities of the SHIPs are also aligned with AoA's mission to develop a comprehensive system of home and community-based services to help seniors maintain their health and independence.

Community Living Assistance Services and Supports

The Committee recommendation does not include funding for the Community Living Assistance Services and Supports [CLASS] program, a new long-term care insurance program created by the Affordable Care Act. The administration requested $120,000,000 to fund an education campaign, information technology and other administrative costs. The Committee has not provided funding for this activity in recognition that its implementation has been delayed and the Congressional Budget Office estimates that AoA will not begin collecting premiums for CLASS until fiscal year 2013.

Program Administration

The Committee recommends $23,107,000 for program administration. The comparable fiscal year 2011 funding level is $19,939,000 and the administration request is $24,543,000. These funds support salaries and related expenses for program management and oversight activities. The Committee recommendation includes funding for tenant improvement and other costs related to the expiration of AoA's lease and a possible office relocation.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2011	$544,981,000
Budget estimate, 2012	490,346,000
Committee recommendation	549,032,000

The Committee recommends $549,032,000 for general departmental management [GDM]. The comparable fiscal year 2011 funding level is $544,981,000. The administration request is $490,346,000 for this activity. The recommendation includes $72,811,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that $10,000,000 in mandatory funds be transferred to this account from the PPH Fund.

This appropriation supports activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports health activities performed by the Office of Public Health and Science [OPHS], including the Office of the Surgeon General. GDM funds also support the Department's cen-

tralized 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 Committee recommendation includes $250,000 for the Advisory Council on Alzheimer's Research, Care, and Services. This Advisory Council, as created by the National Alzheimer's Project Act (Public Law 111–375), will coordinate the activity of Federal agencies conducting Alzheimer's-related care, services and research.

Antideficiency Act.—The Committee is aware that the Department recently reported 47 violations of the Antideficiency Act which involved several agencies and occurred over multiple fiscal years dating back at least to 2002. Contributing causes of the problems were inconsistent acquisition guidance regarding multi-year contracts and the lack of a legal review process for large contracts. While the Department has taken corrective action, including revising its guidance and providing appropriations law training, the Committee remains deeply concerned that these violations indicate a widespread lack of understanding of appropriations law by departmental staff. Accordingly, the Committee directs the Secretary to institute a process by which all large contracts above a certain dollar threshold are sent to the Office of the General Counsel for legal review to ensure sufficiency of available funds and compliance with appropriations law. The thresholds may vary from agency to agency. The Committee directs the Department to perform follow-up sampling of contracts to ensure that improper funding practices have been corrected.

Blood Donor Policy.—The Committee commends the Department for releasing a research agenda that will yield the data necessary to re-evaluate FDA's existing donor deferral policy and develop alternative policies that maintain the safety of blood and blood products. The Committee encourages the Secretary, working in collaboration with NIH, CDC and FDA, to move forward with this research agenda and to devote resources toward an evaluation of a screening strategy that assures blood safety and allows for the development of alternative deferral criteria. The Committee requests an update on the Department's progress toward meeting the research agenda by April 1, 2012.

Hearing Loss.—The Committee is aware that loud and prolonged noise can permanently damage hearing. The Committee continues to encourage the Department to educate the public about the importance of protecting their hearing, through public service announcements or other means, as there is no cure for deafness caused by exposure to loud noise.

Human Services Transportation.—The Committee recognizes the importance of community providers that ensure safe, efficient and cost-effective transportation for older Americans, children, people with disabilities, and those with lower incomes. The Committee recommendation includes $1,000,000 for a competitive grant to provide assistance to local government and nonprofit transportation providers on the most cost-effective ways to provide transportation assistance and information and technical assistance to persons with disabilities.

Nursing.—The Committee is aware that the Institute of Medicine [IOM] report "The Future of Nursing: Leading Change, Advancing Health" made a series of important recommendations to advance nursing practice, education, leadership and workforce data as well as promote inter-professional education and collaboration. The Committee encourages the Secretary to develop an implementation plan regarding these recommendations, in collaboration with CMS and HRSA, and provide the Committee with an update on its progress in the fiscal year 2013 congressional budget justification.

Oral Health Research.—The Committee notes that the recent IOM report "Advancing Oral Health in America" highlights the important role that the Department can play in improving oral health and oral healthcare in the United States. The Committee encourages the Secretary to place a high priority on efforts to advance oral health research, as recommended by IOM.

Urban-Based Network.—The Committee encourages the Secretary and other agencies within the Department, such as HRSA and the Office of Minority Health, to partner with the NIH's NIMHD in supporting a network of urban-based institutions focused on, and with demonstrated commitment and capacity to, addressing recruitment and training needs of minority and urban underserved populations and reducing health disparities in these urban communities.

Viral Hepatitis.—The Committee commends the Secretary for developing the HHS Action Plan for the Prevention, Care and Treatment of Viral Hepatitis and urges her to increase the staff capacity at the Office of the Assistant Secretary for Health [OASH] to implement the plan. The Committee notes that hepatitis B and hepatitis C testing guidelines are not aligned across HHS operating divisions, and expects OASH to work expeditiously with CDC, AHRQ and the U.S. Preventive Services Task Force to develop a consistent national testing guideline by early 2012 to improve testing rates.

Teen Pregnancy Prevention

The Committee recommendation includes $113,245,000 for the Teenage Pregnancy Prevention [TPP] program. The recommendation includes $8,455,000 in transfers available under section 241 of the PHS Act. The administration requested $118,445,000 for the TPP program, with $110,000,000 funded through transfers from the PPH Fund. The comparable funding level for fiscal year 2011 is $109,245,000. The Committee recommendation includes $4,000,000 for a Federal evaluation of the projects funded by this program. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

Adolescent Family Life

The Committee recommendation does not include funding for the Adolescent Family Life [AFL] program. The comparable fiscal year 2011 level is $12,474,000 and the administration did not request funding for this program. AFL is duplicative of the Pregnancy Assistance Fund, a mandatory program created by the Patient Protec-

tion and Affordable Care Act, which provides similar support services to pregnancy and parenting teens.

Minority Health

The Committee recommends $55,888,000 for the Office of Minority Health. This amount is the same as the comparable fiscal year 2011 funding level. The administration requested $57,980,000. The Office of Minority Health [OMH] focuses on strategies designed to decrease health 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.

The Committee recommendation includes $1,000,000 to continue the national health education program on lupus for healthcare providers. The Committee notes that this debilitating autoimmune disease is up to three times more common among African Americans, Hispanics and Native Americans and affects over 1.5 million persons, 90 percent of whom are women. The Committee continues to support this important national education effort to engage healthcare providers, educators and schools of health professions in working together to improve lupus diagnosis and treatment through education.

Cancer in Asian/Pacific Islanders.—Asian and Pacific Islanders have a high incidence of stomach cancer and liver cancers compared to Caucasians. The Committee continues to urge the Department to focus on the unique and pressing needs regarding cancer in this population.

Chronic Kidney Disease [CKD].—The Committee recognizes that African-Americans represent nearly 29 percent of all those treated for kidney failure and have an end-stage renal disease rate nearly three times that of their non-minority counterparts. Asian and Pacific Islanders experience a higher than average rate of CKD, with Filipinos having one of the highest rates of incidence per capita. The Committee encourages OMH to prioritize the early detection of CKD in minority communities in order to improve health outcomes and eliminate these disparities.

Health Disparities in Women.—Women of racial and ethnic minorities face higher rates of obesity, cancer, diabetes, heart disease, HIV/AIDS and other diseases when compared with White women. A disproportionately higher rate of preterm birth exists among African American women that cannot be accounted for by known risk factors. The Committee encourages HHS to conduct research into the causes of these health disparities and develop and evaluate interventions to address these causes. The Committee also understands that continued and expanded collection of data capturing racial and ethnic information is essential in understanding and reducing disparities.

Hepatitis B.—The Committee notes that Asian Americans, Native Hawaiians and other Pacific Islanders comprise more than 1.5 million of the 2 million estimated hepatitis B carriers in the United States and consequently have the highest rate of liver cancer among all ethnic groups. The Committee urges OMH to expand outreach and preventive hepatitis B programs specific to Asian and

Pacific Islanders and other groups disproportionately affected by hepatitis B. The Committee believes that the recently completed HHS Action Plan for the Prevention and Treatment of Viral Hepatitis will inform and guide this expanded effort.

Offices of Minority Health.—The Committee is encouraged by the implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, as well as the National Stakeholder Strategy for Achieving Health Equity. The Committee strongly supports the Offices of Minority Health in the Office of the Secretary, AHRQ, CDC, CMS, FDA, HRSA and SAMHSA, which are charged with leading the strategy. The Secretary is encouraged to work closely with communities, as well as the public and private sectors, to end longstanding and costly disparities.

Office of Women's Health

The Committee recommends $33,746,000 for the Office of Women's Health [OWH]. This amount is the same as the comparable fiscal year 2011 level and the administration request. OWH develops, stimulates and coordinates women's health research, healthcare services, and public and healthcare professional education across the Department. 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 recommendation includes $3,010,000 to continue the violence against women's initiative. This initiative provides funding to public health programs that integrate domestic and sexual violence assessment and intervention into basic care, as well as encourages collaborations between healthcare providers, public health programs, and domestic and sexual violence programs.

HIV/AIDS in Minority Communities

The Committee recommends $53,783,000 for this activity, which addresses high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS. This amount is the same as the comparable fiscal year 2011 level. The administration request is $53,891,000. The Committee has provided funding for this activity through budget authority, rather than through transfers available under section 241 of the PHS Act as requested by the administration. These funds are available to key operating divisions of the Department with expertise in HIV/AIDS services to assist minority communities with education, community linkages and technical assistance.

Transformation of the Commissioned Corps

The Committee request does not include funding for this activity. The comparable fiscal year 2011 level is $8,071,000 and the administration request is $7,013,000. The Committee has provided funding since fiscal year 2007 for an initiative to train and provide career development programs for Corps officers so that the Corps can respond more quickly and effectively to public health emergencies. The Committee has eliminated funding for this activity in recognition that this transformation initiative has been completed.

Embryo Donation and Adoption

The Committee has not provided funding for embryo donation and adoption awareness activities. The comparable fiscal year 2011 funding level is $2,004,000 and the administration requested $2,000,000 for this activity. This program has had a limited number of applicants since its inception and has been unable to demonstrate its effectiveness.

Acquisition Reform

The Committee recommendation does not include funding requested by the administration for an acquisition reform initiative. The administration request is $7,000,000 for this activity. While the Committee supports the Secretary's efforts to improve the capability of the Department's acquisition workforce and contracting systems, funding was not provided due to budget constraints.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2011	$71,147,000
Budget estimate, 2012	81,019,000
Committee recommendation	71,147,000

The Committee provides $71,147,000 for the Office of Medicare Hearings and Appeals [OMHA]. This amount is the same as the comparable level for fiscal year 2011. The administration request for OMHA is $81,019,000.

OMHA is responsible for hearing Medicare appeals at the administrative law judge level, which is the third level of Medicare claims appeals. The Office ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an administrative law judge.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2011	$61,257,000
Budget estimate, 2012	78,413,000
Committee recommendation	61,257,000

The Committee makes available $61,257,000 to the Office of the National Coordinator for Health Information Technology [ONC]. This amount is the same as the comparable fiscal year 2011 funding level. The administration request for ONC is $78,413,000. The Committee recommendation includes $19,011,000 in transfers available under section 241 of the PHS Act.

ONC 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. ONC was permanently established under the Health Information Technology for Economic and Clinical Health [HITECH] Act, which was intended to promote not only the adoption of health information technology, but its meaningful use.

The Committee recognizes the importance of widespread adoption of health information technology and encourages ONC to more aggressively assist providers not eligible for meaningful use incen-

tives under Medicare and Medicaid. The Committee notes that ONC could assist these providers, many of which are in small towns and rural areas, in affording meaningful health IT options by building upon existing open source platforms such as the Veterans Health Administration's VistA software and the Indian Health Services' Resource and Patient Management System.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2011	$50,178,000
Budget estimate, 2012	63,329,000
Committee recommendation	50,178,000

The Committee recommends an appropriation of $50,178,000 for the Office of Inspector General [OIG]. This amount is the same as the comparable level for fiscal year 2011. The administration request is $63,329,000 for this activity, including $10,000,000 in funds transferred under section 241 of the PHS Act. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 provides a permanent appropriation of $193,387,000 for the Office of Inspector General.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department's operating and staff divisions, including the recipients of the Department's grant and contract funds. In doing so, the OIG addresses issues of waste, fraud and abuse and makes recommendations to improve the efficiency and effectiveness of the Department's programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2011	$41,016,000
Budget estimate, 2012	46,717,000
Committee recommendation	41,016,000

The Committee recommends $41,016,000 for the Office for Civil Rights [OCR]. This amount is the same as the comparable funding level for fiscal year 2011. The administration request is $46,717,000. OCR is responsible for enforcing civil rights-related statutes in healthcare 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. This office also has responsibility for implementing and enforcing privacy protections under the HITECH Act.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2011	$517,537,000
Budget estimate, 2012	564,505,000
Committee recommendation	564,505,000

The Committee provides an estimated $564,505,000 in mandatory funds for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service [PHS]. This amount is the same as the administration request. This account provides for retirement payments to PHS officers who are retired due to age, disability or length of service; payments to survivors of

deceased officers; and medical care to active duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2011	$1,089,829,000
Budget estimate, 2012	1,360,023,000
Committee recommendation	989,452,000

The Committee recommends $989,452,000 for the Public Health and Social Services Emergency Fund. The administration requested $1,360,023,000 and the comparable fiscal year 2011 level is $1,089,829,000. This appropriation supports the activities of the Office of the Assistant Secretary for Preparedness and Response and other activities within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza, and to support the Department's cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response [ASPR]

The Office of the Assistant Secretary for Preparedness and Response [ASPR] was created by the Pandemic and All-Hazards Preparedness Act to lead the Federal Government's activities regarding preventing, preparing for and responding to public health emergencies and disasters. The Committee recommendation includes $931,724,000 for activities administered by ASPR. The administration requested $1,302,295,000 and the comparable funding level for fiscal year 2011 is $913,419,000. These funds will support the Department's efforts to prepare for and respond to public health emergencies, including acts of terrorism.

Virtual Training.—The Committee notes the need to provide major medical emergency preparedness and response training for doctors, nurses and paramedics using today's enabling training technologies. There is also a need to develop a standardized competency-based simulation curriculum. Virtual training tools have the potential to revolutionize medical emergency response training with a corresponding reduction in costs. The Department is encouraged to explore developing and standardizing medical emergency training using state-of-the-art medical response simulation.

Hospital Preparedness

The Committee's recommendation includes $375,466,000, the same as the budget request, for the hospital preparedness program. The comparable funding level for fiscal year 2011 is $377,997,000. This program provides grants to States and localities to enhance hospital preparedness and improve overall surge capacity in public health emergencies. These preparedness activities strengthen the capabilities of hospitals throughout the country to respond to floods, hurricanes, wildfires or infrastructure collapse, and also include training for a potential influenza pandemic or terrorist attack. Given the significant tornado devastation and flooding seen this year across the United States, the Committee believes this funding is vital to providing our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies.

Emergency System for Advance Registration of Volunteer Health Professionals

The Committee recommendation includes $5,000,000, the same as the administration request, for the Emergency System for Advance Registration of Volunteer Health Professionals. This program is a national network of State-based registries that allows health professionals to volunteer in public health emergencies and disasters. The comparable funding level for fiscal year 2011 is $5,861,000.

Biomedical Advanced Research and Development

The Committee has included bill language, proposed by the administration, to transfer $415,000,000 from the Project BioShield Special Reserve Fund [SRF] advance appropriation to fund advanced research and development of medical countermeasures. This amount is the same as the comparable level from fiscal year 2011. The administration requested $665,000,000 for this activity. The Committee is concerned that the administration has proposed to greatly increase the amount of transfers from the Project BioShield SRF to fund advanced research and development. While the Committee strongly supports the efforts of the Biomedical Advanced Research and Development Authority [BARDA] to develop the countermeasures necessary to protect against public health threats, the Committee has not provided funding at the level requested by the administration. The Committee notes that after the award of a smallpox anti-viral contract in May, approximately $1,500,000,000 in SRF balances remain available. The SRF was intended to serve as a signal to the private sector that the Federal Government will purchase countermeasures for the Strategic National Stockpile. The Committee is concerned that increased transfers will further deplete the SRF and significantly weaken the private sector's confidence that the SRF will remain a stable funding source.

Advanced Research and Development.—The Committee is aware that in order to adequately prepare for and respond to public health emergencies, including those caused by acts of terrorism, there is a need by first responders to identify quickly and accurately potentially dangerous pathogens in complex samples. The Committee encourages ASPR to work with NIAID to ensure that sufficient research is being conducted to develop a bioagent detection and bioterrorism warning system based on bioinformatics technology that would allow for the direct identification and sample characterization of pathogens in rapid fashion.

Manufacturing Surge Capacity.—The Committee remains concerned that during its response to the 2009 H1N1 influenza pandemic, the Department relied disproportionately on manufacturing surge capacity to produce the needles and syringes required to administer the vaccine. The Committee believes that the manufacturing surge capacity for these products may not be sufficient to respond to the next global public health emergency as well as support routine care. ASPR should conduct a review of the existing manufacturing surge capacity for drug-delivery devices as well as assess the adequacy of the Strategic National Stockpile's current inventory of drug-delivery devices.

Medical Countermeasures.—The Committee commends the Department for the release of the Public Health Emergency Medical Countermeasures Enterprise Review Report in August 2010. The Committee urges increased coordination between FDA, NIH, BARDA and CDC in the development of medical countermeasures for public health emergencies. The Committee requests that the Department provide additional detail about implementation strategy for medical countermeasures, including a multiyear professional judgment budget. The implementation strategy should not simply focus on initial investments, but also on advanced development, procurement, distribution, dispensing and surveillance.

Next Generation Anthrax Vaccine.—The Committee remains concerned about the country's level of preparedness against biological threats. Anthrax remains the number one biological terrorist threat facing this country. However, nearly 10 years after 9/11, and 6 years after the requirement for a recombinant anthrax vaccine was issued, the Nation still lacks a recombinant anthrax vaccine. The Committee directs BARDA, no later than 60 days after enactment of this act, to brief the Committee on its plans to deliver recombinant anthrax vaccine to the Strategic National Stockpile by 2015.

Strategic Investor

The Committee recommendation does not include funding or bill language requested by the administration for a Strategic Investor initiative. The purpose of this initiative is to provide financial support and business expertise to emerging biodefense companies that will develop Government-required countermeasures. The administration proposed to fund this activity through a transfer of $100,000,000 from the Project BioShield SRF. The Committee does not support additional SRF transfers for this purpose.

Facilities Project

The Committee recommendation does not include funding for the ASPR Facilities project. The administration requested $10,000,000 to co-locate ASPR staff in a new facility. Funds were not provided for this activity in fiscal year 2011.

Other Activities

The Committee recommendation includes the following amounts for the following activities within the Office of the Assistant Secretary for Preparedness and Response:

—Operations—$33,053,000;
—Preparedness and Emergency Operations—$34,647,000;
—National Disaster Medical System—$52,850,000; and
—Policy, Strategic Planning and Communications—$15,708,000.

Office of the Assistant Secretary for Administration

The Committee recommendation for the Office of the Assistant Secretary for Administration includes $40,000,000 for information technology cybersecurity, the same as the administration request. The comparable funding level for fiscal year 2011 is $56,680,000. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of Public Health and Science

The Committee recommendation includes $11,268,000 for the medical reserve corps program, a national network of local volunteers that work to strengthen the public health infrastructure and preparedness capabilities of their communities. This amount is the same as the administration request. The comparable level for fiscal year 2011 is $11,925,000.

Office of the Secretary

The Committee recommendation includes $6,460,000 for activities within the Office of the Secretary. This amount is the same as the administration request. The comparable fiscal year 2011 level is $107,805,000.

Pandemic Influenza Preparedness

The Committee has not provided funding for pandemic influenza preparedness activities, consistent with the administration request. The Committee notes that the administration plans to use $47,000,000 in balances from Public Law 111–32, the fiscal year 2009 emergency supplemental, for additional pandemic preparedness investments in fiscal year 2012. The comparable fiscal year 2011 level is $65,447,000.

Office of Security and Strategic Information

The Committee has included $6,460,000 for the Office of Security and Strategic Information to secure and strengthen the Department's critical assets. This amount is the same as the administration request. The comparable level for fiscal year 2011 is $7,428,000.

PREVENTION AND PUBLIC HEALTH FUND

The Prevention and Public Health Fund was created in section 4002 of the Patient Protection and Affordable Care Act [PPACA]. The fund provides $17,750,000,000 in mandatory funds over the next 10 years to supplement investments in public health and prevention.

The Committee strongly believes that additional resources for prevention will improve people's health and reduce healthcare costs over the long term. Discretionary funding is needed for these purposes because many of the health promotion activities that reach the populations most in need take place outside the reimbursement system, through community- and State-based initiatives.

In recognition of the Committee's responsibility to determine funding levels for community-based prevention and public health programs, the PPACA specifically gives the Committee authority to transfer funds into Federal programs that support the goal of making America healthier.

The PPACA provided $750,000,000 for the fund in fiscal year 2011. In fiscal year 2012, the level appropriated for the fund is $1,000,000,000. The Committee includes bill language in section 219 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

Account	Activity	Amount
Aging Services Programs	Chronic Disease Self Management program authorized under section 411 of the Older Americans Act.	$10,000,000
Aging Services Programs	Elder falls prevention activities authorized under section 393D of the PHS Act.	$7,000,000
Disease Control, Research, and Training	Activities of the Office of Smoking and Health	$100,000,000
Disease Control, Research, and Training	Breastfeeding promotion and support grants	$7,050,000
Disease Control, Research, and Training	Chronic Disease Innovation Grants	$10,000,000
Disease Control, Research, and Training	Community Health Worker program authorized under section 399V of the PHS Act.	$20,000,000
Disease Control, Research, and Training	Community Transformation Grants authorized under section 4201 of the Patient Protection and Affordable Care Act.	$280,000,000
Disease Control, Research, and Training	Elder falls prevention research authorized under section 393D of the PHS Act.	$3,000,000
Disease Control, Research, and Training	Environmental and Health Outcome Tracking Network.	$35,000,000
Disease Control, Research, and Training	Epidemiology and Laboratory Capacity Grants authorized under section 2821 of the PHS Act.	$40,000,000
Disease Control, Research, and Training	National Center for Health Statistics	$35,000,000
Disease Control, Research, and Training	National Prevention, Health Promotion & Public Health Council authorized under section 4001 of the Patient Protection and Affordable Care Act.	$1,000,000
Disease Control, Research, and Training	Prevention of healthcare associated infections	$11,750,000
Disease Control, Research, and Training	Prevention Research Centers	$10,000,000
Disease Control, Research, and Training	Public Health Infrastructure grants	$40,200,000
Disease Control, Research, and Training	Public Health Workforce	$25,000,000
Disease Control, Research, and Training	Racial and Ethnic Approaches to Community Health.	$50,000,000
Disease Control, Research, and Training	Immunization program authorized under Section 317 of the PHS Act.	$150,000,000
Disease Control, Research, and Training	Task Force on Community Preventive Services	$10,000,000
Disease Control, Research, and Training	Infectious disease screening activities	$10,000,000
Disease Control, Research, and Training	Small Business Workplace Wellness grants authorized under section 10408 of the Patient Protection and Affordable Care Act.	$10,000,000
General Departmental Management	Tobacco prevention and cessation activities	$10,000,000
Health Resources and Services	Public Health and Preventive Medicine training programs.	$25,000,000
Healthcare Costs, Quality and Outcomes	Clinical preventive services research	$5,000,000
Healthcare Costs, Quality and Outcomes	U.S. Preventive Services Task Force	$7,000,000
Substance Abuse and Mental Health Services	Primary and Behavioral Health Integration grants	$35,000,000
Substance Abuse and Mental Health Services	Screening, Brief Intervention and Referral to Treatment.	$25,000,000
Substance Abuse and Mental Health Services	Suicide Prevention	$10,000,000
Substance Abuse and Mental Health Services	Surveillance activities	$18,000,000

Not later than 90 days after enactment of this act, the Secretary shall submit to the Chairman and Ranking Members of the Committees on Appropriations, and Health, Education, Labor and Pensions a report identifying all recipients of funds provided pursuant to sections 4002 and 4201 of Public Law 111–148. The report should identify each individual recipient of funds, how much they received, the specific prevention, wellness and public health activities they will perform and how these activities will restrain the rate of growth in private and public sector health care costs.

General Provisions

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 continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of executive level I (sec. 203).

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 of the House and Senate on the proposed use of funds (sec. 204).

The Committee recommendation continues a provision authorizing the transfer of up to 2.5 percent of Public Health Service funds for evaluation activities (sec. 205).

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. 206).

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. 207).

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. 208).

The Committee recommendation continues a provision regarding requirements for family planning applicants (sec. 209).

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. 210).

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. 211).

The Committee recommendation modifies a provision which facilitates the expenditure of funds for international health activities (sec. 212).

The Committee recommendation continues 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. 213).

The Committee continues 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. 214).

The Committee recommendation includes bill language allowing use of funds to continue operating the Council on Graduate Medical Education (sec. 215).

The Committee recommendation continues a provision permitting the National Institutes of Health to use up to $2,500,000 per project for improvements and repairs of facilities (sec. 216).

The Committee recommendation includes a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards (sec. 217).

The Committee recommendation includes a provision transferring mandatory funds section 4002 of the Patient Protection and Affordable Care Act to accounts within the Department for activities outlined under the heading "Prevention and Public Health Fund" in this report (sec. 218).

TITLE III

DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2011	$15,535,934,000
Budget estimate, 2012	16,224,267,000
Committee recommendation	15,714,934,000

The Committee recommends an appropriation of $15,714,934,000 for education for the disadvantaged. The budget request for fiscal year 2012 is $16,224,267,000 and the comparable fiscal year 2011 amount is $15,535,934,000.

The President's budget for fiscal year 2012 was based on the administration's proposal to reauthorize the Elementary and Secondary Education Act [ESEA], but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

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. Funds appropriated in this account primarily support activities in the 2012–2013 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 meet challenging State academic standards.

The Committee recommends $14,463,417,000, the same amount as the fiscal year 2011 level, for the title I grants to LEAs program. The budget request for fiscal year 2012 is $14,792,401,000.

Title I grants are distributed through four formulas: basic, concentration, targeted and education finance incentive grant [EFIG]. The budget request also proposes a new distribution mechanism and authority called Title I Rewards.

For title I basic grants, including up to $3,992,000 transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $6,584,750,000, the same amount as the fiscal year 2011 level. The budget request for fiscal year 2012 is $6,597,946,000.

For concentration grants, the Committee recommends $1,362,301,000, the same amount as the fiscal year 2011 level. The budget request for fiscal year 2012 is $1,365,031,000.

For grants through the targeted formula, the Committee recommends $3,258,183,000, the same amount as the fiscal year 2011 level. The budget request for fiscal year 2012 is $3,264,712,000.

For grants through the EFIG formula, the Committee recommends $3,258,183,000, the same amount as the fiscal year 2011 level. The budget request for fiscal year 2012 is $3,264,712,000.

For grants for Title I Rewards, the Committee recommends no funds. The budget request for fiscal year 2012 is $300,000,000 for this proposed activity. This new authority would provide formula grants to States that would in turn allocate financial and other awards to high-poverty LEAs and schools that are highest-achieving and making the most progress in raising student achievement.

Of the funds available for title I grants to LEAs, up to $3,992,000 shall be available on October 1, 2011, not less than $3,618,248,000 will become available on July 1, 2012 and $10,841,177,000 will become available on October 1, 2012. The funds that become available on July 1, 2012 and October 1, 2012, will remain available for obligation through September 30, 2013.

The Committee notes that the biggest barrier for homeless children and youth attempting to enroll in and attend school regularly is the lack of transportation. The Committee bill includes language clarifying that title I funds may be used to address this transportation issue, as well as support homeless liaisons.

Early Learning Challenge Fund

The Committee does not recommend resources for a separate Early Learning Challenge Fund. The budget request includes $350,000,000 for this activity. The fiscal year 2011 bill includes $500,000,000 for a new Race to the Top-Early Learning Challenge [RTT–ELC] program.

The Committee will continue the effort to improve early learning and development programs for young children through the RTT–ELC program. The Early Learning Challenge Fund proposes to achieve the same goal.

School Improvement Grants

The Committee recommendation includes $534,562,000, the same amount as the fiscal year 2011 level, for the School Improvement Grants [SIG] program. The budget request for fiscal year 2012 is $600,000,000.

The Committee continues authority provided by prior appropriations acts that addresses several issues. First, it continues the expansion of the number of schools that may receive funds through the program. This language allows schools to be eligible for SIG if they are eligible for title I and have not made adequate yearly progress for at least 2 years or are in the State's lowest quintile of performance based on proficiency rates. Second, language also allows States to make subgrants of not more than $2,000,000 to each participating school. Funds made available in the fiscal year 2012 bill will pay for the continuation costs of awards made previously.

The Committee continues to have concerns about implementation challenges related to the SIG program. A recent Government Accountability Office interim report on the program noted that some States have implemented SIG more rigorously than others and that limited capacity, challenges in rural areas and short timeframes affected school reform efforts. Also, the Department's monitoring reports have found significant implementation issues related to SIG

that require corrective action. The Committee strongly urges the Department to help build the capacity of States to carry out their responsibilities under the SIG program; make more timely awards, so States can run competitions that effectively identify the schools with the highest-quality plans for turning around; help engage communities and families in school turnaround planning and implementation; support the effective use of time in schools, including through the adoption of effective, extended learning time activities, and support the effective utilization of the knowledge available for turning around low-performing schools. To aid in this effort, the Committee bill includes language providing the Department with a set-aside of up to 5 percent of the SIG appropriation for national activities designed to address implementation issues identified through Department monitoring and other sources. Prior to obligating any of these national activities funds, the Committee requests a multi-year strategic vision and operating plan for how it will utilize this new authority and coordinate these new efforts with existing technical assistance and related efforts that the Department supports.

Striving Readers

The Committee recommends $183,000,000 to continue the Striving Readers initiative. The budget proposes to consolidate this funding within a new Effective Teaching and Learning program under its reauthorization proposal. The fiscal year 2011 bill did not include funds for Striving Readers, but fiscal year 2010 funding of $200,000,000 allowed the Department to make $180,500,000 in 3- and 5-year awards to States in September 2011 and support other activities.

The Committee bill includes language that continues the competitive portion of the program as it was established in the fiscal year 2010 appropriations act. This comprehensive literacy program will advance literacy skills, including language development, reading and writing for all students, including English language learners and students with disabilities, from birth through grade 12.

Funds provided by the 2012 appropriations bill will be used for the second-year costs of awards made in September 2011. States will be required to distribute not less than 95 percent of their funds as subgrants to LEAs or, in the case of early literacy, to LEAs or other entities providing early childhood care and education. State subgrants must first be prioritized to such agencies or other entities serving greater percentages or numbers of disadvantaged students and ensure that: at least 15 percent go to serve children from birth through age 5, 40 percent to serve students in kindergarten through grade 5, and 40 percent to serve students in middle and high school, through grade 12. States also must equitably distribute funds between middle and high schools.

Migrant Education Program

The Committee recommends $393,981,000, the same as the fiscal year 2011 level, for the migrant education program. The budget request for fiscal year 2012 is $394,771,000.

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. This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee recommends $50,326,000, the same amount as the fiscal year 2011 level, for the title I neglected and delinquent program. The budget request for fiscal year 2012 is $50,427,000.

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. 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 re-entry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

Evaluation

The Committee recommends $4,151,000 for evaluation of title I programs. The budget request proposes to fund evaluation efforts through a comprehensive evaluation authority contained in the administration's reauthorization proposal. The comparable fiscal year 2011 amount is $8,151,000.

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.

Funds provided will support costs associated with studies of the implementation of title I and title II program initiatives, Early Childhood Language Development activities and School Turnaround.

High School Graduation Initiative

The Committee recommends $48,902,000, the same amount as the fiscal year 2011 level, for the High School Graduation Initiative under title I, part H of the ESEA. The budget request funds related activities through a broader College Pathways and Accelerated Learning program.

The High School Graduation Initiative provides competitive grants to LEAs or State educational agencies to implement effective high school graduation and re-entry strategies in schools and districts that serve students in grades 6 through 12 and have annual school dropout rates that are above their State's average. Funds also are used for certain national activities, including evaluation, technical assistance and dissemination of information on effective programs and best practices.

Special Programs for Migrant Students

The Committee recommends $36,595,000, the same as the fiscal year 2011 level, for Special Programs for Migrant Students. The budget request for fiscal year 2012 is $36,668,000.

The Higher Education Opportunity Act of 2008 reauthorized the High School Equivalency Program [HEP] and College Assistance Migrant Program [CAMP] within the Special Programs for Migrant Students, and added a new provision allowing the Department to reserve up to 0.5 percent of the funds appropriated between the two programs for outreach, technical assistance and professional development activities. In addition, under current law, if the total amount appropriated is below $40,000,000, the remaining funds are to be distributed between the two programs in the same proportion as the amounts available for each program the previous year.

HEP projects are 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.

CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education.

IMPACT AID

Appropriations, 2011	$1,273,631,000
Budget estimate, 2012	1,276,183,000
Committee recommendation	1,273,631,000

The Committee recommends $1,273,631,000, the same amount as the fiscal year 2011 level, for impact aid. The budget request for fiscal year 2012 is $1,276,183,000.

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 retains 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 schools in the same school district.

Basic Support Payments.—The Committee recommends $1,135,724,000, the same amount as the fiscal year 2011 level, for basic support payments. The budget request for fiscal year 2012 is

$1,138,000,000. 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.

The Department shall continue to make heavily impacted payments to qualifying school districts that are affected by ongoing military housing privatization projects, as required under section 8003(b)(2)(H) of title VIII of the ESEA, including if the completion of these projects has been postponed due to economic conditions.

Payments for Children With Disabilities.—The Committee bill includes $48,505,000, the same amount as the fiscal year 2011 level, for payments for children with disabilities. The budget request for fiscal year 2012 is $48,602,000. 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 $4,854,000, the same amount as the fiscal year 2011 level, for facilities maintenance. The budget request for fiscal year 2012 is $4,864,000. 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 $17,474,000, the same amount as the fiscal year 2011 level, for the construction program. The budget request for fiscal year 2012 is $17,509,000. Formula and competitive grants are authorized to be awarded to eligible LEAs for emergency repairs and modernization of school facilities.

The Committee recommendation includes bill language allowing these funds to be awarded entirely through a competitive process, as proposed in the budget request. Funds also are available for obligation through September 30, 2013. Last year's bill provided these funds entirely through formula allocations.

Payments for Federal Property.—The Committee recommends $67,074,000, the same amount as the fiscal year 2011 level, for payments for Federal property. The budget request for fiscal year 2012 is $67,208,000. These payments compensate LEAs in part for revenue lost due to the removal of Federal property from local tax rolls.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2011	$4,597,019,000
Budget estimate, 2012	2,996,572,000
Committee recommendation	4,570,145,000

The Committee recommendation includes $4,570,145,000 for school improvement programs. The budget request for fiscal year 2012 is $2,996,572,000 and the comparable fiscal year 2011 amount is $4,597,019,000.

The President's budget for fiscal year 2012 was based on the administration's proposal to reauthorize the Elementary and Secondary Education Act [ESEA], but no such bill has passed the Sen-

ate. As a result, programs in this account are based generally on current law, as authorized under the ESEA.

Effective Teaching and Learning: Literacy

The Committee recommends no funds for the proposed Effective Teaching and Learning: Literacy program. The budget request for fiscal year 2012 is $383,348,000. Activities supported under this proposed program are instead funded under current law.

The Effective Teaching and Learning: Literacy program would provide competitive grants to State educational agencies [SEAs], or SEAs in partnership with appropriate outside entities, to support development and implementation of comprehensive, evidence-based State and local efforts to provide high-quality literacy programs aligned with college- and career-ready English language standards.

Effective Teaching and Learning: Science, Technology, Engineering, and Mathematics [STEM]

The Committee recommends no funds for the proposed Effective Teaching and Learning: STEM program. The budget request for fiscal year 2012 is $206,046,000. Activities supported under this proposed program are instead funded under current law.

The Effective Teaching and Learning: STEM would provide competitive grants to SEAs, or SEAs in partnership with appropriate outside entities, to support State and local efforts to implement a comprehensive strategy for the provision of high-quality STEM instruction and support to students from preschool through grade 12.

Effective Teaching and Learning for a Well-Rounded Education

The Committee recommends no funds for the proposed Effective Teaching and Learning for a Well-Rounded Education. The budget request for fiscal year 2012 is $246,084,000. Activities supported under this proposed program are instead funded under current law.

The Effective Teaching and Learning for a Well-Rounded Education would provide competitive grants to high-need local educational agencies [LEAs], SEAs and institutions of higher education or nonprofit organizations in partnership with one or more high-need LEAs to support the development and expansion of innovative practices to improve teaching and learning across a well-rounded curriculum that includes the arts, health education, physical education, foreign languages, civics and government, history, geography, environmental education, economics and financial literacy and other subjects.

College Pathways and Accelerated Learning

The Committee recommends no funds for the proposed College Pathways and Accelerated Learning program. The budget request for fiscal year 2012 is $86,000,000. Activities supported under this proposed program are instead funded under current law.

The College Pathways and Accelerated Learning program would support efforts to increase high school graduation rates and preparation for college matriculation and success by providing college-level and other accelerated courses and instruction in middle and high schools with concentrations of students from low-income families and in high-schools with low graduation rates.

State Grants for Improving Teacher Quality

The Committee recommends $2,468,054,000, the same amount as the fiscal year 2011 level, for State grants for improving teacher quality. The budget request proposes $2,500,000,000 for a new effective teacher and leaders State grants program within the Innovation and Improvement account.

The appropriation for this program primarily supports activities associated with the 2012–2013 academic year. Of the funds provided, $786,613,000 will become available on July 1, 2012, and $1,681,441,000 will become available on October 1, 2012. These funds will remain available for obligation through September 30, 2013.

States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay and merit-based performance systems. These funds may also be used by districts to hire teachers to reduce class sizes.

The Committee bill continues a set-aside established in the fiscal year 2011 bill for competitive awards to national not-for-profit organizations for teacher training or professional enhancement activities. Up to 5 percent of funds available for the State grants for improving teacher quality program shall be used for this purpose. In fiscal year 2011, the set-aside was 1 percent.

Mathematics and Science Partnerships

The Committee recommends $175,127,000, the same amount as the fiscal year 2011 level, for the mathematics and science partnerships program. The budget proposes $206,046,000 for a new Effective Teaching and Learning: Science, Technology, Engineering, and Mathematics program.

These funds will be used to improve the performance of students in the areas of math and science by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians and engineers to increase the teachers' subject-matter knowledge and improve their teaching skills. The Department awards grants to States by a formula based on the number of children aged 5 to 17 who are from families with incomes below the poverty line. States then are required to make grants competitively to eligible partnerships, which must include an engineering, math or science department of an institution of higher learning and a high-need LEA.

Supplemental Education Grants

The Committee recommendation includes $17,652,000, the same amount as the fiscal year 2011 level, for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM]. The budget request for fiscal year 2012 is $17,687,000.

This grant program was authorized by the Compact of Free Association Amendments Act of 2003. 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 that allows up to 5 percent to be used by the FSM and RMI to purchase oversight and technical assistance, which may include reimbursement to the Departments of Labor, Health and Human Services, and Education for such services.

21st Century Community Learning Centers

The Committee recommends an appropriation of $1,153,854,000, the same amount as the fiscal year 2011 level, for the 21st Century Community Learning Centers program. The budget request for fiscal year 2012 is $1,266,166,000.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, 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 ESEA or serve high percentages of students from low-income families.

A growing body of evidence demonstrates that students benefit academically from a longer school day, week and year. The Committee notes that some school districts have adopted strategies to extend the school day without significant new investments, such as through staggered school schedules and innovative partnerships with community partners.

The Committee believes State educational agencies should award grants to high-quality programs that address individual student learning needs and student well-being. Funded programs should (1) deliver services through a variety of high-quality and effective strategies for boosting learning and enrichment including after school, before school, summer school, and extended school day, week or year opportunities; and (2) align with and complement, rather than replicate, the regular school day by offering a range of activities that capture student interest and support student engagement to promote higher class attendance, reduce risk for retention or dropping out, and include activities that promote good health. The Committee directs the Department to provide guidance and support technical assistance on how to form and maintain strong community-school partnerships, promote continuous quality improvement and ensure that funded programs meet the needs of individual students.

State Assessments and Enhanced Assessment Instruments

The Committee recommends $389,951,000, the same amount as the fiscal year 2011 level, for State assessments and enhanced assessment instruments. The budget request for fiscal year 2012 is $420,000,000.

This program has two components. The first provides formula grants to States to pay the cost of developing and implementing standards and assessments required by the Elementary and Sec-

ondary Education Act. The Committee provides $380,000,000 for this purpose.

Under the second component—grants for enhanced assessment instruments—appropriations in excess of the State assessment program 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 $9,951,000.

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.

Foreign Language Assistance

The Committee recommends no funds for the foreign language assistance program. The comparable fiscal year 2011 amount is $26,874,000.

The budget request proposes to fund similar activities under Effective Teaching and Learning for a Well-Rounded Education. Funds from this program have supported competitive grants to increase the quality and quantity of foreign language instruction.

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 $65,296,000. The budget request for fiscal year 2012 is $65,427,000 and the comparable fiscal year 2011 amount is $65,296,000.

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.

Training and Advisory Services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee recommends $6,975,000. The budget request for fiscal year 2012 is $6,989,000 and the comparable fiscal year 2011 amount is $6,975,000.

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 $34,246,000. The budget request for fiscal year 2012 is $34,315,000 and the comparable fiscal year 2011 amount is $34,246,000.

The Committee bill includes language that allows funding provided by this program to be used for construction.

Alaska Native Educational Equity

The Committee recommends $33,248,000, the same amount as the fiscal year 2011 level, for the Alaska Native educational equity assistance program. The budget request for fiscal year 2012 is $33,315,000.

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 that allows funding provided by this program to be used for construction. The Committee expects the Department to use some of these funds to address the construction needs of rural schools.

The Committee bill also includes language overriding the authorizing statute's requirement to make non-competitive awards to certain organizations.

Rural Education

The Committee recommends $174,532,000, the same amount as the fiscal year 2011 level, for rural education programs. The budget request for fiscal year 2012 is $174,882,000.

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 $51,210,000, the same amount as the fiscal year 2011 level, for the comprehensive centers program. The budget request for fiscal year 2012 is $56,313,000.

These funds provide support to a network of 21 comprehensive centers that are operated by research organizations, agencies, institutions of higher education or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs and schools as identified through needs assessments undertaken in each region. The system also currently includes 16 regional centers, which are charged with providing intensive technical assistance to State educational agencies to increase their capacity to assist LEAs and schools with meeting the goals of the Elementary and Secondary Education Act, and five content centers, which are organized by topic area.

INDIAN EDUCATION

Appropriations, 2011	$127,027,000
Budget estimate, 2012	127,282,000
Committee recommendation	128,027,000

The Committee recommends $128,027,000 for Indian education programs. The budget request for fiscal year 2012 is $127,282,000 and the comparable fiscal year 2011 amount is $127,027,000.

Grants to Local Educational Agencies

For grants to local educational agencies, the Committee recommends $104,122,000, the same amount as the fiscal year 2011 level. The budget request for fiscal year 2012 is $104,331,000.

These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to local educational agencies, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

Special Programs for Indian Children

The Committee recommends $19,022,000, the same amount as the fiscal year 2011 level, for special programs for Indian children. The budget request for fiscal year 2012 is $19,060,000.

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 $4,883,000 for national activities. The budget request for fiscal year 2012 is $3,891,000 and the comparable fiscal year 2011 amount is $3,883,000.

Funds will be used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs. The $1,000,000 increase over the fiscal year 2011 level shall be used for grants to tribes for education administration and planning.

INNOVATION AND IMPROVEMENT

Appropriations, 2011	$1,856,179,000
Budget estimate, 2012	4,995,000,000
Committee recommendation	1,740,212,000

The Committee recommendation includes $1,740,212,000 for programs within the innovation and improvement account. The budget request for fiscal year 2012 is $4,995,000,000 for related activities and the fiscal year 2011 appropriation is $1,856,179,000 for programs in this account.

The President's budget for fiscal year 2012 was based on the administration's proposal to reauthorize the Elementary and Secondary Education Act [ESEA], but no such bill has passed the Senate. As a result, programs in this account are based generally on current law, as authorized under the ESEA.

Race to the Top

The Committee recommends $698,600,000, the same amount as the fiscal year 2011 level, for the Race to the Top [RTT] program. The budget request for fiscal year 2012 includes $900,000,000 for this program. These funds are available for obligation on July 1, 2012, and will remain available through September 30, 2013.

RTT was established in the American Recovery and Reinvestment Act and continued in the fiscal year 2011 appropriations bill. It has supported and incentivized reforms that are designed to reduce achievement gaps, significantly improve student achievement, graduation rates and college enrollments, and encourage the broad replication of effective practices. The Committee bill includes new language allowing local school districts to be eligible for RTT grants. With funds provided in this appropriations bill, the Department may make awards to SEAs and/or LEAs based on their commitment to and plan for innovation and reform that will improve student achievement. States receiving awards must use not less than 50 percent of their funds to local educational agencies participating in the State's RTT plan.

Funds also may be used for Race to the Top-Early Learning Challenge [RTT–ELC], a component that was added in the fiscal year 2011 appropriations bill. The goal of RTT–ELC is to improve the quality of early learning and development and close the achievement gap for children with high needs. The RTT–ELC grant competition focuses on improving early learning and development for young children by supporting States' efforts to increase the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers and preschoolers enrolled in high-quality early learning and development programs; and designing and implementing an integrated system of high-quality early learning and development programs and services. Grants are made to States, which may make subgrants to appropriate entities so they can help achieve the goals of States' plans.

The Committee bill includes new language providing up to 5 percent of the appropriation for this program to be used for evaluation and technical assistance. These funds may be used to continue to collect implementation data, possibly to expand the implementation study to include more districts or to conduct impact evaluations of interventions supported by RTT including impact studies of the RTT–ELC. The Committee expects to be notified in advance of the proposed uses of these funds.

Investing in Innovation

The Committee recommends $149,700,000, the same amount as the fiscal year 2011 level, for the Investing in Innovation program. The budget request for fiscal year 2012 is $300,000,000 for this purpose.

Investing in Innovation was established in the American Recovery and Reinvestment Act and continued in the fiscal year 2011 appropriations bill. The program has provided a source for replicating education programs that meet the highest level of evidence; expanding those with significant levels of evidence; and supporting promising practices for which there is some level of appropriate research. The Committee supports this three-tier evidentiary model

and believes that this feature of the program should continue to guide future funding opportunities and decisions. The Committee also appreciates the priority given to rural applicants in the fiscal year 2011 competition and believes that this priority should continue to be used in the fiscal year 2012 competition. The Committee expects the Department to equally distribute grants among the absolute priority categories unless there are an insufficient number of qualified grants for a priority category.

The Committee bill includes new language providing up to 5 percent of the appropriation for this program to be used for evaluation and technical assistance. These funds may be used to provide technical assistance and to summarize the evaluations from 2011 grantees. The Committee expects to be notified in advance of the proposed uses of these funds.

Effective Teachers and Leaders

The Committee recommends no funding for the Effective Teachers and Leaders State grant program. The budget request for fiscal year 2012 includes $2,500,000,000 for this new program based on the administration's reauthorization proposal.

The Committee has provided $2,468,054,000 for State Grants for Improving Teacher Quality within the school improvement programs account. These funds may be used for similar purposes as those proposed under this new program.

Effective Teachers and Leaders Innovation Fund

The Committee recommends no funding for the Effective Teachers and Leaders Innovation Fund. The budget request for fiscal year 2012 includes $500,000,000 for this new program based on the administration's reauthorization proposal.

The Committee has provided $300,000,000 for the Teacher Incentive Fund and additional funds for other current law programs that may be used for similar purposes as those proposed under this new program.

Teacher and Leader Pathways

The Committee recommends no funding for the Teacher and Leader Pathways program. The budget request for fiscal year 2012 includes $250,000,000 for this new program based on the administration's reauthorization proposal.

The Committee has provided resources under current law programs that may be used for similar purposes as those proposed under this new program.

Expanding Educational Options

The Committee recommends no funding for the Expanding Educational Options program. The budget request for fiscal year 2012 includes $372,000,000 for this new program based on the administration's reauthorization proposal.

The Committee has provided resources under current law programs that may be used for similar purposes as those proposed under this new program.

Transition to Teaching

The Committee recommends $20,125,000 for the Transition to Teaching program. The budget request for fiscal year 2012 proposes an Excellent Instructional Teams initiative that could support activities carried out under this program. The fiscal year 2011 level is $41,125,000 for this program.

This program provides grants to help support efforts to recruit, train and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom. In particular, this program is intended to attract mid-career professionals and recent college graduates. Program participants are placed in high-need schools in high-need LEAs.

The level recommended by the Committee is sufficient to pay the continuation costs for existing grants.

Teaching of Traditional American History

The Committee recommends $45,908,000, the same amount as the fiscal year 2011 level, for the Teaching of Traditional American History program. The budget request for fiscal year 2012 proposes an Effective Teaching and Learning for a Well-Rounded Education program that could support activities carried out under this program.

The Teaching of Traditional American History program supports competitive grants to LEAs. 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. Grants are awarded for 3 years, with 2 additional years allowed for grantees that are performing effectively.

The Committee bill retains language that allows the Department to reserve up to 3 percent of funds appropriated for this program for national activities. The Committee continues to believe that the Department should use these funds to help grantees reach those teachers most in need of services supported by these grant funds.

School Leadership

The Committee recommends $29,162,000, the same amount as the fiscal year 2011 level, for the school leadership program. The budget request for fiscal year 2012 proposes a Teacher and Leader Pathways program that could support activities funded through this program.

The 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.

Charter Schools

The Committee recommends a total of $255,519,000, the same amount as the fiscal year 2011 level, for the support of charter

schools. The budget request for fiscal year 2012 proposes no dedicated funding for the charter schools program, instead providing support for such activities through a broader Expanding Educational Options program.

The Committee allocates the recommended funding as follows: up to $221,519,000 for charter school grants, not less than $23,000,000 for the State facilities, and credit enhancement for charter schools facilities programs, and up to $11,000,000 for national activities designed to support local, State and national efforts to increase the number of high-quality charter schools.

The Charter Schools grants program supports the planning, development and initial implementation of charter schools. State educational agencies [SEAs] 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.

Under the State facilities program, the Department awards 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.

The credit enhancement program provides assistance to help charter schools meet their facility needs. Funds are provided on a competitive basis to public and nonprofit entities, to leverage non-Federal funds that help charter schools obtain school facilities through purchase, lease, renovation and construction.

The Committee continues language initiated with the fiscal year 2010 bill that allows the Secretary to reserve up to $55,000,000 of the charter school grant funds to make multiple awards to charter management organizations and other entities for the replication and expansion of successful charter school models that have a track record of success.

The Committee is particularly interested in the Department using a portion of the $11,000,000 available for national activities to help address issues related to services to students with disabilities enrolled in or interested in enrolling in charter schools, as well as efforts to strengthen charter authorizing practices.

Voluntary Public School Choice

The Committee recommends no funds for the voluntary public school choice program. The comparable fiscal year 2011 level is $25,767,000. The budget request for fiscal year 2012 includes no funds for this program, but instead consolidates them within the proposed Expanding Educational Options program.

This program has supported 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 $99,800,000, the same amount as the fiscal year 2011 appropriation, for the magnet schools assistance program. The budget request for fiscal year 2012 includes $110,000,000 for this purpose.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials, teacher salaries and the purchase of computers and other educational materials and equipment.

Fund for the Improvement of Education

The Committee recommends an appropriation of $70,900,000 for the Fund for the Improvement of Education [FIE]. The fiscal year 2011 appropriation is $40,900,000 and the budget request for fiscal year 2012 is $63,000,000 for this purpose.

Within programs of national significance, the Committee includes $30,000,000 for competitive awards to national not-for-profit organizations or school libraries for providing books and childhood literacy activities to children and families living in high need communities. The competition should be designed so that funds are awarded to entities that have evidence of effectiveness or high-quality plans for addressing childhood literacy activities for the target population. The Committee expects no less than 50 percent of these funds to be made available to applications from school libraries proposing high-quality projects for increasing access to a wide range of print and electronic resources that provide learning opportunities to all students, but particularly those less likely to have access to such materials at home.

Funds for programs of national significance also support $1,000,000 to continue the educational facilities clearinghouse, which provides information on planning, designing, financing, building, maintaining and operating safe, healthy, high-performance educational facilities, including early learning centers, and $9,750,000 to continue awards for full service community schools. The Committee also provides $2,600,000 for data quality and evaluation initiatives and peer review.

Within the amount for FIE, the Committee also includes $27,550,000 for arts in education. The budget request includes funds for similar activities under its proposed Effective Teaching and Learning for a Well-Rounded Education program. The fiscal year 2011 appropriation is $27,447,000 for competitive awards for national nonprofit organizations engaged in arts education, professional development activities and model arts education programs. Funds also are used for evaluation and dissemination activities, as well as a partnership with the National Endowment for the Arts.

The Committee recommends no funds for activities authorized by the Excellence in Economic Education Act. The Department used $1,444,000 from the fiscal year 2011 appropriation for this purpose. The budget proposes to support similar activities under its proposed Effective Teaching and Learning for a Well-Rounded Education program. Funds support a grant to a nonprofit educational organization to promote economic and financial literacy among kindergarten through 12th grade students.

Teacher Incentive Fund

The Committee recommendation includes $300,000,000 for the Teacher Incentive Fund [TIF] program. The comparable fiscal year 2011 level is $399,200,000. The budget proposal supports the program through a broader Teacher and Leader Innovation Fund based on the administration's reauthorization proposal.

The goals of TIF are to improve student achievement by increasing teacher and principal effectiveness; reform compensation systems to reward gains in student achievement; increase the number of effective teachers teaching low-income, minority, and disadvantaged students, and students in hard-to-staff subjects; and other activities designed to increase the effectiveness of teachers, principals and other personnel in high-need schools.

The Committee-recommended funding level provides robust support for activities designed to support reforms in evaluation, compensation, hiring and advancement in order to increase the effectiveness of teachers, principals and other personnel in high-need schools. Grants funded under this program may continue to address reform of compensation, but the Committee bill now will allow applicants to propose additional activities designed to increase teacher and principal effectiveness. The Committee bill includes language broadening the TIF program because of the rigorous research released over the past year showing that performance-based compensation systems had no effect in increasing student achievement.

At the Committee-recommended level, the Department will have more than $290,000,000 to make new awards.

Ready-to-Learn Television

The Committee recommendation includes $27,245,000, the same amount as the fiscal year 2011 level, for the Ready-to-Learn Television program. The budget request proposes to fund similar activities through its proposed Effective Teaching and Learning: Literacy program.

The Ready-to-Learn program was created by Congress in 1992 to use the power and reach of public television to help prepare children, especially disadvantaged children, enter and succeed in school. The Elementary and Secondary Education Act requires that all programming and digital content created under Ready-to-Learn be specifically designed for nationwide distribution over public television stations' digital broadcasting channels and the Internet. The act also requires funds to be made available to public telecommunications entities to ensure that these programs, and related educational materials, are disseminated and distributed to the widest possible audience and are made accessible to all Americans.

Advanced Placement [AP]

The Committee recommends $43,253,000, the same amount as the fiscal year 2011 appropriation, for AP programs. The budget request proposes to fund similar activities through its College Pathways and Accelerated Learning program.

These funds support two programs, the Advanced Placement Test Fee program and the Advanced Placement Incentive [API] program. The purpose of both is to aid State and local efforts to in-

crease access to AP and International Baccalaureate [IB] classes and tests for low-income students. Under the test fee program, the Department makes awards to State educational agencies to enable them to cover part or all of the cost of test fees of low-income students who are enrolled in an AP or IB class and plan to take an AP or IB test. Under the API program, the Department makes 3-year competitive awards to State educational agencies, LEAs, or national nonprofit educational entities to expand access for low-income individuals to AP programs through activities including teacher training, development of pre-advanced placement courses, coordination and articulation between grade levels to prepare students for academic achievement in AP or IB courses, books and supplies, and participation in online AP or IB courses. Under the authorizing statute, the Department must give priority to funding the test fee program.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2011	$288,465,000
Budget estimate, 2012	514,966,000
Committee recommendation	270,463,000

The Committee recommends a total of $270,463,000 for activities to promote safe schools, healthy students and citizenship education. The budget request for fiscal year 2012 is $514,966,000 and the comparable fiscal year 2011 amount is $288,465,000.

The President's budget for fiscal year 2012 was based on the administration's proposal to reauthorize the Elementary and Secondary Education Act [ESEA], but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

Promise Neighborhoods

The Committee recommends $60,000,000 for the Promise Neighborhoods program. The budget request for fiscal year 2012 is $150,000,000 and the comparable fiscal year 2011 amount is $29,940,000.

Funds are available for obligation through December 31, 2012. By providing an extra quarter to obligate these funds, the Committee gives fiscal year 2011 planning grantees sufficient time to develop implementation plans that could be funded by this bill and provides the Department ample time to evaluate whether fiscal year 2011 implementation grantees are making significant progress required to justify the receipt of continuation awards in fiscal year 2012.

Competitive grants will be awarded to nonprofit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee will serve a high-poverty urban neighborhood or rural community.

Two types of awards will be made under this program, 1-year planning grants and implementation grants. Funds for planning grants are used by communities to develop a plan for providing a continuum of services and supports for the children and youth in a particular neighborhood. Implementation grants are awarded to

organizations with feasible plans for achieving the goals of the program.

At the funding level recommended by the Committee, the Department could use more than $45,000,000 to support implementation grants for prior planning grant recipients or communities with high-quality plans for achieving the goals of the program. Approximately $10,000,000 would be available for another round of planning grants and for technical assistance activities.

Successful, Safe, and Healthy Students

The Committee recommends no funds for this proposed new program, which is based on the administration's reauthorization plan. The Committee has allocated funds for related current law programs, as described under the individual headings in this account.

Under this program, the Department would award grants to State educational agencies, title I eligible LEAs and their partners for programs designed to improve the school culture and climate; improve students' physical health and well-being; and improve students' mental health and well-being.

Safe and Drug-Free National Activities

The Committee recommendation includes $79,226,000 for the national activities portion of the Safe and Drug-Free Schools and Communities program. The fiscal year 2011 appropriation is $119,226,000 for this purpose. The budget request proposes to fund related activities within the proposed Successful, Safe and Healthy Students program.

The Committee recognizes the need to address the problems of bullying, harassment, threats of violence and other types of behavior that detract from the learning environment in our Nation's schools, and urges the Department to increase support for research-based programs, such as bullying prevention, threat assessment protocols, social and emotional learning, and positive behavioral supports and interventions.

The Committee recommends no funds for Project SERV (School Emergency Response to Violence), which provides education-related services to LEAs and institutions of higher education in which the learning environment has been disrupted due to a violent or traumatic crisis. Project SERV funds are available until expended. The budget request includes $5,000,000 for this purpose. No funds were appropriated for Project SERV in fiscal year 2011. The Committee believes that no additional funds are required in fiscal year 2012, given the amount of unobligated funds that have been carried over from previous years.

The Committee recommendation includes funds for continuation costs related to safe and supportive schools, Safe Schools/Healthy Students, and other activities.

Alcohol Abuse Reduction

The Committee recommends no funds for grants to LEAs to develop and implement programs to reduce underage drinking in secondary schools. The comparable fiscal year 2011 amount is $6,907,000. The budget recommended consolidating this program into its proposed Successful, Safe and Healthy Students program.

Elementary and Secondary School Counseling

The Committee recommends $52,395,000, the same as the fiscal year 2011 level, to establish or expand counseling programs in elementary and secondary schools. The budget request recommended consolidating this program into its proposed Successful, Safe and Healthy Students program. As currently authorized, at least $40,000,000 must be used to support elementary school counseling programs.

Carol M. White Physical Education for Progress Program

The Committee recommendation includes $78,842,000, the same as the fiscal year 2011 level, to help LEAs and community-based organizations initiate, expand and improve physical education programs for students in grades K–12. The budget request proposed to consolidate this program into its proposed Successful, Safe and Healthy Students program. This funding will help schools and communities improve their structured physical education programs for students and help children develop healthy lifestyles to combat the national epidemic of obesity.

Civic Education

The Committee recommends no funds for the civic education program, which is intended to improve the quality of civics and government education, foster civic competence and responsibility, and improve the quality of civic and economic education through exchange programs with emerging democracies. The fiscal year 2011 appropriation is $1,155,000 for this purpose. The budget request proposes to fund similar activities through the Effective Teaching and Learning for a Well-Rounded Education program.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2011	$733,530,000
Budget estimate, 2012	750,000,000
Committee recommendation	733,530,000

The Committee recommends an appropriation of $733,530,000, the same amount as the fiscal year 2011 level, for English language acquisition. The budget request for fiscal year 2012 is $750,000,000.

The President's budget for fiscal year 2012 was based on the administration's proposal to reauthorize the Elementary and Secondary Education Act [ESEA], but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

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 Committee includes bill language requiring that 6.5 percent of the appropriation 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 Pro-

grams; and evaluation activities. National activities funds shall be available for 2 years.

The Committee bill continues language that requires the Secretary to use a 3-year average of the most recent data available from the American Community Survey for calculating allocations to all States under the English Language Acquisition State Grants program. Under the authorizing statute, the Department would use 1-year estimates, which are not as reliable and produce more volatility in the allocations from year to year.

SPECIAL EDUCATION

Appropriations, 2011	$12,542,912,000
Budget estimate, 2012	12,861,351,000
Committee recommendation	12,553,066,000

The Committee recommends an appropriation of $12,553,066,000 for special education programs. The fiscal year 2011 funding level is $12,542,912,000 and the budget request includes $12,861,351,000 for special education.

Grants to States

The Committee recommends $11,482,200,000, the same amount as the fiscal year 2011 level, for special education grants to States, as authorized under section 611 of part B of the IDEA. The budget request proposes $11,705,211,000 under this authority.

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 2012–2013 academic year. Of the funds available for this program, $2,889,817,000 will become available on July 1, 2012, and $8,592,383,000 will become available on October 1, 2012. These funds will remain available for obligation until September 30, 2013.

As requested by the administration, the Committee continues bill language capping the Department of the Interior set-aside at the prior year level, adjusted by the lower of the increase in inflation or the change in the appropriation for grants to States. This provision also would prevent a decrease in the amount to be transferred in case the funding for this program decreases or does not change.

Preschool Grants

The Committee recommends $373,351,000, the same amount as the fiscal year 2011 level, for preschool grants. The budget request for fiscal year 2012 is $374,099,000. 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 the bulk of the funds to local educational agencies. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

Grants for Infants and Families

The Committee recommends $443,548,000 for the grants for infants and families program under part C of the IDEA. The budget request for fiscal year 2012 is $489,427,000 and the comparable fiscal year 2011 level is $438,548,000. Part C of the IDEA authorizes formula grants to States, outlying areas and other entities to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages 2 and under, and their families.

State Personnel Development

The Committee recommends $44,000,000 for the State personnel development program. The budget request for fiscal year 2012 is $48,000,000 and the comparable fiscal year 2011 amount is $46,846,000. 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 encourages funds available for new awards to be used to support activities devoted to increasing the skills of general educators in working collaboratively with special educators, and ultimately, students with disabilities.

Technical Assistance and Dissemination

The Committee recommends $49,306,000 for technical assistance and dissemination. The budget request for fiscal year 2012 is $49,549,000 and the comparable fiscal year 2011 amount is $48,806,000. 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.

The Committee continues to support activities that address the need for high-quality, evidence-based technical assistance activities that improve the services to and outcomes for students with disabilities. The Committee encourages the Department to strengthen its efforts to align the investments of the Office of Special Education Programs [OSEP] with a strategic plan designed to improve outcomes for students with disabilities and to ensure that OSEP's technical assistance activities are coordinated with other Department technical assistance activities.

Personnel Preparation

The Committee recommends $88,966,000 for the personnel preparation program. The budget request for fiscal year 2012 is $90,653,000 and the comparable fiscal year 2011 amount is $88,466,000.

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 services personnel. The program has 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 $28,972,000 for parent information centers. The budget request for fiscal year 2012 is $28,028,000 and the comparable fiscal year 2011 amount is $27,972,000. 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 $30,644,000 for technology and media services. The budget request for fiscal year 2012 is $33,289,000 and the comparable fiscal year 2011 amount is $28,644,000. 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 is particularly interested in the fiscal year 2012 competition on Educational Materials in Accessible Formats for Students with Visual Impairments and Other Print Disabilities and the recommendation includes no less than the fiscal year 2012 budget request for this activity. The Committee notes that the last competition helped improve SEA and LEA compliance with requirements to provide accessible instructional materials to students with visual impairments and other print disabilities by providing 130,000 students with disabilities with free access to instructional materials and making over 100,000 books digitally available in multiple accessible formats. The Committee expects the fiscal year 2012 competition to continue to improve the speed and ease of access to materials as well as the volume of materials available to such students.

Mentoring for Individuals With Intellectual Disabilities

The Committee recommends no funds for this proposed program. The budget proposes $5,000,000 to support grants or contracts to expand the Best Buddies organization, as well as support activities to increase the participation of people with intellectual disabilities in social relationships and other aspects of community life, including education and employment. Legislation is pending in Congress that would authorize similar activities.

PROMISE: Promoting Reading of Minors in SSI

The Committee recommendation includes $4,000,000 for the PROMISE program and makes these funds available for obligation through September 30, 2013. The budget request includes $30,000,000 for this new activity. The Committee provides additional support for PROMISE through $10,000,000 for the Social Security Administration and the authority to use unobligated Vocational Rehabilitation State grant funds for the PROMISE program.

The Committee intends to provide additional funds for this program in fiscal year 2013 as the planning and grant competition process described below moves forward and helps identify any additional funding needed to accomplish the goal of this program.

The goal of the PROMISE program is to improve outcomes of children who receive Supplemental Security Income [SSI], as well as their families. The Committee is aware of the research showing that less than half of 17- and 18-year-olds receiving SSI had worked during ages 16–17, almost 60 percent of child SSI recipients who turn 18, and become ineligible for child benefits, immediately continue receiving benefits as an adult, and fewer than a quarter of SSI youth ages 14–17 or their parents know about various work incentives available to them. The PROMISE program will primarily address the barriers preventing more positive outcomes for youths receiving SSI by encouraging innovation through better coordination between existing programs and services. The program will provide such youth with more intense and coordinated services, particularly around the transition to competitive, integrated employment, completion of postsecondary education, and other activities that are likely to reduce the likelihood of future dependency on SSI. The program also intends to help families of child SSI recipients through improved services and supports such as education and training.

The Department, in cooperation with the Social Security Administration and Departments of Labor and Health and Human Services, may use funds provided in this bill to undertake a thorough planning process that includes consultation with experts on the relevant research base and possible program outcome measures as well as engagement with stakeholders on the research base and promising models, barriers to better uses of funds and improved outcomes, and possible approaches to evaluation of the PROMISE program. The goal of the process is to help the administration design and implement a program that will award grants to States that have proposed projects that have the greatest potential for transformational impact, including through the better use of existing resources and services, and to develop information that can improve program delivery and outcomes in all States and localities, including those that do not receive PROMISE pilot funding.

The Committee expects the administration to update the Committees on Appropriations, Health, Education, Labor and Pensions, and Finance of its activities related to the PROMISE program. Such notification and consultation shall occur no later than 30 days after conclusion of the review of relevant research and engagement with stakeholders. If the administration determines, based on stakeholder input, that legislation is required to allow waivers of statutory barriers, the administration will request legislative authority to grant such waivers at least 60 days prior to their proposed issuance or announcement in notices of priorities or funding availability. Such requests should also explain the full range of administrative, regulatory and legislative flexibilities that would be granted by Federal agencies and the safeguards that would be instituted to protect program beneficiaries and taxpayers.

Special Olympics

The Committee recommendation includes $8,079,000, the same amount as the fiscal year 2011 level, for Special Olympics education activities. The budget request for fiscal year 2012 is $8,095,000. 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 activities that can be integrated into classroom instruction and are consistent with academic content standards.

The Committee bill continues to allow funds to be used to support Special Olympics National and World Games, as authorized in the fiscal year 2011 bill and proposed in the budget request.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2011	$3,474,719,000
Budget estimate, 2012	3,521,845,000
Committee recommendation	3,511,735,000

The Committee recommends $3,511,735,000 for rehabilitation services and disability research. The comparable fiscal year 2011 funding level is $3,474,719,000. The budget request includes $3,521,845,000 for programs in this account.

Vocational Rehabilitation State Grants

The Committee recommends $3,121,712,000 for vocational rehabilitation grants to States. The Committee recommends the full amount authorized by the Rehabilitation Act of 1973 for this mandatory funding stream. The comparable fiscal year 2011 level is $3,084,696,000. The fiscal year 2012 budget request is $3,140,978,000 and assumes several program consolidations and eliminations as part of a proposal to reauthorize the Workforce Investment Act [WIA]. While the Senate authorizing committee has made significant progress on a WIA reauthorization, legislation has not yet passed the Senate. As a result, the Committee recommendation follows current law.

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 with the exception of construction costs for the development of a facility for community rehabilitation programs, for which States must provide a 50 percent match.

The Rehabilitation Act requires that not less than 1 percent and not more than 1.5 percent of the appropriation in fiscal year 2012 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

The Committee bill includes new language allowing unmatched funds in excess of any funds requested during the reallotment process to be available for the PROMISE program described under the Special Education account and Social Security Administration. Such funds used for the PROMISE program will remain available for obligation through September 30, 2013.

Workforce Innovation Fund

The Committee does not recommend any funds for the Workforce Innovation Fund [WIF] from this account. The budget request provides $30,000,000. The Committee is supportive of this initiative and instead recommends funding through the Department of Labor's Employment and Training Administration. This program is intended to test innovative strategies or replicate proven practices that support systemic reform of the workforce investment system and substantially improve employment and education outcomes for people with disabilities.

Client Assistance State Grants

The Committee recommends $12,263,000 in discretionary funds, the same amount provided in fiscal year 2011, for the client assistance State grants program. The budget request provides $12,288,000.

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. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds. 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, Puerto Rico, and each of the outlying areas, by a percentage not to exceed the percentage increase in the appropriation.

Training

The Committee recommends $35,582,000, the same as the comparable fiscal year 2011 level, for training rehabilitation personnel. The budget request provides $33,251,000.

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 recommends $6,459,000 for this program, which is the same as the comparable fiscal year 2011 funding level. The

budget request eliminates funding for this program as part of the administration's proposed program consolidations.

This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals with a wide array of disabilities.

The Committee recommends continued support for parent training and information centers. The Committee expects the Rehabilitation Services Administration to coordinate with the Office of Special Education Programs in carrying out this activity.

Migrant and Seasonal Farmworkers

The Committee recommends $1,856,000, the same as the comparable fiscal year 2011 amount, for migrant and seasonal farmworkers. The budget request proposes consolidation of this program into the State Grants Program.

This program provides grants for comprehensive rehabilitation services to migrant and seasonal farmworkers with disabilities and their families. The size of the grants is limited to 90 percent of the costs of the projects. 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.

Protection and Advocacy of Individual Rights

The Committee recommends $18,065,000 for protection and advocacy of individual rights. This amount is the same as the comparable fiscal year 2011 funding level. The budget request provides $18,101,000 for this purpose.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible 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.

Supported Employment State Grants

The Committee recommends $29,123,000, the same as the comparable fiscal year 2011 amount, for the supported employment State grant program. The budget request eliminates funding for this program as part of the administration's proposed program consolidations.

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.

Grants for Independent Living

The budget request includes $103,716,000 to create the Grants for Independent Living program as part of the administration's proposed WIA reauthorization. The Committee does not include any

funds for this program because it recommends retaining the current account structure.

Independent Living State Grants

The Committee recommends $23,403,000, the same as the comparable fiscal year 2011 amount, for independent living State grants. The budget request does not include funding for this program as part of its consolidation proposal.

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.

Centers for Independent Living

The Committee recommends $80,105,000 for independent living centers, which is the same as the comparable fiscal year 2011. The budget request eliminates funding for this program as part of the administration's proposed program consolidations.

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.

The Committee commends the work by these centers and encourages them to continue their efforts to facilitate the transition of individuals with significant disabilities from institutional settings to home and community based residences, and from school to postsecondary life, including employment.

Independent Living Services for Older Blind Individuals

The Committee provides $34,083,000 for independent living services to older blind individuals. This is the same level as the comparable fiscal year 2011 amount. The budget requests $34,151,000 for this program.

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 most commonly provided by this program are daily living skills training, counseling, community integration, information and referral, the provision of low-vision devices and communication devices and low-vision screening. These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care.

Helen Keller National Center

The Committee recommends $9,163,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. This is the same amount as the comparable fiscal year 2011 funding level. The budget request includes $9,181,000 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 that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies. The center serves approximately

75 persons with deaf-blindness at its headquarters facility and provides field services to approximately 2,000 individuals and families and 1,000 organizations.

National Institute on Disability and Rehabilitation Research

The Committee recommends $109,023,000, the same as the comparable fiscal year 2011 level, for the National Institute on Disability and Rehabilitation Research [NIDRR]. The budget request includes $110,485,000 for this purpose.

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 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 strongly supports the mission of NIDRR, which includes research in the interrelated domains of health and function, employment, and participation and community living. NIDRR's resources should focus on each of these statutory research priorities to ensure the advancement of economic and social self-sufficiency and full community inclusion and participation. Future Rehabilitation Research Training Centers' priorities should advance knowledge of effective strategies to reduce the impact of poverty, promote affordable housing and independent living with improved access to long-term supports, how new technologies can promote independence and self-sufficiency and facilitate greater individual choice and control of individualized plans under the Rehabilitation and Social Security laws.

The Committee is aware that along with the growing prevalence of diabetes and cardiovascular disease, increasing numbers of Americans are undergoing amputation. The costs of limb loss to Medicare, Medicaid, the Department of Veterans Affairs, Department of Defense and private healthcare systems are projected to increase dramatically over the coming decades. The Committee recognizes that, to date, little research has been done to examine prosthetic outcomes and to link prosthetic and orthotic treatments, devices and supports to patient outcomes. In order to support evidence-based healthcare practice in prosthetics and orthotics, and establish which approaches work best for which patients, the Committee encourages NIDRR to work with experts in the field of prosthetic research to develop a prosthetics outcomes research agenda and implement needed research.

The Committee strongly supports the Traumatic Brain Injury Model Systems [TBIMS] Centers program funded by NIDRR. Almost 500 peer-reviewed publications have resulted from TBIMS research since 1987, bringing dramatic improvements to the treatment of traumatic brain injury for both civilian and military populations. The Committee is aware that the TBIMS Centers will compete for new 5-year awards in fiscal year 2012. The Committee bill

includes sufficient funds to support the current size of the TBIMS Centers program and to provide adequate resources to meet the research objectives of the TBIMS program. The Committee intends that funds provided will enhance the capability of the TBIMS Centers to conduct critical multi-center investigations, expand the TBIMS Centers' scope of intervention studies, maintain the ongoing high quality TBIMS Centers' longitudinal research while keeping pace with the increased number of participants followed, and promote continued collaboration to improve outcomes for civilians and military populations with traumatic brain injury. The Committee also commends NIDRR for establishing collaboration between the TBIMS Centers program and the Department of Veterans Affairs and encourages continuation of these efforts.

Access Through Cloud Computing

The Committee does not recommend funding for this program. The program did not receive funding in fiscal year 2011. The budget requests $10,000,000 for a new initiative that would improve access to technology for people with disabilities.

Assistive Technology

The Committee recommends $30,898,000 for assistive technology. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes $30,960,000 for this purpose.

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 supports various activities that help States develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services.

The Committee recommendation includes $25,645,340 for State grant activities authorized under section 4 of the Rehabilitation Act of 1973, $4,325,720 for protection and advocacy systems authorized by section 5 and $926,940 for technical assistance activities authorized under section 6.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2011	$24,551,000
Budget estimate, 2012	24,600,000
Committee recommendation	24,551,000

The Committee recommends $24,551,000 to help support the American Printing House for the Blind [APH]. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes $24,600,000 for this purpose.

The APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 70 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.

The Committee continues to support the APH's National Instructional Materials Center, which was established by the Individuals with Disabilities Education Act of 2004.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2011	$65,546,000
Budget estimate, 2012	65,037,000
Committee recommendation	65,546,000

The Committee recommends $65,546,000, the same as the fiscal year 2011 level, for the National Technical Institute for the Deaf [NTID]. This funding supports operational costs at NTID. The budget request includes $65,037,000 for this purpose, of which $2,000,000 is provided for construction.

The Institute, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. The NTID also provides support services for students who are deaf, trains professionals in the field of deafness and conducts applied research.

GALLAUDET UNIVERSITY

Appropriations, 2011	$122,754,000
Budget estimate, 2012	118,000,000
Committee recommendation	125,754,000

The Committee recommends $125,754,000 for Gallaudet University. The comparable fiscal year 2011 funding level is $122,754,000 and the budget request includes $118,000,000 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.

Federal funding also supports the Model Secondary School for the Deaf, which 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 Committee bill includes $7,990,000 for construction-related activities at Gallaudet University. The administration did not request funds for this purpose.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2011	$1,738,946,000
Budget estimate, 2012	1,683,392,000
Committee recommendation	1,738,946,000

The Committee recommends a total of $1,738,946,000 for career, technical and adult education. This amount is the same as the comparable funding level in fiscal year 2011. The budget request provides $1,683,392,000. The recommendation consists of $1,131,503,000 for career and technical education and $607,443,000 for adult education.

Career and Technical Education

The Committee recommends $1,131,503,000, the same as the comparable fiscal year 2011 level, for career and technical education. The fiscal year 2012 request provides $1,007,860,000.

State Grants.—The Committee recommends $1,123,659,000, the same as the comparable fiscal year 2011 level, for Career and Technical Education [CTE] State grants. The fiscal year 2012 request level is $1,000,000,000.

Funds provided under the State grant program assist States, localities and outlying areas expand and improve their programs of career and technical education and provide equal access to career and technical 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, with special provisions for small States and a fiscal year 1998 base guarantee.

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 additional to services received by these groups under other provisions of the Perkins Act.

Of the funds available for this program, $332,659,000 will become available July 1, 2012 and $791,000,000 will become available on October 1, 2012. These funds will remain available for obligation until September 30, 2013.

National Programs.—The Committee recommends $7,844,000 for national research programs and other national activities. This is the same amount as the comparable fiscal year 2011 funding level. The budget request includes $7,860,000.

Funds will be used to support the national research center on career and technical education, as well as activities designed to improve the quality of performance data States collect and report to the Department.

Adult Education

The Committee recommends $607,443,000, the same as the fiscal year 2011 level, for adult education. The budget request includes $658,346,000.

Adult Education State Programs.—For the adult basic and literacy education State grants program, the Committee recommends $596,120,000, the same as the fiscal year 2011 level. The budget request is $635,000,000 and includes an 8 percent set-aside to fund WIF. Funds are used by States for programs to enable 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 grants appropriation. Within the total, $74,850,000 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. This set-aside is the same as the fiscal year 2011 level. The budget request includes $75,000,000.

The Committee does not recommend any funds for WIF from this account as requested by the administration. The Committee is supportive of this initiative, which is intended to test innovative strategies or replicate proven practices that support systemic reform of the workforce investment system and substantially improve employment and education outcomes for people with disabilities. However, the Committee recommends funding through the Department of Labor's Employment and Training Administration.

National Leadership Activities.—The Committee recommends $11,323,000, the same amount as the fiscal year 2011 level, for national leadership activities. The budget request includes $23,346,000.

Grants to States for Workplace and Community Transition Training for Incarcerated Individuals

The Committee does not recommend funding for this program. The program did not receive funding in fiscal year 2011. The administration requested $17,186,000 for education and training for incarcerated individuals.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2011	$24,670,517,000
Budget estimate, 2012	33,513,957,000
Committee recommendation	24,670,517,000

The Committee recommends an appropriation of $24,670,517,000 for programs under the student financial assistance account. This is the same as the fiscal year 2011 level. The budget request includes $33,513,957,000 for this account and proposes several legislative changes intended to provide a more sustainable financial foundation for the Pell Grant program.

Federal Pell Grant Program

The Committee has no higher priority in fiscal year 2012 than maintaining the maximum Pell Grant award. Now more than ever, students need affordable, quality education opportunities to help make our economy strong and competitive again. The Pell Grant program, the foundation of Federal postsecondary student aid, is essential to helping students enter college and gain the education and skills needed for jobs in the 21st century economy. The Bureau of Labor Statistics projects that 21 of the 30 fastest growing occupations will require a postsecondary degree or credential by the year 2018.

Pell Grants are especially important to our country's neediest students as the cost of postsecondary education continues to rise. Since 2000, the cost of tuition and fees has more than doubled, outpacing the growth rates of healthcare, energy and housing costs. Of the 8 million students who relied on Pell Grants in the 2009–2010 award year, 76 percent had incomes or came from families with incomes less than or equal to $30,000.

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.

The HEA allows any eligible student to receive a Pell Grant award, regardless of whether there are sufficient funds for the program. Because of higher than projected costs in recent years, the Pell Grant program has faced a shortfall between the amount needed to meet actual program costs and the amount provided in appropriations based on projected program costs. Mandatory funds have been provided over the past several years to fill the gap, but the problem of insufficient appropriations and program costs persists.

The Pell Grant program grows the most in years when the number of students attending postsecondary education increases. As usually occurs during difficult economic times, college enrollment is growing and students are demonstrating greater financial need. The number of recipients is expected to grow from 6.2 million in the 2008–2009 award year to a projected 9.4 million in the 2011–2012 award year, a 52 percent increase. Costs have also risen because of recent changes to the need-analysis formula that provided additional assistance and enabled more students to be eligible for the maximum award.

The Budget Control Act of 2011 took an important step toward closing the Pell shortfall in fiscal year 2012 by providing $10,000,000,000 in mandatory funding for that fiscal year. The elimination of the "year-round Pell" provision included in the Department of Defense and Full-Year Continuing Appropriations Act of 2011 provided another $3,183,000,000 in mandatory funding for the program in fiscal year 2012.

The Committee recommends $22,955,996,000 in discretionary funding for Pell in fiscal year 2012. This is the same amount as the fiscal year 2011 level. Combined with the measures described above, that leaves a fiscal year 2012 shortfall of $1,296,000,000.

The Committee recommends closing the fiscal year 2012 shortfall by eliminating the grace period for interest on subsidized Stafford loans. Making this change also provides additional funding to address the expected shortfall in fiscal year 2013. Currently, the Federal Government pays interest on subsidized Stafford loans during the 6-month grace period that begins when a borrower leaves school. The Committee recommendation would still allow a 6-month grace period during which students would not be required to make monthly payments, but the interest would accrue to the outstanding loan balance and would need to be repaid after the grace period.

The Committee makes this change reluctantly, but believes it is preferable to reducing the maximum Pell Grant award. In addition, interest subsidies are poorly targeted because they are based on a student's family's income upon entering school and not on the student's ability to repay loans after leaving school. Some students, for example, might obtain a well-paying job immediately after school and would not need a grace period. The subsidies also do not necessarily go to the neediest students. In 2008, 40 percent of subsidized loan recipients were dependent students from families with annual incomes above $60,000, and 31 percent of subsidized loan recipients were independent students with annual incomes over $30,000.

For students whose Federal student loan debt is high in relation to their income, the Income-based Repayment [IBR] program provides relief by capping monthly loan payments at an affordable amount based on income and family size. The Student Aid and Fiscal Responsibility Act [SAFRA] of 2010 made the IBR program more generous, and the Committee urges the Department to educate more borrowers about these improvements and the program's ability to provide assistance to borrowers struggling to repay their loans.

Federal Supplemental Educational Opportunity Grants

The Committee recommends $735,990,000 for Federal supplemental educational opportunity grants [SEOG]. This is the same amount as the fiscal year 2011 level. The budget request includes $757,465,000. This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent toward SEOG awards. Students qualify for grants of up to $4,000 by demonstrating financial need. 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 $978,531,000 for the Federal work-study program. This is the same amount as the comparable fiscal year 2011 level. The budget request includes $980,492,000

This program provides grants to about 3,400 institutions to help an estimated 700,000 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 expects the Department to provide the same funding from the Federal Work-Study Program appropriation in fiscal year 2012 as in the prior year for the Work Colleges program authorized under section 448 of the HEA.

Federal Perkins Loans

The Federal Perkins loan program supports student loan revolving funds built up with capital contributions to nearly 1,700 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 no new funds for the Perkins Loans program, as was the case in fiscal year 2011. The budget proposes to restructure the Perkins Loan program as a mandatory credit program, with nearly $8,500,000,000 a year in new loan volume—eight and a half times the current Perkins volume. Congress has not acted on this proposal.

Leveraging Educational Assistance Partnership Program [LEAP]

Neither the Committee nor the budget request recommends funding for the LEAP program, which was eliminated in fiscal year 2011. The Committee requests that the Department report on the impact that the elimination of the LEAP program has had on the total amount of need-based grant aid available to low- and moderate-income students in the 2011–2012 academic year. The report should be submitted to the Committee by August 1, 2012.

STUDENT AID ADMINISTRATION

Appropriations, 2011	$992,012,000
Budget estimate, 2012	1,095,418,000
Committee recommendation	1,045,363,000

The Committee recommends $1,045,363,000 for the Student Aid Administration account. The comparable fiscal year 2011 level is $992,012,000. The budget request includes $1,095,418,000. These funds are available until September 30, 2013.

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.

SAFRA terminated the authority under the Higher Education Act of 1965 to make loans under the Federal Family Education Loan Program as of June 2010. Beginning July 1, 2010, 100 percent of student loans are now made through the William D. Ford Direct Loan [DL] Program. DL program loans are serviced by private for-profit and not-for-profit servicers under contract with the Department.

The Committee recommendation includes $675,363,000 for administrative costs and $370,000,000 for loan servicing activities. The Committee recommendation for these two activities represents a $53,351,000 increase over the fiscal year 2011 level. The Committee recommendation reflects the increased application, origination and servicing costs associated with the legislative changes. These increases are necessary to manage the higher loan volume, ensure the operational integrity of Federal student aid systems and provide high-quality service to student and parent borrowers. The budget request includes $725,104,000 for administrative costs and $370,314,000 for servicing.

HIGHER EDUCATION

Appropriations, 2011	$1,903,946,000
Budget estimate, 2012	2,240,401,000
Committee recommendation	1,903,946,000

The Committee recommends an appropriation of $1,903,946,000 for higher education programs, the same as the fiscal year 2011 level. The fiscal year 2012 requested level is $2,240,401,000 for programs in this account.

The Committee is concerned about the lack of useful, accurate and comparable information available to students regarding postsecondary education opportunities. Despite Higher Education Act [HEA] requirements on institutions of higher learning to disclose certain student outcome data and the efforts of the Department to make the National Center for Education Statistic's College Navigator site more robust, students still have difficulty obtaining the information they need to make well-informed decisions on where to invest their time and financial resources. This is especially true for low-income students who may be the first in their family to attend college. These students often have difficulty finding the College Navigator site and other free resources to aid in the college search process. Better information on student outcomes is also important for policymakers who are facing difficult decisions on where to invest scarce taxpayer resources.

Transfer rates, completion rates for part-time and transfer students, and rates of students who successfully complete developmental courses are among the factors that would assist students and policymakers in determining which institutions are serving students best. Information such as graduation rates for Pell Grant recipients, regardless of their first-time, full-time status, would help students and policymakers determine which postsecondary education choices provide the best outcomes for low-income students.

The Committee is aware that some institutions of higher education are not disclosing information to students as required by the HEA. While there are institutions not meeting these obligations, others may be technically in compliance with the law but provide information in formats that are very difficult for students to find and understand. Even more of a challenge to students is comparing information across the institutions they are considering, since the information is not disclosed consistently. Additionally, because there is no systematic effort to evaluate whether all institutions are in compliance, the Committee is concerned that many schools may be violating HEA disclosure requirements.

The Committee strongly believes better tools can and should be developed through the use of technology to assist students who are making the important decision of where to enroll in postsecondary education. The Committee also believes more can be done to evaluate which institutions are following not only the letter but the spirit of the law. The Committee requests that the Department submit a report describing how disclosure requirements can be improved by June 30, 2012. The report should also address how technology can be used to more thoroughly evaluate compliance with the HEA.

Aid for Institutional Development

The Committee recommends $552,088,000, the same as the fiscal year 2011 level, for Aid for Institutional Development. The fiscal year 2012 requested level is $603,194,000.

Strengthening Institutions.—The Committee bill recommends $83,832,000 to provide 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. This is the same level provided in fiscal year 2011. The budget request is $84,000,000. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-Serving Institutions.—The Committee recommends $104,395,000, the same as the fiscal year 2011 level, for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. The budget request is $117,429,000. 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.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends $9,336,000, the same as the fiscal year 2011 level, for competitive 5-year grants to Hispanic-serving institutions to help Hispanic Americans gain entry into and succeed in graduate study. The budget request is $10,500,000. Institutions may use funding to support low-income students through outreach programs, academic support services, mentoring and financial assistance, acquisition, rental or lease of scientific or laboratory equipment, construction and other facilities improvements, and purchase of educational materials.

Strengthening Historically Black Colleges and Universities [HBCUs].—The Committee recommends $236,991,000, the same as the comparable fiscal year 2011 level, for the strengthening HBCUs program. The budget request is $266,586,000. The 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. In addition to the Committee-recommended level, this program will receive $85,000,000 of mandatory funding through SAFRA in each fiscal year through 2019.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends $61,302,000, the same as the fiscal year 2011 level, for the Strengthening HBGIs program. The budget request is $61,425,000. This program provides 5-year grants to provide scholarships for low-income students and academic and counseling services to improve student success. Funds may also be used for construction, maintenance and renovation activities, the purchase or lease of scientific and laboratory equipment and the establishment of an endowment.

Strengthening Predominately Black Institutions [PBIs].—The Committee recommends $9,602,000, the same as the comparable

fiscal year 2011 level, for the Strengthening PBIs program. The fiscal year 2012 budget request is $10,801,000. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacity to serve more low- and middle-income Black American students. Funding is allocated among PBIs based on the number of Pell Grant recipients enrolled, the number of graduates and the percentage of graduates who are attending a baccalaureate degree-granting institution or a graduate or professional school in degree programs in which Black American students are underrepresented. In addition to the Committee-recommended level, this program will receive $15,000,000 of mandatory funding through SAFRA in each fiscal year through 2019.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends $3,199,000, the same as the comparable fiscal year 2011 level, for this program. The budget request level is $3,600,000. This program provides competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals. In addition to the Committee-recommended level, this program will receive $5,000,000 of mandatory funding through SAFRA in each fiscal year through 2019.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions.—The Committee recommends $13,412,000, the same as the comparable fiscal year 2011 level, for this program. The budget request level is $15,084,000. In addition to the Committee-recommended level, this program will receive $15,000,000 of mandatory funding through SAFRA in each fiscal through 2019.

The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop and implement activities that encourage: faculty and curriculum development; better fund administrative management; renovation and improvement of educational facilities; enhanced student services; and the purchase of library and other educational materials.

Strengthening Native American-Serving Nontribal Institutions.—The Committee recommends $3,199,000, the same as the comparable fiscal year 2011 level, for this program. The fiscal year 2012 budget request is $3,600,000. These institutions enroll at least 10 percent Native American students and at least 50 percent low-income students. In addition to the Committee-recommended level, this program will receive $5,000,000 of mandatory funding through SAFRA in each fiscal year through 2019.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends $26,820,000, the same as the comparable fiscal year 2011 level, for this program. The fiscal year 2012 budget request is $30,169,000. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum and student services. In addition to the Committee-recommended level, this pro-

gram will receive $30,000,000 of mandatory funding through SAFRA in each fiscal year through 2019.

International Education and Foreign Language Studies

The bill includes a total of $75,729,000, the same as the fiscal year 2011 level, for international education and foreign language programs. The budget request is $125,881,000 for this program.

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 U.S. 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 was proposed in the budget request.

Domestic Programs.—The Committee recommends $66,712,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA. This amount is the same as the fiscal year 2011 level. The budget request is $108,360,000. 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.

The Committee funding level includes $2,000,000 to be made available under section 604 of the HEA to create new and improve existing undergraduate international student abroad programs.

Overseas Programs.—The bill includes $7,465,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. This is the same amount as the comparable fiscal year 2011 funding level. The budget request is $15,576,000. Under these overseas programs, grants are provided for group, faculty or doctoral dissertation research abroad as well as 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 provides $1,552,000 for the Institute for International Public Policy. This amount is the same as the comparable fiscal year 2011 funding level. The budget request is $1,945,000. This program is designed to increase the number of minority individuals in international policy and foreign service positions by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. A consortium of institutions of higher education consisting of one or more of the following entities is eligible to apply for the grant: Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribally Controlled Colleges and Universities, Alaska Native and Native

Hawaiian-Serving Institutions and institutions with programs to train foreign service professionals. An institutional match of 50 percent is required.

Fund for the Improvement of Postsecondary Education

The Committee recommends $19,607,000 for the Fund for the Improvement of Postsecondary Education [FIPSE]. This is the same as the comparable fiscal year 2011 funding level. The budget request is $150,000,000.

The budget request includes $122,800,000 to support the proposed First in the World initiative, which would be modeled after the Investing in Innovation program for K–12. The initiative would help ensure institutions of higher education have access to innovative strategies and practices that have been shown to be effective in improving educational outcomes. The Committee recommendation does not include funding for this initiative because of budget constraints.

Low-Income Single Parents.—The Committee recognizes the importance of providing targeted, supportive services to low-income, single-parent students, such as on-campus housing, childcare, counseling, advising, internship opportunities, financial aid and financial aid counseling and assistance. The Committee encourages the Department to promote replication of best practices that have proven to successfully provide postsecondary degree completion opportunities for low-income single parents, the overwhelming majority of whom are women, as they struggle to balance commitments to family with their need to pursue a college education and build a career.

Training for Realtime Writers.—Within the total for FIPSE, the Committee recommendation includes $998,000 for the Training for Realtime Writers program authorized by section 872 of the HEA, which is the same as the fiscal year 2011 level. The budget request does not include funding for this program. This program provides grants to institutions of higher education to establish programs to train realtime writers. Eligible activities include curriculum development, student recruitment, distance learning, mentoring and scholarships. The program places a priority on encouraging individuals with disabilities to pursue careers in realtime writing. More than 30 million Americans are considered deaf or hard of hearing, and many require captioning services to participate in mainstream activities and gain access to emergency broadcasts. Federal law requires that all television broadcasts be closed captioned, yet a shortage of trained captioners is creating a barrier to full-quality captioning of realtime television programming such as news, weather and emergency messaging.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommendation includes $10,978,000 for this program as authorized by section 769 of HEA. This is the same level that was provided in fiscal year 2011. The budget does not request funds for this program.

These funds are used to award competitive grants to postsecondary institutions to establish model programs to help students

with intellectual disabilities transition to and complete college. Funds may be used for student support services; academic enrichment, socialization or independent living; integrated work experiences; and partnerships with local educational agencies to support students with intellectual disabilities participating in the model program who are still eligible for special education and related services under IDEA. Institutions of higher education receiving funds under this program are required to match Federal funds in an amount that is no less than 25 percent of the award amount.

Minority Science and Engineering Improvement

The Committee recommends $9,484,000 for the Minority Science and Engineering Improvement program. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes $9,503,000 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 Career and Technical Institutions

The Committee recommends $8,146,000 for tribally controlled postsecondary vocational institutions. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes $8,162,000. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

Federal TRIO Programs

The Committee recommends $826,522,000, the same amount as the fiscal year 2011 level, for Federal TRIO programs. The budget request is $920,089,000.

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 pursue and complete a postsecondary education; Student Support Services provides developmental 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 doctoral programs.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]

The Committee recommends $302,816,000 for GEAR UP. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes $323,212,000. GEAR UP funds are used by States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee is concerned that the Department has not awarded TRIO and GEAR UP grants in a timely manner. For TRIO programs, the HEA sets specific timelines for the Department to notify new, continuing and non-continuing grantees. Specifically, the law requires that grantees be notified of their funding status 8 months prior to the start date of their grant. The Department routinely misses this deadline. For awards made with fiscal year 2010 funds, Student Support Services applicants were not notified until August 2010 of their awards. For fiscal year 2011 awards, the announcement of the Educational Opportunity Centers grant awards was not made until September 2011. Similarly, GEAR UP awards are not expected to be announced before the end of September 2011. These programs operate on an academic program year. Delays in making awards compromise the grantees' abilities to serve students and successfully achieve the goals of the programs.

The Committee expects that the Department provide within 30 days of enactment of this act a report on the causes of the tardiness in making grant awards for these programs and an action plan to remedy them.

Javits Fellowships

The Committee recommends $8,084,000, the same amount as the fiscal year 2011 level, for the Javits Fellowships program. The administration proposed eliminating this program and consolidating the funds with the Graduate Assistance in Areas of National Need 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.

Graduate Assistance in Areas of National Need [GAANN]

The Committee recommends $30,968,000, the same amount as the fiscal year 2011 level, for the GAANN program. The budget request includes $40,717,000 for GAANN, which would have absorbed the Javits Fellowship program under the administration's proposal. GAANN 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 2010, the Secretary designated the following areas of national need: biology, chemistry, computer and information sciences, engineering, mathematics, physics, nursing, and educational assessment, evaluation and research.

Teacher Quality Partnership Program

The Committee recommends $42,914,000, the same as the fiscal year 2011 level, for the teacher quality partnership program. The budget request would eliminate this program and consolidate it into a proposed new Teacher and Leader Pathways authority as part of the administration's plan for reauthorizing ESEA. The Teacher Quality Partnership Program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

The Committee recommends an appropriation of $16,002,000 for the Child Care Access Means Parents in School [CCAMPIS] program. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes $16,034,000 for this program. CCAMPIS supports the efforts of a growing number of nontraditional 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.

GPRA/Higher Education Act Program Evaluation

The Committee recommends $608,000 to collect data associated with the Government Performance and Results Act [GPRA] and to evaluate programs authorized by the HEA. This amount is the same as the comparable fiscal year 2011 funding level. The budget request includes $609,000.

Thurgood Marshall Legal Educational Opportunity Program

The Committee does not recommend funding for the Thurgood Marshall Legal Educational Opportunity Program, which was eliminated in fiscal year 2011. The budget request includes $3,000,000. This program helped provide low-income, minority or disadvantaged college students with the information, preparation and financial assistance needed to enter and complete law school study.

Hawkins Centers of Excellence

The Committee does not recommend funding for the proposed new Hawkins Centers of Excellence. The budget request included $40,000,000 for this program as a way to increase the talent pool of effective minority educators by expanding and reforming teacher education programs at minority-serving institutions.

HOWARD UNIVERSITY

Appropriations, 2011	$234,507,000
Budget estimate, 2012	234,977,000
Committee recommendation	234,507,000

The Committee recommends an appropriation of $234,507,000 for Howard University. This is the same amount as the comparable fis-

cal year 2011 funding level. The budget request is $234,977,000. 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. Federal funds from this account support approximately 46 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 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends $28,888,000 for the Howard University Hospital. This is the same amount as the fiscal year 2011 funding level. The budget request is $28,946,000. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also 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, 2011	$460,000
Budget estimate, 2012	478,000
Committee recommendation	460,000

Federal Administration.—The Committee bill includes $460,000 for Federal administration of the College Housing and Academic Facilities Loans [CHAFL] program. This is the same amount as the comparable fiscal year 2011 level. The budget request is $478,000. These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2012. 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 Account

Appropriations, 2011	$20,541,000
Budget estimate, 2012	20,582,000
Committee recommendation	20,541,000

The Committee recommends $20,541,000 for the Historically Black College and University [HBCU] Capital Financing Program. This is the same amount as the comparable fiscal year 2011 level. The budget request is $20,582,000 for this activity.

The Committee recommendation includes $20,188,000 to pay the loan subsidy costs in guaranteed loan authority under this program. This will support $367,255,000 in new loan volume in fiscal year 2012. The budget proposes $20,228,000 to pay for the subsidy costs. 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. As requested by the administration, the Committee includes new bill language allowing the program to

make loans to public and private HBCUs without regard to the limitations within section 344(a) of the HEA.

The Committee recognizes the impact Hurricanes Katrina and Rita continue to have on institutions of higher education in the Gulf region, particularly HBCUs. Enrollments at these institutions declined after the hurricanes and have not returned to pre-hurricane levels. Given this challenging circumstance, the Committee includes new bill language that authorizes the Secretary of Education to modify the terms and conditions of loans issued through the HBCU Hurricane Supplemental Loan Program in such a way that does not result in any net cost to the Federal Government.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2011	$608,788,000
Budget estimate, 2012	760,473,000
Committee recommendation	609,788,000

The Committee recommends $609,788,000 for the Institute of Education Sciences [IES]. The budget request for fiscal year 2012 is $760,473,000 and the comparable fiscal year 2011 level is $608,788,000. This account supports education research, data collection and analysis activities, and the assessment of student progress.

The Committee commends IES's attempts to improve the utilization of education research and to enhance classroom practices and collaborations between researchers and practitioners. The Committee believes more needs to be done, particularly with regard to research intended to improve academic achievement for students with mental, emotional and behavioral disorders as well as physical, intellectual and developmental disabilities. The Committee requests that IES describe its current and planned activities in these areas in the fiscal year 2013 congressional budget justification.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends $199,796,000, the same as the fiscal year 2011 level, for education research, development and national dissemination activities. The budget request for fiscal year 2012 is $260,413,000. 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 urges IES to continue support for research and development activities related to gifted and talented education, particularly for underrepresented populations, to support a National Research Center on the Gifted and Talented, and to ensure that the condition of gifted and talented students is reported in key national reports produced by the IES.

The Committee notes that some research has shown that captioned educational television programs have shown potential to improve literacy, particularly for low-income children. The Committee encourages IES to examine how closed captions could be best used to increase literacy and to evaluate whether changes to closed captions might enhance their effect.

STATISTICS

The Committee recommends $109,304,000 for data gathering and statistical analysis activities of the National Center for Education Statistics [NCES]. The budget request for fiscal year 2012 is $117,021,000 and the comparable fiscal year 2011 amount is $108,304,000.

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 educational agencies and postsecondary institutions.

The Committee recommendation includes sufficient resources for NCES to update the report, Condition of America's Public School Facilities: 1999. The Committee expects a First Look report on this topic to be published in calendar year 2013.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends $57,535,000, the same amount as the fiscal year 2011 level, to continue support for the regional educational laboratories. The budget request for fiscal year 2012 is $69,650,000. Funds available in this bill will support competitive grants to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee appreciates the efforts of IES to strengthen the connections between practitioners and the research community, so that federally supported research is practical and meets the needs of the field. The Committee requests that IES describe in the fiscal year 2013 congressional budget justification its efforts in this area, as well as how IES measures the extent of progress being achieved.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends $50,983,000, the same amount as the fiscal year 2011 funding level, for research and innovation in special education conducted by the National Center for Special Education Research. The budget request for fiscal year 2012 is $58,085,000. The center addresses 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 are available for obligation for 2 fiscal years.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends $11,437,000, the same amount as the fiscal year 2011 funding level, for special education studies and evaluations. The budget request for fiscal year 2012 is $11,460,000.

This program supports competitive grants, contracts and cooperative agreements to assess the implementation of the Individuals with Disabilities Education Act. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special edu-

cation services and early intervention programs. Funds are available for obligation for 2 fiscal years.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes $42,166,000, the same amount as the fiscal year 2011 funding level, for statewide data systems. The budget request for fiscal year 2012 is $100,000,000.

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 data for students of all ages. Early childhood, postsecondary and workforce information and systems may be linked to, included in, or developed with program funds. Funds are available for obligation for 2 fiscal years.

The Committee bill allows up to $12,500,000 to be used for awards to public or private agencies or organizations to support activities to improve data coordination, quality and use at the local, State and national levels. The Committee requests that, prior to obligating any funds for this purpose, the Department provide to the Committee an operating plan describing the proposed purpose and use of such funds.

ASSESSMENT

The Committee recommends $138,567,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure the educational achievement of American students. The budget request for fiscal year 2012 is $143,844,000 and the comparable fiscal year 2011 amount is $138,567,000.

The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject.

Within the funds appropriated, the Committee recommends $8,706,000, the same amount as the fiscal year 2011 funding level, for the National Assessment Governing Board [NAGB]. The budget request for fiscal year 2012 is $8,723,000. NAGB is responsible for formulating policy for NAEP.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2011	$455,288,000
Budget estimate, 2012	479,038,000
Committee recommendation	449,074,000

The Committee recommends $449,074,000 for program administration. The budget request for fiscal year 2012 is $479,038,000 and the comparable fiscal year 2011 level is $455,288,000.

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 Federal education programs. Support for program evaluation and studies and advisory councils also is provided under this account.

The Committee recommendation does not include additional funds for building modernization activities for the Department of Education. The budget request for these activities for fiscal year 2012 is $2,711,000 and the comparable fiscal year 2011 amount is $8,184,000.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2011	$102,818,000
Budget estimate, 2012	107,772,000
Committee recommendation	102,818,000

The Committee recommends $102,818,000, the same as the fiscal year 2011 level, for the Office for Civil Rights [OCR]. The budget request for fiscal year 2012 is $107,772,000.

OCR 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. The Committee encourages OCR to focus resources on documenting and investigating the use of restraint and seclusion procedures by school personnel.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2011	$59,933,000
Budget estimate, 2012	67,187,000
Committee recommendation	59,933,000

The Committee recommends $59,933,000, the same as the fiscal year 2011 level, for the Office of the Inspector General. The budget request for fiscal year 2012 is $67,187,000.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations and effectiveness in achieving program goals.

GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the 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 continues a provision that allows the outlying areas to consolidate funds under title V of the Elementary and Secondary Education Act (sec. 305).

The Committee bill continues a provision that allows the Republic of Palau to receive certain Federal funds (sec. 306).

The Committee bill includes new language related to the Pell Grant program (sec. 307).

The Committee bill includes a new provision concerning the HBCU Hurricane Supplemental Loan Program (sec. 308).

The Committee bill includes language clarifying the authority available under the Race to the Top—Early Learning Challenge (sec. 309).

TITLE IV

RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2011	$5,385,000
Budget estimate, 2012	5,841,000
Committee recommendation	5,385,000

The Committee recommends $5,385,000 for fiscal year 2012 for the Committee for Purchase from People Who Are Blind or Severely Disabled. The fiscal year 2011 comparable level is $5,385,000. The fiscal year 2012 budget request was $5,841,000.

The primary purpose of the Committee for Purchase from People Who Are Blind or Severely Disabled 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

OPERATING EXPENSES

Appropriations, 2011	$778,869,000
Budget estimate, 2012	916,390,000
Committee recommendation	781,869,000

The Committee recommends $781,869,000 for the operating expenses of the Corporation for National and Community Service [CNCS] in fiscal year 2012. The administration request for fiscal year 2012 was $916,390,000. The fiscal year 2011 comparable level was $778,869,000.

The Committee recommendation is sufficient to maintain the number of AmeriCorps members at over 82,000.

CNCS, a corporation owned by the Federal Government, was established by the National and Community Service Trust Act of 1993 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.

CNCS administers programs authorized under the Domestic Volunteer Service Act, the National and Community Service Trust Act and the SERVE America Act.

VISTA

The Committee recommends $98,876,000, the same as the fiscal year 2011 level, for the Volunteers in Service to America [VISTA]

Program. The budget request for fiscal year 2012 was $100,000,000.

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 $207,883,000, the same as the fiscal year 2011 level, for the National Senior Volunteer Corps Programs. The fiscal year 2012 budget request was $226,100,000.

The Committee has included sufficient funding to continue all activities at no less than last year's level.

AMERICORPS STATE AND NATIONAL GRANTS

The Committee recommends $347,360,000, the same as the fiscal year 2011 level, for AmeriCorps State and National grants in fiscal year 2012. The budget request for fiscal year 2012 was $399,790,000.

DISABILITY PLACEMENT FUNDS

The Committee recommendation includes $4,990,000 for Disability Placement funds, the same as the comparable fiscal year 2011 level. The budget request for fiscal year 2012 was $5,000,000.

Grant funds are for the placement of, reasonable accommodation of, and auxiliary services for members and potential members with disabilities serving in AmeriCorps programs.

INNOVATION, DEMONSTRATION AND ASSISTANCE ACTIVITIES

The Committee has included $60,379,000 for Innovation, Demonstration and Assistance Activities. The comparable fiscal year 2011 level was $60,379,000 and the budget request for fiscal year 2012 was $80,500,000.

Within the funds provided for the Innovation account, the Committee has included $49,900,000 for the Social Innovation fund authorized under section 1807 of the SERVE America Act.

In addition, $3,992,000 is included for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act. The Committee has included bill language similar to that requested by the administration to allow all funds to be awarded competitively.

EVALUATION

The Committee recommendation includes $5,988,000, the same as the fiscal year 2011 level, for evaluation activities. The budget request for fiscal year 2012 was $6,000,000.

NATIONAL CIVILIAN COMMUNITY CORPS

The Committee recommendation includes $31,942,000 for the National Civilian Community Corps. The comparable fiscal year 2011

level was $28,942,000 and the budget request for fiscal year 2012 was $35,000,000.

The National Civilian Community Corps is a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

The Committee is concerned by the pending loss of the Atlantic campus of the National Civilian Community Corps and the gap in disaster response services that even a temporary displacement could create. Therefore, the Committee has included an additional $3,000,000 for contracting, planning and services required for the relocation of this campus. The Committee requests that the Corporation provide the chairs and ranking members of the appropriations and authorizing committees of relevant jurisdiction with a proposed plan for the relocation of the Atlantic campus within 60 days of the enactment of this act.

LEARN AND SERVE AMERICA

The Committee has not included funding for Learn and Serve America. The program was eliminated in fiscal year 2011. The budget request for fiscal year 2012 was $39,500,000.

Learn and Serve America provided direct and indirect support to K–12 schools, community groups and higher education institutions to facilitate service-learning projects.

STATE COMMISSION ADMINISTRATION GRANTS

The Committee has included $16,966,000, the same as the fiscal year 2011 level, for State Commission Administration grants. The budget request for fiscal year 2012 was $17,000,000.

TRAINING AND TECHNICAL ASSISTANCE

The Committee recommendation includes $7,485,000, the same as the fiscal year 2011 level, for Training and Technical Assistance. The budget request for fiscal year 2011 was $7,500,000.

NATIONAL SERVICE TRUST

Appropriations, 2011	$201,200,000
Budget estimate, 2012	235,326,000
Committee recommendation	215,200,000

The Committee recommends an appropriation of $215,200,000 for the National Service Trust. The comparable level for fiscal year 2011 was $201,200,000. The administration request for fiscal year 2012 was $235,326,000.

The National Service Trust is an account in the Treasury of the United States from which the Corporation makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

The Committee notes that the funding level recommended is sufficient to support no less than the same number of service members as were enrolled in fiscal year 2011.

SALARIES AND EXPENSES

Appropriations, 2011	$87,824,000
Budget estimate, 2012	97,694,000
Committee recommendation	87,824,000

The Committee recommends an appropriation of $87,824,000, the same as the fiscal year 2011 level, for the Corporation's salaries and expenses. The budget request for fiscal year 2012 was $97,694,000.

The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, advisory and assistance services, communications and utilities expenses, supplies, equipment 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

Appropriations, 2011	$7,685,000
Budget estimate, 2012	8,450,000
Committee recommendation	7,685,000

The Committee recommends an appropriation of $7,685,000, the same as the fiscal year 2011 level, for the Office of Inspector General [OIG]. The administration request for fiscal year 2012 was $8,450,000.

The goals of the OIG are to increase organizational efficiency and effectiveness and to prevent fraud, waste and abuse.

ADMINISTRATIVE PROVISIONS

The Committee has retained language in previous bills concerning three administrative provisions: language requiring the Corporation to make any significant changes to program requirements or policy through rule-making (sec. 401), language stipulating minimum share requirements (sec. 402), and language requiring that donations supplement and not supplant operations (sec. 403). In addition, the Committee has included one new statutory provision requested in the President's budget, aligning requirements regarding the use of Education Awards at GI Bill-eligible institutions (sec. 404).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2011	$435,138,000
Budget estimate, 2012	451,000,000
Committee recommendation, 2012	450,998,000
Appropriations, 2013	445,000,000
Budget estimate, 2014	451,000,000
Committee recommendation, 2014	445,000,000

The Committee recommends $445,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2014, the same as the advance appropriation provided last year for fiscal year 2013. The budget request for fiscal year 2014 is $451,000,000. Two-year advance funding has been in place since 1975 to ensure the independence of public broadcasting programming.

In addition to the advance appropriation, the Committee recommends $5,998,000 in fiscal year 2012 for digital broadcasting equipment and programming activities related to the transition from analog to digital broadcasting. This is the same as the comparable fiscal year 2011 funding level for these activities. The budget request is $6,000,000. In total, including $445,000,000 in advanced funding available in fiscal year 2012, the Committee recommends a fiscal year 2012 program level of $450,998,000. The comparable fiscal year 2011 program level is $435,138,000 and the budget request for fiscal year 2012 is $451,000,000.

The majority of funds appropriated to CPB go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television and other platforms; system support activities that benefit the entire public broadcasting community; and the administration of the CPB.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2011	$46,559,000
Budget estimate, 2012	48,025,000
Committee recommendation	46,559,000

The Committee recommends $46,559,000, the same as the comparable fiscal year 2011 funding level, for the Federal Mediation and Conciliation Service [FMCS]. The budget request is $48,025,000.

FMCS provides mediation, conciliation and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, the Committee recommendation includes $349,000 for labor-management partnership grants. The comparable fiscal year 2011 funding level is $348,302 and the budget request is $750,000. These grants support innovative approaches to collaborative labor-management relationships to resolve potential problems, explore ways to improve productivity and avert serious work stoppages.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2011	$10,337,000
Budget estimate, 2012	22,417,000
Committee recommendation	17,337,000

The Committee recommends $17,337,000 for fiscal year 2012 for the Federal Mine Safety and Health Review Commission [FMSHRC]. The comparable funding level for fiscal year 2011 is $10,337,000 and the budget request is $22,417,000. The Supplemental Appropriations Act, 2010 included an additional $3,800,000 for FMSHRC, available over the 12-month period from July 2010 through June 2011.

FMSHRC provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. Most cases involve civil penalties proposed by the Department of Labor's Mine Safety and Health Administration [MSHA]. FMSHRC's administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ decisions.

This increase in funding, and corresponding increases at DOL, supports continued Federal efforts to reduce the backlog of appealed cases up for review at FMSHRC. The rate of contested MSHA citations has more than quadrupled since the passage of the MINER Act of 2006, resulting in a more than fourfold increase in the number of cases appealed to FMSHRC annually. As a result, the backlog of cases has increased from 1,300 at the beginning of fiscal year 2005 to over 18,000 at the beginning of fiscal year 2011.

The disaster at the Upper Big Branch coal mine in April 2010 was a tragic reminder of the importance of mine safety. The backlog of cases up for review at FMSHRC delays processing times and creates a dangerous incentive for mine operators, particularly those with a pattern of serious and substantial safety violations, to contest violations simply to delay enforcement. This delay undermines mine safety efforts and puts miners at risk. The Committee recommendation builds off of investments in the Supplemental Appropriations Act, 2010 and will enable FMSHRC to continue to work down the backlog of cases and reduce case processing times. The Committee recommendation also includes up to $1,000,000 to continue the transition to an electronic case management system that will further improve productivity.

The Committee directs FMSRHC and the Department of Labor to brief the Committees on Appropriations of the House of Representatives and the Senate within 30 days of enactment of this act with an update on its backlog reduction plan based on the enacted fiscal year 2012 appropriation.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2011	$237,393,000
Budget estimate, 2012	242,605,000
Committee recommendation	237,393,000

The Committee recommends $237,393,393, the same as the comparable fiscal year 2011 funding level, for the Institute of Museum and Library Services. The budget request is $242,605,000.

Within the total for IMLS, the Committee recommendation includes the amounts below. The Museum Assessment Program and Conservation Assessment Program were consolidated with the National Leadership: Museums program in fiscal year 2011. The Committee supports and maintains this consolidation.

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 budget request	Fiscal year 2012 Committee recommendation
Library Services Technology Act:			
Grants to States	160,032	161,345	160,032

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 budget request	Fiscal year 2012 Committee recommendation
Native American Library Services	3,960	4,000	3,960
National Leadership: Libraries	12,225	12,250	12,225
Laura Bush 21st Century Librarian	12,818	15,628	12,818
Subtotal, LSTA	189,035	193,223	189,035
Museum Services Act:			
Museums for America	18,453	18,976	18,453
Museum Assessment Program	.....	.....	.....
21st Century Museum Professionals	2,015	2,073	2,015
Conservation Project Support	2,675	2,747	2,675
Conservation Assessment Program	.....	.....	.....
Native American/Hawaiian Museum Services	947	975	947
National Leadership: Museums	6,050	6,062	6,050
Subtotal, MSA	30,140	30,833	30,140
African American History & Culture Act:			
Museum Grants for African American History & Culture	1,443	1,485	1,443
Administration	14,845	15,130	14,845
Research, Analysis & Data Collection	1,930	1,934	1,930

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2011	.....
Budget estimate, 2012	$11,000,000
Committee recommendation	10,500,000

The Committee recommends $10,500,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. The fiscal year 2012 budget request is $11,000,000. MACPAC was established in the Children's Health Insurance Program Reauthorization Act of 2009 and is tasked with reviewing State and Federal Medicaid and CHIP access and payment policies and making recommendations to Congress, the Secretary of Health and Human Services, and the States on a wide range of issues affecting those programs.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2011	$12,425,000
Budget estimate, 2012	13,100,000
Committee recommendation	12,425,000

The Committee recommends $12,425,000, the same as the comparable fiscal year 2011 funding level, for the Medicare Payment Advisory Commission (MedPAC). The budget request is $13,100,000. MedPAC was established by Congress as part of the Balanced Budget Act of 1997 and provides independent policy and technical advice on issues affecting the Medicare program.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2011	$3,264,000
Budget estimate, 2012	3,400,000
Committee recommendation	3,264,000

The Committee recommends $3,264,000, the same as the comparable fiscal year 2011 funding level, for the National Council on Disability. The fiscal year 2012 budget request is $3,400,000.

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 re-enter the Nation's workforce and to live independently.

NATIONAL HEALTH CARE WORKFORCE COMMISSION

SALARIES AND EXPENSES

Appropriations, 2011	.....
Budget estimate, 2012	$3,000,000
Committee recommendation	3,000,000

The Committee recommendation includes $3,000,000 for the National Health Care Workforce Commission. The budget request is $3,000,000. The National Health Care Workforce Commission was authorized in the Patient Protection and Affordable Care Act but has not yet been funded.

This commission will serve as a resource to Congress, the President, and State and local entities in evaluating healthcare workforce needs, including assessing education and training activities to determine to what extent the demand for health workers is being met, identifying barriers to improved coordination at the Federal, State and local levels and recommending changes to address those barriers.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriations, 2011	$282,833,000
Budget estimate, 2012	287,699,000
Committee recommendation	282,833,000

The Committee recommends $282,833,000, the same as the comparable fiscal year 2011 funding level, for the National Labor Relations Board [NLRB]. The fiscal year 2012 budget request is $287,699,000.

NLRB is a law enforcement agency that adjudicates disputes under the National Labor Relations Act. The mission of 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.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2011	$13,436,000
Budget estimate, 2012	13,961,000
Committee recommendation	13,436,000

The Committee recommends $13,436,000, the same as the comparable fiscal year 2011 funding level, for the National Mediation Board [NMB]. The fiscal year 2012 budget request is $13,961,000.

The NMB protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. It mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2011	$11,689,000
Budget estimate, 2012	12,773,000
Committee recommendation	11,689,000

The Committee recommends $11,689,000, the same as the comparable fiscal year 2011 funding level, for the Occupational Safety and Health Review Commission [OSHRC]. The budget request is $12,773,000.

OSHRC 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, 2011	$56,886,000
Budget estimate, 2012	51,000,000
Committee recommendation	51,000,000

The Committee recommends $51,000,000, the same as the fiscal year 2012 budget request, for the Dual Benefits Payments Account. Of these funds, an estimated $2,000,000 is from income taxes on vested dual benefits. The comparable fiscal year 2011 funding level is $56,886,000, of which an estimated $3,000,000 is from income taxes.

This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 2011	$150,000
Budget estimate, 2012	150,000
Committee recommendation	150,000

The Committee recommends $150,000 for fiscal year 2011 for interest earned on non-negotiated checks. This is the same as the comparable fiscal year 2011 funding level and the fiscal year 2012 budget request.

LIMITATION ON ADMINISTRATION

Appropriations, 2011	$108,855,000
Budget estimate, 2012	112,239,000
Committee recommendation	108,855,000

The Committee recommends $108,855,000, the same as the comparable fiscal year 2011 funding level, for the administration of railroad retirement/survivor and unemployment/sickness benefit programs. The fiscal year 2012 budget request is $112,239,000.

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 that may be used by the Board for administrative expenses.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2011	$8,170,000
Budget estimate, 2012	9,259,000
Committee recommendation	8,170,000

The Committee recommends $8,170,000, the same as the comparable fiscal year 2011 funding level, for the Office of the Inspector General. The fiscal year 2011 budget request is $9,259,000.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2011	$21,404,000
Budget estimate, 2012	20,404,000
Committee recommendation	20,404,000

The Committee recommends $20,404,000, the same as the budget request, in mandatory funds for payments to Social Security trust funds. The comparable fiscal year 2011 funding level is $21,404,000. This account 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 and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2011	$39,976,214,000
Budget estimate, 2012	38,083,000,000
Committee recommendation	37,922,543,000

The Committee recommends $37,922,543,000 for the supplemental security income [SSI] program. This is in addition to $13,400,000,000 provided in fiscal year 2011 as an advance appropriation for fiscal year 2012, for a total program level of $51,216,714,000. The budget request for fiscal year 2012 is $38,083,000,000, for a total program level of $51,483,000,000. The comparable fiscal year 2011 appropriation is $39,976,214,000, plus an additional $13,400,000,000 provided as an advance appropriation the previous fiscal year for a total fiscal year 2011 program

level of $55,976,214,000. The significant decrease in the fiscal year 2012 program level is due to the timing of monthly benefit payments that results in 13 monthly benefit payments in fiscal year 2011 but only 11 in fiscal year 2012.

In addition to these fiscal year 2012 funds, the Committee recommends an advance appropriation of $18,200,000,000, the same as the budget request, for the first quarter of fiscal year 2013 to ensure benefit payments continue uninterrupted.

The SSI program guarantees a minimum level of income to financially needy individuals who are aged, blind or disabled. In fiscal year 2012 the SSI program will provide an average monthly benefit of $521 to over 8 million recipients. In addition to benefit payments, these funds support beneficiary services including vocational rehabilitation and return-to-work activities; research and demonstration projects; and costs to administer the program. Except for administrative costs, this appropriation represents mandatory funding.

Beneficiary Services

The Committee recommendation includes $47,000,000, the same as the budget request, in mandatory funds for beneficiary services. The comparable fiscal year 2011 funding level is $60,000,000. These funds reimburse Vocational Rehabilitation [VR] agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [EN], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

The Committee recommendation includes $38,000,000, the same as the budget request, in mandatory funds for research and demonstration projects conducted under sections 1110, 1115 and 1144 of the Social Security Act. The comparable fiscal year 2011 funding level is $42,928,000. Because of the availability of unobligated balances, these funds will support a fiscal year 2012 program level of $70,254,000, compared to $51,176,000 in fiscal year 2011.

These funds support a variety of research and demonstration projects designed to improve the disability process; promote self-sufficiency and assist individuals in returning to work; encourage savings and retirement planning through financial literacy; and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

Within the total for research and demonstration the Committee recommends up to $10,000,000 for a new Promoting Readiness of Minors in SSI [PROMISE] program. This program will be jointly administered by SSA and the Department of Education and include interagency collaboration with the Department of Health and Human Services and the Department of Labor. The goal of the PROMISE program is to improve outcomes for children, and the families of children, receiving SSI benefits by encouraging innova-

tion and improving coordination between existing programs and services. The committee recommendation for SSA includes funds for program design and evaluation activities, as well as for incentive payments to States based on successful interventions. The Committee has also included funding for this program within the Department of Education.

Within the total for research and demonstration, the Committee recommends $5,000,000 for the establishment of a new Disability Research Consortium [DRC]. The DRC will work to improve disability policy research by facilitating collaboration between researchers and focusing on cross-cutting issues affecting multiple Federal agencies and the disability population in general. The Committee encourages SSA to consult with the National Council on Disability in establishing the DRC.

Administration

The Committee recommendation includes $3,683,543,000 for SSI program administrative expenses. The comparable fiscal year 2011 funding level is $3,486,286,000 and the budget request is $3,844,000,000. This appropriation funds the SSI program's share of administrative expenses incurred through the limitation on administrative expenses account.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2011	$11,423,606,000
Budget estimate, 2012	12,513,200,000
Committee recommendation	11,631,948,000

The Committee recommends $11,631,948,000 for the Social Security Administration's limitation on administrative expenses [LAE] account. The comparable fiscal year 2011 funding level is $11,423,606,000 and the budget request is $12,513,200,000.

This account provides resources for SSA to administer the old age and survivors insurance [OASI], the disability insurance [DI], and the supplemental security income [SSI] programs, and to support the Center for Medicare and Medicaid Services in administering its programs. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program's share of administrative expenses, and applicable user fees.

The Committee recommendation includes a $139,516,000 increase for program integrity activities, provided through a cap adjustment mechanism described below, and a $68,826,000 increase for non-program integrity base administrative expenses.

In fiscal year 2012 the number of disability claims and hearings requests SSA receives is expected to remain at near record levels. The Committee recommendation will allow SSA to continue towards the goal of eliminating the disability hearing backlog by the end of 2013 while providing targeted increases to those parts of the agency facing the greatest demand for services or abnormal staff attrition. Because of budget constraints, the Committee was not able to provide the full amount requested by the administration, so it recognizes that processing times and pending levels for other key workloads, including initial disability claims, will rise. The Committee directs SSA to provide a report to the Committees on Appro-

priations of the House of Representative and the Senate within 30 days of enactment of this act on the impact of enacted funding levels on key workloads and services.

Program Integrity

Within the total for LAE, the Committee recommendation includes $896,000,000 for program integrity activities, including conducting continuing disability reviews [CDRs] and redeterminations of non-medical eligibility factors under the SSI program. This amount includes $273,000,000 in base funding and $623,000,000 in cap adjustment funding provided under section 251(b)(2)(C)(ii) of the Balanced Budget and Emergency Deficit Control Act of 1985. The comparable fiscal year 2011 funding level is $746,484,000 and the budget request is $938,000,000.

This increase in funding in fiscal year 2012 will allow SSA to conduct 263,000 additional full-medical CDRs and 200,000 additional SSI redeterminations than in fiscal year 2011. In total, SSA will conduct 569,000 full-medical CDRs and 2,622,000 SSI redeterminations, saving approximately $8,900,000,000 over 10 years to the Social Security, Medicare and Medicaid programs.

No-Year Information Technology Funding

The Committee maintains bill language allowing SSA to carry over unobligated LAE balances for use in future fiscal years, without fiscal year limitation, for investments in information technology and telecommunications infrastructure. In fiscal year 2011 SSA made available $461,413,000 in prior-year unobligated balances for these activities and the Committee recommendation assumes SSA will make an additional $60,000,000 available in fiscal year 2012. This is in addition to funding within SSA's annual appropriation used for these activities in those years. This significant decrease is due to a rescission of $275,000,000 in fiscal year 2011 that otherwise would have been available in fiscal year 2012. The Committee also includes new bill language directing SSA to include information in their congressional budget justification each year regarding the estimated amount of prior year unobligated balances that will be available and used for these purposes, and to notify the Committees on Appropriations of the House of Representatives and the Senate before those funds are made available. Information included in the congressional budget justification should include a consolidated information technology plan and include the actual and estimated amounts funded with annually appropriated and no-year funds.

Social Security Advisory Board

Within the total for LAE, the Committee recommendation includes not less than $2,150,000, the same as the budget request, for the Social Security Advisory Board. The comparable fiscal year 2011 funding level is $2,295,000. The Social Security Advisory Board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI and SSI programs.

User Fees

Within the total for LAE, the Committee recommendation includes $155,500,000 for administrative activities funded from user fees. This amount includes $155,000,000 in fees paid to SSA by States that request SSA to administer State SSI supplementary payments and $500,000 from a fee payment process for non-attorney representatives of claimants.

Acquisition Workforce

The Committee recommendation does not include funding specified for strengthening the capacity and capability of SSA's acquisition workforce. The budget request includes $1,863,000 for this activity.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2011	$102,477,000
Budget estimate, 2012	107,113,000
Committee recommendation	102,477,000

The Committee recommends $102,477,000, the same as the comparable fiscal year 2011 funding level, for the Office of the Inspector General. The budget request is $107,113,000. The recommendation includes $73,535,000 funded from the OASI and DI trust funds for those programs' share of inspector general expenses and $28,942,000 funded from general revenues for the SSI program's share of expenses.

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 without the approval of appropriate local officials (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 (sec. 510); prohibit the use of funds to promulgate regulations regarding the individual health identifier (sec. 511); limit 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); prohibit 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); prohibit Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act (sec. 514); maintain a procedure for reprogramming of funds (sec. 515); prohibit candidates for scientific advisory committees from having to disclose their political activities (sec. 516); require each department and related agency to submit an operating plan (sec. 517); require the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a noncompetitive basis (sec. 518); prohibit the use of funds for first-class travel (sec. 519); prohibit the use of funds for a grant or contract exceeding $5,000,000 unless the prospective contractor or grantee makes certain certifications regarding Federal tax liability (sec. 520); and a provision rescinding funds from the State Children's Health Insurance Program performance bonus fund (sec. 521).

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports 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 Committee recommends funding for the following programs and activities which currently lack authorization: Elementary and Secondary Education Act; National Center for Special Education Research; parts C and D of the Individuals with Disabilities Education Act; Education Sciences Reform Act; Special Olympics Sport and Empowerment Act of 2004; Workforce Investment Act; Homeless Veterans Reintegration Program; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Combating Autism Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children's Health Act; Women's Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs, except for Depression Centers of Excellence and grants for Primary and Behavioral Healthcare Integration; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs; Adoption Opportunities; Child Welfare Services and Research; Child Care and Development Block Grant; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant; Rural Facilities; Individual Development Accounts; Community Economic Development; Alzheimer's Disease Demonstration Grants; Adolescent Family Life; Office of Disease Prevention and Health Promotion; Rehabilitation Services and Disability Research, except sections 4, 5, and 6 of the Assistive Technology Program; Institute of Education Sciences; Corporation for Public Broadcasting; Museum and Library Services Act programs; National Council on Disability; and Older Americans Act.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on September 21, 2011, the Committee ordered favorably reported an original bill (S. 1599) making appropriations the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2012, and for other purposes, provided that the bill be subject to amendment and that the bill be con-

sistent with its spending allocations, by a recorded vote of 16–14, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Inouye	Mr. Cochran
Mr. Leahy	Mr. McConnell
Mr. Harkin	Mr. Shelby
Ms. Mikulski	Mrs. Hutchison
Mr. Kohl	Mr. Alexander
Mrs. Murray	Ms. Collins
Mrs. Feinstein	Ms. Murkowski
Mr. Durbin	Mr. Graham
Mr. Johnson (SD)	Mr. Kirk
Ms. Landrieu	Mr. Coats
Mr. Reed	Mr. Blunt
Mr. Lautenberg	Mr. Moran
Mr. Nelson	Mr. Hoeven
Mr. Pryor	Mr. Johnson (WI)
Mr. Tester	
Mr. Brown	

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."

TITLE 20—EDUCATION

CHAPTER 28—HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCE

SUBCHAPTER IV—STUDENT ASSISTANCE

PART A—GRANTS TO STUDENTS IN ATTENDANCE AT INSTITUTIONS OF HIGHER EDUCATION

SUBPART 1—FEDERAL PELL GRANTS

§ 1070a. Federal Pell Grants: amount and determinations; applications.

(a) Program authority and method of distribution

* * * * * * *

(b) Purpose and amount of grants

(1) * * *

* * * * * * *

(8) ADDITIONAL FUNDS.—

(A) IN GENERAL.— * * *

(i) * * *

* * * * * * *

[(iv) $3,090,000,000 for fiscal year 2011;]

(iv) to carry out this section—

(I) $13,500,000,000 for fiscal year 2011;

(II) $13,583,000,000 for fiscal year 2012;

(III) $8,940,000,000 for fiscal year 2013, of which $896,000,000 shall be available for the 2012–2013 award year;

(IV) $0 for fiscal year 2014;

(V) $0 for fiscal year 2015;

(VI) $0 for fiscal year 2016;

(VII) $1,640,000,000 for fiscal year 2017;

(VIII) $1,705,000,000 for fiscal year 2018;

(IX) $1,775,000,000 for fiscal year 2019;

(X) $1,870,000,000 for fiscal year 2020; and

(XI) $2,055,000,000 for fiscal year 2021 and each succeeding fiscal year.

* * * * * * *

PART B—FEDERAL FAMILY EDUCATION LOAN PROGRAM

§ 1078. Federal payments to reduce student interest costs

(a) Federal interest subsidies

(1) Types of loans that qualify

* * * * * * *

(3) Amount of interest subsidy

(A)(i) * * *

[(I) which accrues prior to the beginning of the repayment period of the loan, or]

(I) which accrues prior to the date the student ceases to carry at least one-half the normal full-time academic workload (as determined by the institution), or

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TITLE 48—TERRITORIES AND INSULAR POSSESSIONS

CHAPTER 18—MICRONESIA, MARSHALL ISLANDS, AND PALAU

SUBCHAPTER I—MICRONESIA AND MARSHALL ISLANDS

PART A—APPROVAL AND IMPLEMENTATION OF RIGINALCOMPACT

§ 1921d. Supplemental provisions

(a) Domestic program requirements

* * * * * * *

(f) Continuing programs and laws

(1) Federated States of Micronesia and Republic of the Marshall Islands

* * * * * * *

(A) Emergency and disaster assistance

* * * * * * *

(B) Treatment of additional programs

(i) Consultation

* * * * * * *

(ix) Applicability

The government, institutions, and people of Palau shall remain eligible for appropriations and to receive grants under the provisions of law specified in clauses (ii) and (iii) until the end of fiscal year [2009] *2012*, to the extent the government, institutions, and people of Palau were so eligible under such provisions in fiscal year 2003.

AMERICAN RECOVERY AND REINVESTMENT ACT, 2009, PUBLIC LAW 111–5

TITLE XIV—STATE FISCAL STABILIZATION FUND

GENERAL PROVISIONS—THIS TITLE

SEC. 14006. STATE INCENTIVE GRANTS.

(a) IN GENERAL.—

* * * * * * *

(c) SUBGRANTS TO LOCAL EDUCATIONAL AGENCIES.—(1) IN GENERAL.—* * *

(2) EXCEPTION.—Paragraph (1) does not apply to grants made by the Secretary to consortia of States to develop academic assessments that are aligned with academic standards, or to a State or States for improving early childhood care and education *except that such a State may use its grant funds to make subgrants to public or private agencies and organizations for activities consistent with the purposes of the grant*.

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 in bill	Committee allocation	Amount in bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the Budget Resolution for 2012: Subcommittee on Labor, HHS, Education:				
Mandatory	540,370	540,370	540,108	[1] 540,108
Discretionary	157,134	158,027	180,041	[1] 180,803
Security	299	299	NA	NA
Nonsecurity	156,835	157,728	NA	NA
Projections of outlays associated with the recommendation:				
2012				[2] 612,960
2013				68,409
2014				14,255
2015				2,458
2016 and future years				98
Financial assistance to State and local governments for 2012	NA	323,580	NA	289,735

[1] Includes outlays from prior-year budget authority.
[2] Excludes outlays from prior-year budget authority.

NA: Not applicable.

Consistent with the funding recommended in the bill for continuing disability reviews and redeterminations and for healthcare fraud and abuse control and in accordance with subparagraphs (B) and (C) of section 251(b)(2) of the BBEDCA of 1985 and section 106 of the Deficit Control Act of 2011, the Committee anticipates that the Budget Committee will file a revised section 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of $893,000 in budget authority plus associated outlays.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
TITLE I — DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training, current year	58,922	148,527	58,922	.....	−89,605
Advance from prior year	(710,576)	(712,000)	(712,000)	(+1,424)	.....
FY 2013	712,000	712,000	712,000	.....	.....
Subtotal	770,922	860,527	770,922	.....	−89,605
Youth Training	825,914	923,913	825,914	.....	−97,999
Dislocated Worker Assistance, current year	203,432	314,603	203,432	.....	−111,171
Advance from prior year	(858,280)	(860,000)	(860,000)	(+1,720)	.....
FY 2013	860,000	860,000	860,000	.....	.....
Subtotal	1,063,432	1,174,603	1,063,432	.....	−111,171
Subtotal, Grants to States	2,660,268	2,959,043	2,660,268	.....	−298,775
Current Year	(1,088,268)	(1,387,043)	(1,088,268)	.....	(−298,775)
FY 2013	(1,572,000)	(1,572,000)	(1,572,000)	.....	.....
Federally Administered Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	24,112	29,160	24,112	.....	−5,048
Advance from prior year	(199,600)	(200,000)	(200,000)	(+400)	.....
FY 2013	200,000	200,000	200,000	.....	.....
Subtotal	224,112	229,160	224,112	.....	−5,048
Subtotal, Dislocated Worker Assistance	1,287,544	1,403,763	1,287,544	.....	−116,219

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Native Americans	52,652	54,158	52,652	.....	−1,506
Migrant and Seasonal Farmworkers	84,451	86,620	84,451	.....	−2,169
Women in Apprenticeship	998	1,000	998	.....	−2
YouthBuild	79,840	115,000	79,840	.....	−35,160
Workforce Innovation Fund	124,750	.....	100,000	−24,750	+100,000
Subtotal, Federally Administered Programs (FAP)	566,803	485,938	542,053	−24,750	+56,115
Current Year	(366,803)	(285,938)	(342,053)	(−24,750)	(+56,115)
FY 2013	(200,000)	(200,000)	(200,000)	.....	.....
National Activities:					
Pilots, Demonstrations and Research	9,980	6,616	10,480	+500	+3,864
Green Jobs Innovation Fund	.....	60,000	.....	.....	−60,000
Reintegration of Ex-Offenders	85,390	90,000	75,390	−10,000	−14,610
Evaluation	9,581	11,600	9,581	.....	−2,019
Workforce Data Quality Initiative	12,475	13,750	12,475	.....	−1,275
Subtotal	117,426	181,966	107,926	−9,500	−74,040
Total, Training and Employment Services (TES)	3,344,497	3,626,947	3,310,247	−34,250	−316,700
Current Year	(1,572,497)	(1,854,947)	(1,538,247)	(−34,250)	(−316,700)
FY 2013	(1,772,000)	(1,772,000)	(1,772,000)	.....	.....
OFFICE OF JOB CORPS					
Administration	29,132	31,430	29,132	.....	−2,298
Operations	981,049	998,817	981,049	.....	−17,768
Advance from prior year	(589,818)	(591,000)	(591,000)	(+1,182)	.....
FY 2013	591,000	591,000	591,000	.....	.....
Construction and Renovation	4,990	3,500	4,990	.....	+1,490
Advance from prior year	(99,800)	(100,000)	(100,000)	(+200)	.....

FY 2013	100,000	75,000	100,000	.....	+25,000
Total, Office of Job Corps	1,706,171	1,699,747	1,706,171	.....	+6,424
Current Year	(1,015,171)	(1,033,747)	(1,015,171)	.....	(−18,576)
FY 2013	(691,000)	(666,000)	(691,000)	.....	(+25,000)
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS [1]	449,100	450,000	449,100	.....	−900
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES	721,312	1,100,100	1,100,100	+378,788	.....
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation (UI):					
State Operations	3,239,154	3,275,610	3,231,154	−8,000	−44,456
National Activities	11,287	11,310	11,287	.....	−23
Subtotal, Unemployment Compensation	3,250,441	3,286,920	3,242,441	−8,000	−44,479
Employment Service (ES):					
Allotments to States:					
Federal Funds	22,638	83,864	22,638	.....	−61,226
Trust Funds	679,531	680,893	679,531	.....	−1,362
Subtotal	702,169	764,757	702,169	.....	−62,588
ES National Activities	20,952	20,994	20,952	.....	−42
Subtotal, Employment Service	723,121	785,751	723,121	.....	−62,630
Federal Funds	(22,638)	(83,864)	(22,638)	.....	(−61,226)
Trust Funds	(700,483)	(701,887)	(700,483)	.....	(−1,404)
Foreign Labor Certification:					
Federal Administration	50,418	50,537	50,418	.....	−119
Grants to States	15,099	15,129	15,099	.....	−30
Subtotal, Foreign Labor Certification	65,517	65,666	65,517	.....	−149
One-Stop Career Centers/Labor Market Information	63,593	63,720	63,593	.....	−127
Total, State UI and ES	4,102,672	4,202,057	4,094,672	−8,000	−107,385
Federal Funds	(86,231)	(147,584)	(86,231)	.....	(−61,353)
Trust Funds	(4,016,441)	(4,054,473)	(4,008,441)	(−8,000)	(−46,032)
STATE PAID LEAVE FUND	.....	23,000	.....	.....	−23,000
ADVANCES TO THE UI AND OTHER TRUST FUNDS [2]	290,000	.....	.....	−290,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
PROGRAM ADMINISTRATION					
Adult Employment and Training	46,765	51,577	46,765	.....	−4,812
Trust Funds	8,536	9,960	8,536	.....	−1,424
Youth Employment and Training	12,283	14,442	12,283	.....	−2,159
Employment Security	3,483	4,713	3,483	.....	−1,230
Trust Funds	39,417	41,298	39,417	.....	−1,881
Apprenticeship Services	27,728	28,718	27,728	.....	−990
Executive Direction	7,061	7,083	7,061	.....	−22
Trust Funds	2,087	2,091	2,087	.....	−4
Total, Program Administration	147,360	159,882	147,360	.....	−12,522
Federal Funds	(97,320)	(106,533)	(97,320)	.....	(−9,213)
Trust Funds	(50,040)	(53,349)	(50,040)	.....	(−3,309)
Total, Employment and Training Administration (ETA)	10,761,112	11,261,733	10,807,650	+46,538	−454,083
Federal Funds	6,694,631	7,153,911	6,749,169	+54,538	−404,742
Current Year	(4,231,631)	(4,715,911)	(4,286,169)	(+54,538)	(−429,742)
FY 2013	(2,463,000)	(2,438,000)	(2,463,000)	.....	(+25,000)
Trust Funds	4,066,481	4,107,822	4,058,481	−8,000	−49,341
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement and Participant Assistance	131,137	149,884	149,884	+18,747	.....
Policy and Compliance Assistance	21,571	40,926	38,926	+17,355	−2,000
Executive Leadership, Program Oversight and Admin	6,655	6,718	6,718	+63	.....
Total, EBSA	159,363	197,528	195,528	+36,165	−2,000
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Insurance Activities	(74,506)	(86,023)	(86,023)	(+11,517)	.....

Pension Plan Termination	(242,300)	(243,372)	(243,372)	(+1,072)	.....
Operational Support	(147,261)	(147,506)	(147,506)	(+245)	.....
Total, PBGC (program level)	(464,067)	(476,901)	(476,901)	(+12,834)	.....
ENFORCEMENT OF WAGE AND HOUR STANDARDS	227,491	240,937	227,491	.....	−13,446
OFFICE OF LABOR-MANAGEMENT STANDARDS	41,367	41,367	41,367	.....	.....
FEDERAL CONTRACTOR EEO STANDARDS ENFORCEMENT	105,386	109,010	105,386	.....	−3,624
FEDERAL PROGRAMS FOR WORKERS' COMPENSATION					
Salaries and Expenses	115,939	121,354	115,939	.....	−5,415
Trust Funds	2,124	2,184	2,124	.....	−60
Total, Salaries and Expenses	118,063	123,538	118,063	.....	−5,475
Federal Funds	(115,939)	(121,354)	(115,939)	.....	(−5,415)
Trust Funds	(2,124)	(2,184)	(2,124)	.....	(−60)
SPECIAL BENEFITS					
Federal Employees' Compensation Benefits	180,000	347,000	347,000	+167,000	.....
Longshore and Harbor Workers' Benefits	3,000	3,000	3,000	.....	.....
Total, Special Benefits	183,000	350,000	350,000	+167,000	.....
SPECIAL BENEFITS FOR DISABLED COAL MINERS					
Benefit Payments	198,000	177,000	177,000	−21,000	.....
Administration	5,220	5,227	5,227	+7	.....
Subtotal, program level	203,220	182,227	182,227	−20,993	.....
Less funds advanced in prior year	−45,000	−41,000	−41,000	+4,000	.....
Total, Current Year	158,220	141,227	141,227	−16,993	.....
New advances, 1st quarter FY 2013	41,000	40,000	40,000	−1,000	.....
Total, Special Benefits for Disabled Coal Miners	199,220	181,227	181,227	−17,993	.....
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND					
Part B Administrative Expenses	53,778	52,147	52,147	−1,631	.....
BLACK LUNG DISABILITY TRUST FUND					
Benefit Payments and Interest on Advances	237,808	241,689	241,689	+3,881	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Employment Standards Administration, Salaries and Expenses	33,075	32,906	32,906	−169	.....
Departmental Management, Salaries and Expenses	25,394	25,217	25,217	−177	.....
Departmental Management, Inspector General	327	327	327	.....	.....
Subtotal, Black Lung Disability	296,604	300,139	300,139	+3,535	.....
Treasury Department Administrative Costs	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	296,960	300,495	300,495	+3,535	.....
Total, Federal Programs for Workers' Compensation	851,021	1,007,407	1,001,932	+150,911	−5,475
Federal Funds	848,897	1,005,223	999,808	+150,911	−5,415
Current year	(807,897)	(965,223)	(959,808)	(+151,911)	(−5,415)
FY 2013	(41,000)	(40,000)	(40,000)	(−1,000)	.....
Trust Funds	2,124	2,184	2,124	.....	−60
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
SALARIES AND EXPENSES					
Safety and Health Standards	20,288	25,982	21,288	+1,000	−4,694
Federal Enforcement	208,146	216,365	208,146	.....	−8,219
Whistleblower enforcement	14,806	20,948	16,306	+1,500	−4,642
State Programs	104,393	105,893	104,393	.....	−1,500
Technical Support	25,868	25,950	25,868	.....	−82
Compliance Assistance:					
Federal Assistance	73,383	74,039	73,383	.....	−656
State Consultation Grants	54,688	55,798	54,688	.....	−1,110
Training Grants	10,729	12,000	10,729	.....	−1,271
Subtotal, Compliance Assistance	138,800	141,837	138,800	.....	−3,037
Safety and Health Statistics	34,805	34,875	34,805	.....	−70

Executive Direction and Administration	11,513	11,536	11,513	.....	−23
Total, OSHA	558,619	583,386	561,119	+2,500	−22,267
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	160,369	161,303	164,969	+4,600	+3,666
Metal/Non-Metal Enforcement	87,644	89,990	88,394	+750	−1,596
Standards Development	4,352	5,550	4,352	.....	−1,198
Assessments	6,221	6,574	6,221	.....	−353
Educational Policy and Development	38,148	36,338	36,838	−1,310	+500
Technical Support	31,031	33,403	31,431	+400	−1,972
Program Evaluation and Information Resources (PEIR)	18,173	20,654	18,423	+250	−2,231
Program Administration	15,906	30,465	20,872	+4,966	−9,593
Total, Mine Safety & Health Administration MSHA	361,844	384,277	371,500	+9,656	−12,777
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	210,673	219,043	210,673	.....	−8,370
Labor Market Information	67,303	69,136	68,303	+1,000	−833
Prices and Cost of Living	205,410	232,839	205,410	.....	−27,429
Compensation and Working Conditions	80,418	81,197	80,418	.....	−779
Productivity and Technology	12,078	10,201	12,078	.....	+1,877
Executive Direction and Staff Services	34,342	34,614	34,342	.....	−272
Total, Bureau of Labor Statistics	610,224	647,030	611,224	+1,000	−35,806
Federal Funds	542,921	577,894	542,921	.....	−34,973
Trust Funds	67,303	69,136	68,303	+1,000	−833
OFFICE OF DISABILITY EMPLOYMENT POLICY					
SALARIES AND EXPENSES	38,953	39,031	38,953	.....	−78
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	33,283	33,213	33,283	.....	+70
Departmental IT Crosscut	19,852	.....	19,852	.....	+19,852
Departmental Program Evaluation	8,500	18,400	8,500	.....	−9,900

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Legal Services	119,121	132,578	129,121	+10,000	−3,457
Trust Funds	326	331	326	.....	−5
International Labor Affairs	92,484	101,504	92,484	.....	−9,020
Administration and Management	30,339	30,745	30,339	.....	−406
Adjudication	29,227	30,576	29,227	.....	−1,349
Women's Bureau	11,581	11,620	11,581	.....	−39
Civil Rights Activities	6,798	7,223	6,798	.....	−425
Chief Financial Officer	5,350	5,364	5,350	.....	−14
Total, Salaries and expenses	356,861	371,554	366,861	+10,000	−4,693
Federal Funds	(356,535)	(371,223)	(366,535)	(+10,000)	(−4,688)
Trust Funds	(326)	(331)	(326)	.....	(−5)
VETERANS EMPLOYMENT AND TRAINING					
State Administration, Grants	165,063	165,394	165,063	.....	−331
Transition Assistance Program	6,986	9,000	8,006	+1,020	−994
Federal Administration	35,242	35,222	35,222	−20	.....
National Veterans Training Institute	2,444	2,449	2,444	.....	−5
Homeless Veterans Program	36,257	39,330	38,257	+2,000	−1,073
Veterans Workforce Investment Programs	9,622	9,641	9,622	.....	−19
Total, Veterans Employment and Training	255,614	261,036	258,614	+3,000	−2,422
Federal Funds	45,879	48,971	47,879	+2,000	−1,092
Trust Funds	209,735	212,065	210,735	+1,000	−1,330
OFFICE OF INSPECTOR GENERAL					
Program Activities	77,937	78,453	77,937	.....	−516
Trust Funds	5,909	5,992	5,909	.....	−83
Total, Office of Inspector General	83,846	84,445	83,846	.....	−599

IT MODERNIZATION					
Departmental support systems	.....	17,000	.....	.....	−17,000
IT infrastructure modernization	.....	8,000	.....	.....	−8,000
Total, IT Modernization	.....	25,000	.....	.....	−25,000
Total, Departmental Management	696,321	742,035	709,321	+13,000	−32,714
Federal Funds	480,351	523,647	492,351	+12,000	−31,296
Current Year	(480,351)	(523,647)	(492,351)	(+12,000)	(−31,296)
Trust Funds	215,970	218,388	216,970	+1,000	−1,418
Working Capital Fund	.....	4,620	.....	.....	−4,620
Total, Workforce Investment Act Programs	5,060,290	5,336,335	5,026,040	−34,250	−310,295
Current Year	(2,597,290)	(2,898,335)	(2,563,040)	(−34,250)	(−335,295)
FY 2013	(2,463,000)	(2,438,000)	(2,463,000)	.....	(+25,000)
Total, Title I, Department of Labor	14,411,701	15,258,361	14,671,471	+259,770	−586,890
Federal Funds	10,059,823	10,860,831	10,325,593	+265,770	−535,238
Appropriations, fiscal year 2012	(11,952,701)	(12,821,361)	(12,209,471)	(+256,770)	(−611,890)
Appropriations	(4,644,722)	(5,043,206)	(4,916,992)	(+272,270)	(−126,214)
Current Year	(7,555,823)	(8,382,831)	(7,822,593)	(+266,770)	(−560,238)
FY 2013	(2,504,000)	(2,478,000)	(2,503,000)	(−1,000)	(+25,000)
Trust Funds	4,351,878	4,397,530	4,345,878	−6,000	−51,652
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
HEALTH RESOURCES AND SERVICES					
Bureau of Primary Health Care					
Community Health Centers	1,580,749	2,117,814	1,580,749	.....	−537,065
Free Clinics Medical Malpractice	40	40	40	.....	.....
National Hansen's Disease Program	16,077	16,075	16,077	.....	+2
Hansen's Disease Program Buildings and Facilities	129	129	129	.....	.....
Payment to Hawaii, Treatment of Hansen's	1,964	1,976	1,964	.....	−12
Subtotal	1,598,959	2,136,034	1,598,959	.....	−537,075

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Bureau of Health Professions					
National Health service Corps:	24,848	123,477	24,848	.....	−98,629
Health Professions					
Health Professions, Training for Diversity:					
Centers of Excellence	24,452	24,602	24,452	.....	−150
Health Careers Opportunity Program	21,998	22,133	.....	−21,998	−22,133
Faculty Loan Repayment	1,258	1,266	1,258	.....	−8
Scholarships for Disadvantaged Students	49,042	52,921	49,042	.....	−3,879
Evaluation Tap Funding	.....	(7,079)	.....	.....	(−7,079)
Subtotal, Training for Diversity	96,750	108,001	74,752	−21,998	−33,249
Training in Primary Care Medicine	39,036	53,018	39,036	.....	−13,982
Evaluation Tap Funding	.....	(86,914)	.....	.....	(−86,914)
Subtotal, Training in Primary Care Medicine	39,036	139,932	39,036	.....	−100,896
Oral Health Training	32,781	35,419	32,781	.....	−2,638
Evaluation Tap Funding	.....	(14,509)	.....	.....	(−14,509)
Subtotal, Oral Health programs	32,781	49,928	32,781	.....	−17,147
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	33,142	33,345	33,142	.....	−203
Evaluation Tap Funding	.....	(1,488)	.....	.....	(−1,488)
Allied Health and Other Disciplines	1,933	.....	1,933	.....	+1,933
Geriatric Programs	33,542	36,907	33,542	.....	−3,365
Evaluation Tap Funding	.....	(6,840)	.....	.....	(−6,840)
Mental and Behavorial Health	2,927	17,945	2,927	.....	−15,018
Subtotal, Interdisciplinary Community Linkages	71,544	96,525	71,544	.....	−24,981

Workforce Information and Analysis	2,815	.....	2,815	.....	+2,815
Evaluation Tap Funding	.....	(20,000)	.....	.....	(−20,000)
State Grants for Health Workforce Development	.....	51,000	.....	.....	−51,000
Public Health and Preventive Medicine programs	9,609	.....	9,609	.....	+9,609
Evaluation Tap Funding	.....	(10,068)	.....	.....	(−10,068)
Prevention and Public Health Fund [3]	(20,000)	(15,000)	(25,000)	(+5,000)	(+10,000)
Subtotal	29,609	25,068	34,609	+5,000	+9,541
Nursing Programs:					
Advanced Education Nursing	64,046	64,438	64,046	.....	−392
Evaluation Tap Funding	.....	(40,000)	.....	.....	(−40,000)
Nurse Education, Practice, and Retention	39,653	40,141	39,653	.....	−488
Evaluation Tap Funding	.....	(19,632)	.....	.....	(−19,632)
Nursing Workforce Diversity	16,009	16,107	16,009	.....	−98
Evaluation Tap Funding	.....	(3,893)	.....	.....	(−3,893)
Loan Repayment and Scholarship Program	93,292	93,864	93,292	.....	−572
Comprehensive Geriatric Education	4,539	.....	4,539	.....	+4,539
Evaluation Tap Funding	.....	(5,000)	.....	.....	(−5,000)
Nurse Managed Health Centers	.....	10,000	.....	.....	−10,000
Evaluation Tap Funding	.....	(10,000)	.....	.....	(−10,000)
Nursing Faculty Loan Program	24,848	.....	24,848	.....	+24,848
Evaluation Tap Funding	.....	(30,000)	.....	.....	(−30,000)
Subtotal, Nursing programs	242,387	224,550	242,387	.....	+17,837
Subtotal, Evaluation Tap Funding	.....	108,525	.....	.....	−108,525
Subtotal, Health Professions	494,922	553,106	472,924	−21,998	−80,182
Subtotal, Evaluation tap funding	.....	255,423	.....	.....	−255,423
Subtotal, Prevention and Public Health Fund [3]	(20,000)	(15,000)	(25,000)	(+5,000)	(+10,000)
Total, Health Professions	514,922	823,529	497,924	−16,998	−325,605
Children's Hospitals Graduate Medical Education	268,356	.....	268,356	.....	+268,356
Patient Navigator	4,990	.....	.....	−4,990	.....
Teaching Health Centers Planning Grants	.....	10,000	.....	.....	−10,000
National Practitioner Data Bank	23,508	28,016	28,016	+4,508	.....
User Fees	−23,508	−28,016	−28,016	−4,508	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Subtotal, Bureau of Health Professions (BHP)	793,116	686,583	766,128	−26,988	+79,545
Subtotal, Evaluation tap funding	.....	(255,423)	.....	.....	(−255,423)
Subtotal, Prevention and Public Health Fund [3]	(20,000)	(15,000)	(25,000)	(+5,000)	(+10,000)
Total, BHP program level	813,116	957,006	791,128	−21,988	−165,878
Maternal and Child Health Bureau					
Maternal and Child Health Block Grant	656,319	654,489	606,319	−50,000	−48,170
Sickle Cell Anemia Demonstration Program	4,721	4,740	4,721	.....	−19
Traumatic Brain Injury	9,878	9,918	9,878	.....	−40
Autism and Other Developmental Disorders	47,708	55,000	47,708	.....	−7,292
Heritable Disorders	9,952	9,992	9,952	.....	−40
Congenital Disabilities	.....	499	.....	.....	−499
Healthy Start	104,361	104,776	104,361	.....	−415
Universal Newborn Hearing	18,884	18,960	18,884	.....	−76
Emergency Medical Services for Children	21,369	21,454	21,369	.....	−85
Subtotal, Maternal and Child Health Bureau	873,192	879,828	823,192	−50,000	−56,636
HIV/AIDS Bureau					
Ryan White AIDS Programs:					
Emergency Assistance	672,529	679,074	672,529	.....	−6,545
Comprehensive Care Programs	1,308,141	1,358,791	1,323,141	+15,000	−35,650
AIDS Drug Assistance Program (ADAP) (NA)	(885,000)	(940,000)	(900,000)	(+15,000)	(−40,000)
Early Intervention Program	205,564	211,522	205,564	.....	−5,958
Children, Youth, Women, and Families	77,313	77,787	77,313	.....	−474
AIDS Dental Services	13,511	13,594	13,511	.....	−83
Education and Training Centers	34,607	34,819	34,607	.....	−212
Subtotal, Ryan White AIDS programs	2,311,665	2,375,587	2,326,665	+15,000	−48,922

Evaluation Tap Funding (NA)	(25,000)	(25,000)	(25,000)	.....	.....
Subtotal, Ryan White AIDs program level	(2,336,665)	(2,400,587)	(2,351,665)	(+15,000)	(−48,922)
Subtotal, HIV/AIDS Bureau	2,311,665	2,375,587	2,326,665	+15,000	−48,922
Healthcare Systems Bureau					
Organ Transplantation	24,896	25,991	24,896	.....	−1,095
National Cord Blood Inventory	11,910	13,883	11,910	.....	−1,973
Bone Marrow Program	23,374	26,544	23,374	.....	−3,170
Office of Pharmacy Affairs	4,480	5,220	4,480	.....	−740
340B Drug Pricing User Fees	.....	5,000	5,000	+5,000	.....
User Fees	.....	−5,000	−5,000	−5,000	.....
Poison Control	21,866	29,250	21,866	.....	−7,384
Subtotal, Healthcare systems bureau	86,526	100,888	86,526	.....	−14,362
Rural Health Programs					
Rural Outreach Grants	55,658	57,266	55,658	.....	−1,608
Rural Health Research/Policy Development	9,885	9,929	9,885	.....	−44
Rural Hospital Flexibility Grants	41,118	26,200	41,118	.....	+14,918
Rural Access to Emergency Devices	236	.....	2,500	+2,264	+2,500
State Offices of Rural Health	10,055	10,075	10,055	.....	−20
Black Lung Clinics	7,153	7,185	7,153	.....	−32
Radiation Exposure Screening and Education Program	1,939	1,948	1,939	.....	−9
Telehealth	11,524	11,575	13,524	+2,000	+1,949
Subtotal, Rural health programs	137,568	124,178	141,832	+4,264	+17,654
Healthy Weight Collaborative Prevention and Public Health Fund [3]	.....	(5,000)	.....	.....	(−5,000)
Family Planning	299,400	327,356	299,400	.....	−27,956
Program Management	161,815	170,808	161,815	.....	−8,993
Total, Health resources & services program level	(6,307,241)	(7,101,685)	(6,254,517)	(−52,724)	(−847,168)
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM ACCOUNT					
HEAL Liquidating Account	(1,000)	.....	(1,000)	.....	(+1,000)
HEAL Program Management	2,841	.....	2,841	.....	+2,841
Total, HEAL	2,841	.....	2,841	.....	+2,841

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND					
Post-FY 1988 Claims	220,000	235,000	235,000	+15,000	.....
HRSA Administration	6,489	6,502	6,489	.....	−13
Total, Vaccine Injury Compensation Trust Fund	226,489	241,502	241,489	+15,000	−13
Total, Health Resources & Services Administration	6,491,571	7,042,764	6,448,847	−42,724	−593,917
Total, Evaluation tap funding	(25,000)	(280,423)	(25,000)	.....	(−255,423)
Total, Prevention and Public Health Fund [3]	(20,000)	(20,000)	(25,000)	(+5,000)	(+5,000)
Total, HRSA program level	(6,537,571)	(7,343,187)	(6,499,847)	(−37,724)	(−843,340)
CENTERS FOR DISEASE CONTROL AND PREVENTION					
DISEASE CONTROL, RESEARCH, AND TRAINING					
Immunization and Respiratory Diseases	479,049	647,200	635,393	+156,344	−11,807
Evaluation Tap Funding	(12,864)	(12,864)	(12,864)	.....	.....
Pandemic Flu balances (Public Law 111–32)	(156,344)	.....	.....	(−156,344)	.....
Prevention and Public Health Fund [3]	(100,000)	(61,599)	(150,000)	(+50,000)	(+88,401)
Subtotal	(748,257)	(721,663)	(798,257)	(+50,000)	(+76,594)
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	1,115,995	1,157,133	1,115,995	.....	−41,138
Prevention and Public Health Fund [3]	.....	(30,400)	(10,000)	(+10,000)	(−20,400)
Subtotal	1,115,995	1,187,533	1,125,995	+10,000	−61,538
Emerging and Zoonotic Infectious Diseases	252,443	289,118	252,443	.....	−36,675
Prevention and Public Health Fund [3]	(51,750)	(60,000)	(51,750)	.....	(−8,250)
Subtotal, Emerging and Zoonotic Infectious	304,193	349,118	304,193	.....	−44,925
Chronic Disease Prevention and Health Promotion	773,987	725,207	777,987	+4,000	+52,780

Prevention and Public Health Fund [3]	(300,950)	(460,301)	(487,050)	(+186,100)	(+26,749)
Subtotal	1,074,937	1,185,508	1,265,037	+190,100	+79,529
Birth Defects and Developmental Disabilities	136,072	143,899	138,072	+2,000	−5,827
Public Health Scientific Services	147,795	205,942	147,795	.....	−58,147
Evaluation Tap Funding	(247,769)	(217,674)	(247,769)	.....	(+30,095)
Prevention and Public Health Fund [3]	(72,000)	(70,000)	(70,000)	(−2,000)	.....
Subtotal, Health Statistics/Public Health Scientific Services, Program Level	(467,564)	(493,616)	(465,564)	(−2,000)	(−28,052)
Environmental Health	134,855	128,715	105,855	−29,000	−22,860
Prevention and Public Health Fund [3]	(35,000)	(9,000)	(35,000)	.....	(+26,000)
Subtotal	169,855	137,715	140,855	−29,000	+3,140
Injury Prevention and Control	143,714	147,501	129,714	−14,000	−17,787
Prevention and Public Health Fund [3]	.....	(20,000)	(3,000)	(+3,000)	(−17,000)
Subtotal	143,714	167,501	132,714	−11,000	−34,787
National Institute for Occupational Safety & Health [4]	224,355	.....	188,355	−36,000	+188,355
Evaluation Tap Funding	(91,724)	(259,934)	(106,724)	(+15,000)	(−153,210)
Subtotal, Occupational Safety & Health Program [4]	(316,079)	(259,934)	(295,079)	(−21,000)	(+35,145)
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	.....	.....
Global Health	340,265	381,245	350,265	+10,000	−30,980
Public Health Preparedness and Response	1,336,901	1,422,618	1,375,416	+38,515	−47,202
Prevention and Public Health fund [3]	(10,000)	.....	.....	(−10,000)	.....
Pandemic Flu balances (Public Law 111–32)	(68,515)	(30,000)	(30,000)	(−38,515)	.....
Subtotal	1,415,416	1,452,618	1,405,416	−10,000	−47,202
Public Health Leadership and Support	121,419	121,368	121,419	.....	+51
Prevention and Public Health Fund [3]	(41,200)	(41,200)	(41,200)	.....	.....
Subtotal	162,619	162,568	162,619	.....	+51
Preventive Health and Health Services Block Grant	80,094	.....	.....	−80,094	.....
Business Services	362,026	447,466	427,026	+65,000	−20,440
Total, Centers for Disease Control	5,704,328	5,872,770	5,821,093	+116,765	−51,677
Discretionary	5,648,970	5,817,412	5,765,735	+116,765	−51,677
Evaluation Tap Funding (NA)	(352,357)	(490,472)	(367,357)	(+15,000)	(−123,115)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Pandemic Flu balances (Public Law 111–32)	(224,859)	(30,000)	(30,000)	(−194,859)	.....
Prevention and Public Health Fund[3]	(610,900)	(752,500)	(848,000)	(+237,100)	(+95,500)
Total, Centers for Disease Control Program Level	(6,892,444)	(7,145,742)	(7,066,450)	(+174,006)	(−79,292)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	5,058,577	5,196,136	5,001,623	−56,954	−194,513
National Heart, Lung, and Blood Institute	3,069,723	3,147,992	3,036,189	−33,534	−111,803
National Institute of Dental & Craniofacial Research	409,608	420,369	404,997	−4,611	−15,372
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	1,792,224	1,837,957	1,772,045	−20,179	−65,912
Juvenile Diabetes (mandatory)	(150,000)	(150,000)	(150,000)	.....	.....
Subtotal, NIDDK program level	1,942,224	1,987,957	1,922,045	−20,179	−65,912
National Institute of Neurological Disorders & Stroke	1,622,003	1,664,253	1,603,741	−18,262	−60,512
National Institute of Allergy and Infectious Diseases	4,478,668	4,615,970	4,426,288	−52,380	−189,682
Global HIV/AIDS Fund Transfer	297,300	300,000	299,000	+1,700	−1,000
Subtotal, NIAID program level	4,775,968	4,915,970	4,725,288	−50,680	−190,682
National Institute of General Medical Sciences	2,033,782	2,102,300	2,347,309	+313,527	+245,009
National Institute of Child Health & Human Development	1,317,854	1,352,189	1,303,016	−14,838	−49,173
National Eye Institute	700,828	719,059	692,938	−7,890	−26,121
National Institute of Environmental Health Sciences	683,724	700,537	676,033	−7,691	−24,504
National Institute on Aging	1,100,481	1,129,987	1,088,091	−12,390	−41,896
National Institute of Arthritis and Musculoskeletal and Skin Diseases	534,349	547,891	528,332	−6,017	−19,559
National Institute on Deafness and Other Communication Disorders	415,155	426,043	410,482	−4,673	−15,561
National Institute of Nursing Research	144,381	148,114	142,755	−1,626	−5,359
National Institute on Alcohol Abuse and Alcoholism	458,286	469,197	453,127	−5,159	−16,070
National Institute on Drug Abuse	1,050,542	1,080,018	1,038,714	−11,828	−41,304
National Institute of Mental Health	1,477,292	1,517,006	1,460,671	−16,621	−56,335
National Human Genome Research Institute	511,497	524,807	505,738	−5,759	−19,069

National Institute of Biomedical Imaging and Bioengineering	313,802	322,106	333,671	+19,869	+11,565
National Center for Research Resources	1,257,754	1,297,900	.....	−1,257,754	−1,297,900
National Center for Complementary and Alternative Medicine	127,713	131,002	126,275	−1,438	−4,727
National Institute on Minority Health and Health Disparities	209,713	214,608	272,650	+62,937	+58,042
John E. Fogarty International Center	69,436	71,328	68,653	−783	−2,675
National Center for Advancing Translation Sciences	.....	.....	582,326	+582,326	+582,326
National Library of Medicine (NLM)	336,733	387,153	358,979	+22,246	−28,174
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	.....	.....
Subtotal	344,933	395,353	367,179	+22,246	−28,174
Subtotal	344,933	395,353	367,179	+22,246	−28,174
Office of the Director	1,166,963	1,298,412	1,439,064	+272,101	+140,652
Common fund	(543,021)	(556,890)	(537,811)	(−5,210)	(−19,079)
Buildings and Facilities	49,900	125,581	125,581	+75,681	.....
Total, National Institutes of Health (NIH)	30,688,288	31,747,915	30,498,288	−190,000	−1,249,627
Global HIV/AIDS Fund Transfer out	−297,300	−300,000	−299,000	−1,700	+1,000
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	.....	.....
Total, NIH Program Level	(30,399,188)	(31,456,115)	(30,207,488)	(−191,700)	(−1,248,627)
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES					
Mental Health:					
Programs of Regional and National Significance	338,276	273,342	331,680	−6,596	+58,338
Prevention and Public Health Fund[3]	(45,000)	(20,000)	(45,000)	.....	(+25,000)
Subtotal	383,276	293,342	376,680	−6,596	+83,338
Mental Health block grant	398,936	413,645	398,936	.....	−14,709
Evaluation Tap Funding	(20,997)	(21,039)	(20,997)	.....	(−42)
Subtotal, Program level	(419,933)	(434,684)	(419,933)	.....	(−14,751)
Children's Mental Health	117,803	121,316	117,803	.....	−3,513
Grants to States for the Homeless (PATH)	64,917	65,047	64,917	.....	−130
Protection and Advocacy	36,307	36,380	36,307	.....	−73
State prevention grants	.....	90,000	.....	.....	−90,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Subtotal, Mental Health	956,239	999,730	949,643	−6,596	−50,087
Subtotal, Mental health program level	(1,022,236)	(1,040,769)	(1,015,640)	(−6,596)	(−25,129)
Substance Abuse Treatment:					
Programs of Regional and National Significance	404,480	401,822	409,575	+5,095	+7,753
Evaluation Tap Funding	(2,000)	(2,000)	(2,000)	.....	.....
Prevention and Public Health Fund [3]	(25,000)	.....	(25,000)	.....	(+25,000)
Subtotal, Program level	(431,480)	(403,822)	(436,575)	(+5,095)	(+32,753)
Substance Abuse block grant	1,703,452	1,419,603	1,703,452	.....	+283,849
Evaluation Tap Funding	(79,200)	(74,711)	(79,200)	.....	(+4,489)
Subtotal, Program level	(1,782,652)	(1,494,314)	(1,782,652)	.....	(+288,338)
Substance abuse prevention grants	.....	395,000	.....	.....	−395,000
Subtotal, Substance Abuse Treatment	2,107,932	2,216,425	2,113,027	+5,095	−103,398
Subtotal, Program level	(2,214,132)	(2,293,136)	(2,219,227)	(+5,095)	(−73,909)
Substance Abuse Prevention:					
Programs of Regional and National Significance	186,061	74,582	186,361	+300	+111,779
Subtotal	186,061	74,582	186,361	+300	+111,779
Health Surveillance and Program Support:					
Health Surveillance	2,000	2,000	2,000	.....	.....
Evaluation Tap Funding (NA)	(22,750)	(45,428)	(27,428)	(+4,678)	(−18,000)
Prevention and Public Health Fund [3]	(18,000)	.....	(18,000)	.....	(+18,000)
Subtotal, Program level	42,750	47,428	47,428	+4,678	.....

Program Management	77,039	80,166	77,039	.....	−3,127
Health IT	5,250	4,000	.....	−5,250	−4,000
Military Families	.....	10,000	.....	.....	−10,000
Performance and Quality Information Systems	30,987	.....	12,996	−17,991	+12,996
Evaluation Tap Funding (NA)	(6,596)	(12,996)	.....	(−6,596)	(−12,996)
Public Awareness and Support	14,030	.....	13,571	−459	+13,571
Evaluation Tap Funding (NA)	.....	(13,571)	.....	.....	(−13,571)
Prevention Prepared Communities—PPHF [3]	.....	(22,600)	.....	.....	(−22,600)
Tribal Prevention Grants—PPHF [3]	.....	(50,000)	.....	.....	(−50,000)
Subtotal, Program level	56,863	113,167	26,567	−30,296	−86,600
Total, SAMHSA	3,379,538	3,386,903	3,354,637	−24,901	−32,266
Evaluation Tap Funding	(131,543)	(169,745)	(129,625)	(−1,918)	(−40,120)
(Prevention and Public Health Fund) [3]	88,000	92,600	88,000	.....	−4,600
Total, SAMHSA Program Level	(3,599,081)	(3,649,248)	(3,572,262)	(−26,819)	(−76,986)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
HEALTHCARE RESEARCH AND QUALITY					
Research on Health Costs, Quality, and Outcomes:					
Evaluation Tap Funding (NA)	(245,653)	(232,612)	(238,768)	(−6,885)	(+6,156)
Prevention and Public Health Fund [3]	(12,000)	.....	(12,000)	.....	(+12,000)
Medical Expenditures Panel Surveys:					
Evaluation Tap Funding (NA)	(58,800)	(59,300)	(59,300)	(+500)	.....
Program Support:					
Evaluation Tap Funding (NA)	(67,600)	(74,485)	(73,985)	(+6,385)	(−500)
Total, AHRQ Program Level	(372,053)	(366,397)	(372,053)	.....	(+5,656)
Total, Public Health Service (PHS) appropriation	46,982,625	48,915,452	47,083,865	+101,240	−1,831,587
Total, Public Health Service Program Level	(48,097,637)	(50,260,689)	(48,017,100)	(−80,537)	(−2,243,589)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
GRANTS TO STATES FOR MEDICAID					
Medicaid Current Law Benefits	242,714,348	253,884,907	253,884,907	+11,170,559	.....
State and Local Administration	13,567,479	12,808,496	12,808,496	−758,983	.....
Vaccines for Children	3,651,354	4,030,996	4,030,996	+379,642	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Subtotal, Medicaid Program Level	259,933,181	270,724,399	270,724,399	+10,791,218	.....
Less funds advanced in prior year	−86,789,382	−86,445,289	−86,445,289	+344,093	.....
Total, Grants to States for Medicaid	173,143,799	184,279,110	184,279,110	+11,135,311	.....
New advance, 1st quarter	86,445,289	90,614,082	90,614,082	+4,168,793	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental Medical Insurance	172,697,622	178,041,000	178,041,000	+5,343,378	.....
Federal Uninsured Payment	275,000	262,000	262,000	−13,000	.....
Program Management	229,000	222,000	222,000	−7,000	.....
General Revenue for Part D Benefit	55,548,000	51,431,000	51,431,000	−4,117,000	.....
General Revenue for Part D Administration	404,000	475,000	475,000	+71,000	.....
HCFAC Reimbursement	310,378	580,580	581,000	+270,622	+420
Total, Payments to Trust Funds, Program Level	229,464,000	231,011,580	231,012,000	+1,548,000	+420
PROGRAM MANAGEMENT					
Research, Demonstration, Evaluation	35,529	31,200	31,200	−4,329	.....
Program operations	2,397,655	3,062,025	2,813,935	+416,280	−248,090
State Survey and Certification	361,276	400,283	361,276	.....	−39,007
High Risk Insurance Pools	54,890	44,000	44,000	−10,890	.....
Federal Administration	737,505	859,465	794,465	+56,960	−65,000
Total, Program management, Limitation on new BA	3,586,855	4,396,973	4,044,876	+458,021	−352,097
HEALTH CARE FRAUD AND ABUSE CONTROL					
Part D Drug Benefit/Medicare Advantage (MIP)	219,879	345,295	345,715	+125,836	+420
HHS Office of Inspector General	29,730	97,556	97,556	+67,826	.....
Department of Justice	29,730	93,085	93,085	+63,355	.....
Medicaid/SCHIP	31,038	44,644	44,644	+13,606	.....

Total, Health Care Fraud and Abuse Control	310,377	580,580	581,000	+270,623	+420
Total, Centers for Medicare and Medicaid Services	492,950,320	510,882,325	510,531,068	+17,580,748	−351,257
Federal funds	489,053,088	505,904,772	505,905,192	+16,852,104	+420
Current year	(402,607,799)	(415,290,690)	(415,291,110)	(+12,683,311)	(+420)
New advance, FY 2013	(86,445,289)	(90,614,082)	(90,614,082)	(+4,168,793)	.....
Trust Funds	3,897,232	4,977,553	4,625,876	+728,644	−351,677
ADMINISTRATION FOR CHILDREN AND FAMILIES					
PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS					
Payments to Territories	33,000	33,000	33,000	.....	.....
Repatriation	1,000	1,000	1,000	.....	.....
Subtotal, Welfare payments	34,000	34,000	34,000	.....	.....
Child Support Enforcement:					
State and Local Administration	3,507,323	2,942,035	2,942,035	−565,288	.....
Federal Incentive Payments	513,000	519,000	519,000	+6,000	.....
Access and Visitation	10,000	10,000	10,000	.....	.....
Subtotal, Child Support Enforcement	4,030,323	3,471,035	3,471,035	−559,288	.....
Total, Family Support Payments Program Level	4,064,323	3,505,035	3,505,035	−559,288	.....
Less funds advanced in previous years	−1,100,000	−1,200,000	−1,200,000	−100,000	.....
Total, Family Support Payments, current year	2,964,323	2,305,035	2,305,035	−659,288	.....
New advance, 1st quarter, FY 2013	1,200,000	1,100,000	1,100,000	−100,000	.....
LOW-INCOME HOME ENERGY ASSISTANCE (LIHEAP)					
Formula Grants	4,500,653	1,980,000	3,400,653	−1,100,000	+1,420,653
Contingency Fund	199,927	589,551	199,927	.....	−389,624
Total, LIHEAP, Program Level	4,700,580	2,569,551	3,600,580	−1,100,000	+1,031,029
REFUGEE AND ENTRANT ASSISTANCE					
Transitional and Medical Services	352,625	394,224	386,625	+34,000	−7,599
Victims of Trafficking	9,794	9,814	9,794	.....	−20
Social Services	153,697	179,005	153,697	.....	−25,308
Preventive Health	4,739	4,748	4,739	.....	−9
Targeted Assistance	48,493	48,590	48,493	.....	−97

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Unaccompanied Minors	149,052	177,225	173,225	+24,173	−4,000
Victims of Torture	11,066	11,088	11,066	.....	−22
Total, Refugee and Entrant Assistance	729,466	824,694	787,639	+58,173	−37,055
PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT					
Child Care and Development Block Grant	2,222,627	2,926,757	2,222,627	.....	−704,130
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	.....	.....
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth and Families:					
Head Start, current funded	7,559,633	8,099,783	7,899,633	+340,000	−200,150
Consolidated Runaway, Homeless Youth Program	97,539	102,734	97,539	.....	−5,195
Prevention Grants to Reduce Abuse of Runaway Youth	17,935	17,971	17,935	.....	−36
Child Abuse State Grants	26,482	26,535	26,482	.....	−53
Child Abuse Discretionary Activities	25,793	29,020	25,793	.....	−3,227
Community Based Child Abuse Prevention	41,606	41,689	41,606	.....	−83
Abandoned Infants Assistance	11,605	11,575	11,575	−30	.....
Child Welfare Services	281,181	281,744	281,181	.....	−563
Child Welfare Training/Innovative Approaches to Foster Care	27,153	27,207	27,153	.....	−54
Adoption Opportunities	39,253	39,332	39,253	.....	−79
Adoption Incentive	39,421	49,875	39,421	.....	−10,454
Strengthening Communities Fund	.....	20,000	.....	.....	−20,000
Social Services and Income Maintenance Research	.....	3,000	.....	.....	−3,000
Evaluation Tap Funding	(5,762)	(5,762)	(5,762)	.....	.....
Subtotal, Program Level	(5,762)	(8,762)	(5,762)	.....	(−3,000)
Developmental Disabilities Programs:					
State Councils	74,916	75,066	74,916	.....	−150
Protection and Advocacy	40,942	41,024	40,942	.....	−82

Voting Access for Individuals with Disabilities	17,375	.....	5,245	−12,130	+5,245
Developmental Disabilities Projects of National Significance	14,134	8,333	8,333	−5,801	.....
University Centers for Excellence in Developmental Disabilities	38,865	38,943	38,865	.....	−78
Subtotal, Developmental Disabilities Programs	186,232	163,366	168,301	−17,931	+4,935
Native American Programs	48,675	48,773	48,675	.....	−98
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services	678,640	350,000	678,640	.....	+328,640
Economic Development	17,964	20,000	21,964	+4,000	+1,964
Rural Community Facilities	4,990	.....	6,990	+2,000	+6,990
Subtotal	701,594	370,000	707,594	+6,000	+337,594
Job Opportunities for Low-Income Individuals	1,641	.....	.....	−1,641	.....
Individual Development Account Initiative	23,977	23,907	23,907	−70	.....
Subtotal, Community Services	727,212	393,907	731,501	+4,289	+337,594
Domestic Violence Hotline	3,203	4,500	3,203	.....	−1,297
Family Violence/Battered Women's Shelters	129,792	135,052	129,792	.....	−5,260
Mentoring Children of Prisoners	.....	25,000	.....	.....	−25,000
Independent Living Training Vouchers	45,260	45,351	45,260	.....	−91
Faith-Based Center	1,373	1,376	1,373	.....	−3
Disaster Human Services Case Management	1,996	2,000	1,996	.....	−4
Program Direction	208,013	224,808	208,013	.....	−16,795
Total, Children and Families Services Programs	9,519,357	9,794,598	9,845,685	+326,328	+51,087
Current Year	(9,519,357)	(9,794,598)	(9,845,685)	(+326,328)	(+51,087)
Evaluation Tap Funding	(5,762)	(5,762)	(5,762)	.....	.....
Total, Program Level	(9,525,119)	(9,800,360)	(9,851,447)	(+326,328)	(+51,087)
PROMOTING SAFE AND STABLE FAMILIES	365,000	365,000	365,000	.....	.....
Discretionary Funds	63,184	63,311	63,184	.....	−127
PAYMENTS FOR FOSTER CARE AND PERMANENCY					
Foster Care	3,967,000	4,288,000	4,288,000	+321,000	.....
Adoption Assistance	2,480,000	2,495,000	2,495,000	+15,000	.....
Kinship Guardianship	32,000	80,000	80,000	+48,000	.....
Independent Living	140,000	140,000	140,000	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Total, Payments to States	6,619,000	7,003,000	7,003,000	+384,000	.....
Less Advances from Prior Year	−1,850,000	−1,850,000	−1,850,000	.....	.....
Total, payments, current year	4,769,000	5,153,000	5,153,000	+384,000	.....
New Advance, 1st quarter	1,850,000	2,100,000	2,100,000	+250,000	.....
Total, Administration for Children & Families	30,083,537	28,901,946	29,242,750	−840,787	+340,804
Current year	(27,033,537)	(25,701,946)	(26,042,750)	(−990,787)	(+340,804)
FY 2013	(3,050,000)	(3,200,000)	(3,200,000)	(+150,000)	.....
Evaluation Tap Funding	(5,762)	(5,762)	(5,762)	.....	.....
Total, ACF Program Level	30,089,299	28,907,708	29,248,512	−840,787	+340,804
ADMINISTRATION ON AGING					
AGING SERVICES PROGRAMS					
Grants to States:.					
Home and Community-based Supportive Services	367,611	416,476	367,611	.....	−48,865
Preventive Health	20,984	21,026	20,984	.....	−42
Protection of Vulnerable Older Americans-Title VII	21,839	26,880	21,839	.....	−5,041
Family Caregivers	153,912	192,220	153,912	.....	−38,308
Native American Caregivers Support	6,376	8,388	6,376	.....	−2,012
Subtotal, Caregivers	160,288	200,608	160,288	.....	−40,320
Nutrition:					
Congregate Meals	439,901	440,718	439,901	.....	−817
Home Delivered Meals	217,241	217,644	217,241	.....	−403
Nutrition Services Incentive Program	160,693	160,991	160,693	.....	−298
Subtotal	817,835	819,353	817,835	.....	−1,518

Grants for Native Americans	27,653	27,704	27,653	.....	−51
Program Innovations	13,023	18,705	12,728	−295	−5,977
Aging Network Support Activities	34,214	17,727	24,143	−10,071	+6,416
Alzheimer's Disease Demonstrations	11,441	11,462	4,018	−7,423	−7,444
Lifespan Respite Care	2,495	10,000	2,495	.....	−7,505
Chronic Disease Self-Management Program	.....	10,000	.....	.....	−10,000
Prevention and Public Health Fund [3]	.....	.....	(10,000)	(+10,000)	(+10,000)
Elder Falls Prevention—PHHF [3]	.....	.....	(7,000)	(+7,000)	(+7,000)
Adult Protective Services Demonstration	.....	16,500	.....	.....	−16,500
State Health Insurance Program	52,000	46,960	52,000	.....	+5,040
Community Living Assistance Services and Supports	.....	120,000	.....	.....	−120,000
Program Administration—Aging services	19,939	24,543	23,107	+3,168	−1,436
Total, Administration on Aging	1,549,322	1,787,944	1,534,701	−14,621	−253,243
Federal Funds	(1,497,322)	(1,740,984)	(1,482,701)	(−14,621)	(−258,283)
Trust Funds	52,000	46,960	52,000	.....	+5,040
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT					
General Departmental Management:					
Federal Funds	203,163	255,905	228,014	+24,851	−27,891
Prevention and Public Health Fund [3]	(19,100)	(24,900)	(10,000)	(−9,100)	(−14,900)
Trust Funds	5,851	.....	.....	−5,851	.....
Subtotal	228,114	280,805	238,014	+9,900	−42,791
Teen Pregnancy Prevention Community Grants	104,790	.....	104,790	.....	+104,790
Prevention and Public Health Fund [3]	.....	(110,000)	.....	.....	(−110,000)
Teen Pregnancy Prevention approaches Evaluation Tap Funding	(4,455)	(8,455)	(8,455)	(+4,000)	.....
Subtotal, Pregnancy Grants	(109,245)	(118,455)	(113,245)	(+4,000)	(−5,210)
Adolescent Family Life (Title XX)	12,474	.....	.....	−12,474	.....
Minority Health	55,888	57,980	55,888	.....	−2,092
Office of Women's Health	33,746	33,746	33,746	.....	.....
Minority HIV/AIDS	53,783	.....	53,783	.....	+53,783
Evaluation Tap Funding	.....	(53,891)	.....	.....	(−53,891)
Transformation of the Commissioned Corps	8,071	7,013	.....	−8,071	−7,013
Embryo Adoption Awareness Campaign	2,004	2,000	.....	−2,004	−2,000
Acquisition reform	.....	7,000	.....	.....	−7,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Planning and Evaluation, Evaluation Tap Funding	(60,756)	(64,356)	(64,356)	(+3,600)	.....
Total, General Departmental Management	479,770	363,644	476,221	−3,549	+112,577
Federal Funds	(473,919)	(363,644)	(476,221)	(+2,302)	(+112,577)
Trust Funds	5,851	.....	.....	−5,851	.....
Prevention and Public Health Fund [3]	(19,100)	(134,900)	(10,000)	(−9,100)	(−124,900)
Evaluation Tap Funding (NA)	(65,211)	(126,702)	(72,811)	(+7,600)	(−53,891)
Total, General Departmental Management Program	564,081	625,246	559,032	−5,049	−66,214
OFFICE OF MEDICARE HEARINGS AND APPEALS	71,147	81,019	71,147	.....	−9,872
OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY	42,246	57,013	42,246	.....	−14,767
Evaluation Tap Funding	(19,011)	(21,400)	(19,011)	.....	(−2,389)
Total, Program Level	(61,257)	(78,413)	(61,257)	.....	(−17,156)
OFFICE OF INSPECTOR GENERAL					
Inspector General Federal Funds	50,178	53,329	50,178	.....	−3,151
Evaluation tap funding	.....	(10,000)	.....	.....	(−10,000)
HIPAA/HCFAC funding (NA)	(197,998)	(193,387)	(193,387)	(−4,611)	.....
Total, Inspector General Program Level	(248,176)	(256,716)	(243,565)	(−4,611)	(−13,151)
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	37,709	46,717	41,016	+3,307	−5,701
Trust Funds	3,307	.....	.....	−3,307	.....
Total, Office for Civil Rights	41,016	46,717	41,016	.....	−5,701
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
Retirement Payments	386,041	418,082	418,082	+32,041	.....
Survivors Benefits	27,888	31,625	31,625	+3,737	.....

Dependents' Medical Care	103,608	114,798	114,798	+11,190	.....
Total,Medical Benefits for Commissioned Officers	517,537	564,505	564,505	+46,968	.....
PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND					
Assistant Secretary for Preparedness and Response					
Operations	12,548	38,624	33,053	+20,505	−5,571
Preparedness and Emergency Operations	32,999	34,647	34,647	+1,648	.....
National Disaster Medical System	55,925	52,850	52,850	−3,075	.....
Hospital Preparedness Cooperative Agreement Grants	377,997	375,466	375,466	−2,531	.....
Emergency Systems for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)	5,861	5,000	5,000	−861	.....
Bioterrorism Advanced Research and Development Authority	415,000	665,000	415,000	.....	−250,000
Medical Countermeasure Strategic Investor	.....	100,000	.....	.....	−100,000
Medical Countermeasure Dispensing	.....	5,000	.....	.....	−5,000
Global Medicine, Science, and Public Health	8,731	.....	.....	−8,731	.....
Policy, Strategic Planning, and Communications	4,358	15,708	15,708	+11,350	.....
ASPR Co-located Office Facility	.....	10,000	.....	.....	−10,000
Subtotal, AS for Preparedness and Response	913,419	1,302,295	931,724	+18,305	−370,571
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity	56,680	40,000	40,000	−16,680	.....
Public Health and Science					
Medical Reserve Corps	11,925	11,268	11,268	−657	.....
Office of the Secretary					
Parklawn Lease Expiration	34,930	.....	.....	−34,930	.....
Office of Security and Strategic Information	7,428	6,460	6,460	−968	.....
Pandemic Influenza Preparedness:					
Pandemic Flu balances (Public Law 111–32)	.....	(47,000)	.....	.....	(−47,000)
Fiscal year 2011	65,447	.....	.....	−65,447	.....
Subtotal, Office of the Secretary	107,805	6,460	6,460	−101,345	.....
Subtotal, Non-pandemic flu/BARDA/BioShield/Parklawn	574,452	595,023	574,452	.....	−20,571
Total, PHSSEF	1,089,829	1,360,023	989,452	−100,377	−370,571
Total, Office of the Secretary	2,291,723	2,526,250	2,234,765	−56,958	−291,485

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Federal Funds	2,211,418	2,445,231	2,163,618	−47,800	−281,613
Trust Funds	80,305	81,019	71,147	−9,158	−9,872
Evaluation Tap Funding (NA)	(84,222)	(158,102)	(91,822)	(+7,600)	(−66,280)
Total, Office of the Secretary Program Level	2,395,045	2,819,252	2,336,587	−58,458	−482,665
Total, Title II, Dept of Health & Human Services	573,138,627	592,148,817	589,666,149	+16,527,522	−2,482,668
Federal Funds	569,109,090	587,043,285	584,917,126	+15,808,036	−2,126,159
Current year	(479,613,801)	(493,229,203)	(491,103,044)	(+11,489,243)	(−2,126,159)
FY 2013	(89,495,289)	(93,814,082)	(93,814,082)	(+4,318,793)	.....
Trust Funds	4,029,537	5,105,532	4,749,023	+719,486	−356,509
1Pandemic Flu balances (Public Law 111–32)	(224,859)	(30,000)	(30,000)	(−194,859)	.....
Prevention and Public Health Fund [3]	(738,000)	(1,000,000)	(988,000)	(+250,000)	(−12,000)
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Advance from prior year	(3,448,145)	(2,962,510)	(2,962,510)	(−485,635)	.....
Forward funded	3,618,248	2,806,504	3,618,248	.....	+811,744
Current funded	3,992	4,000	3,992	.....	−8
Subtotal, Basic grants current year approp	3,622,240	2,810,504	3,622,240	.....	+811,736
Subtotal, Basic grants total funds available	(7,070,385)	(5,773,014)	(6,584,750)	(−485,635)	(+811,736)
Basic Grants FY 2013 Advance	2,962,510	3,787,442	2,962,510	.....	−824,932
Subtotal, Basic grants, program level	6,584,750	6,597,946	6,584,750	.....	−13,196
Concentration Grants:					
Advance from prior year	(1,365,031)	(1,362,301)	(1,362,301)	(−2,730)	.....

FY 2013 Advance	1,362,301	1,365,031	1,362,301	.....	−2,730
Targeted Grants:					
Advance from prior year	(3,014,000)	(3,258,183)	(3,258,183)	(+244,183)	.....
FY 2013 Advance	3,258,183	3,264,712	3,258,183	.....	−6,529
Subtotal (excluding emergencies)	3,258,183	3,264,712	3,258,183	.....	−6,529
Education Finance Incentive Grants:					
Advance from prior year	(3,014,000)	(3,258,183)	(3,258,183)	(+244,183)	.....
FY 2013 Advance	3,258,183	3,264,712	3,258,183	.....	−6,529
Subtotal, Grants to LEAs, program level	14,463,417	14,792,401	14,463,417	.....	−328,984
Subtotal	3,258,183	3,264,712	3,258,183	.....	−6,529
Title I Rewards	.....	300,000	.....	.....	−300,000
Subtotal, Grants to LEAs, program level	14,463,417	14,792,401	14,463,417	.....	−328,984
School Improvement Grants	534,562	600,000	534,562	.....	−65,438
Early Learning Challenge Fund	.....	350,000	.....	.....	−350,000
Striving Readers	.....	.....	183,000	+183,000	+183,000
State Agency Programs:					
Migrant	393,981	394,771	393,981	.....	−790
Neglected and Delinquent/High Risk Youth	50,326	50,427	50,326	.....	−101
Subtotal, State Agency programs	444,307	445,198	444,307	.....	−891
Evaluation	8,151	.....	4,151	−4,000	+4,151
High School Graduation Initiative	48,902	.....	48,902	.....	+48,902
Migrant Education:					
High School Equivalency Program	36,595	36,668	36,595	.....	−73
Total, Education for the disadvantaged	15,535,934	16,224,267	15,714,934	+179,000	−509,333
Current Year	(4,694,757)	(4,542,370)	(4,873,757)	(+179,000)	(+331,387)
FY 2013	(10,841,177)	(11,681,897)	(10,841,177)	.....	(−840,720)
Subtotal, Forward Funded	(4,597,117)	(4,501,702)	(4,780,117)	(+183,000)	(+278,415)
IMPACT AID					
Basic Support Payments	1,135,724	1,138,000	1,135,724	.....	−2,276
Payments for Children with Disabilities	48,505	48,602	48,505	.....	−97

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Facilities Maintenance (Sec. 8008)	4,854	4,864	4,854	.....	−10
Construction (Sec. 8007)	17,474	17,509	17,474	.....	−35
Payments for Federal Property (Sec. 8002)	67,074	67,208	67,074	.....	−134
Total, Impact aid	1,273,631	1,276,183	1,273,631	.....	−2,552
SCHOOL IMPROVEMENT PROGRAMS					
Effective Teaching and Learning: Literacy	.....	383,348	.....	.....	−383,348
Effective Teaching and Learning: STEM	.....	206,046	.....	.....	−206,046
Effective Teaching and Learning for Well-Rounded Education	.....	246,084	.....	.....	−246,084
College Pathways	.....	86,000	.....	.....	−86,000
State Grants for Improving Teacher Quality	786,613	.....	786,613	.....	+786,613
Advance from prior year	(1,681,441)	(1,681,441)	(1,681,441)	.....	.....
FY 2013	1,681,441	.....	1,681,441	.....	+1,681,441
Subtotal, State Grants for Improving Teacher Quality, program level	2,468,054	.....	2,468,054	.....	+2,468,054
Mathematics and Science Partnerships	175,127	.....	175,127	.....	+175,127
Supplemental Education Grants	17,652	17,687	17,652	.....	−35
21st Century Community Learning Centers	1,153,854	1,266,166	1,153,854	.....	−112,312
State Assessments/Enhanced Assessment Instruments	389,951	420,000	389,951	.....	−30,049
Foreign Language Assistance	26,874	.....	.....	−26,874	.....
Consolidated Runaway and Homeless Youth programs	65,296	65,427	65,296	.....	−131
Training and Advisory Services (Civil Rights)	6,975	6,989	6,975	.....	−14
Education for Native Hawaiians	34,246	34,315	34,246	.....	−69
Alaska Native Education Equity	33,248	33,315	33,248	.....	−67
Rural Education	174,532	174,882	174,532	.....	−350
Comprehensive Centers	51,210	56,313	51,210	.....	−5,103
Total, School improvement programs	4,597,019	2,996,572	4,570,145	−26,874	+1,573,573
Current Year	(2,915,578)	(2,996,572)	(2,888,704)	(−26,874)	(−107,868)

FY 2013	(1,681,441)	.....	(1,681,441)	.....	(+1,681,441)
Subtotal, Forward Funded	(2,745,373)	(1,926,475)	(2,745,373)	.....	(+818,898)
INDIAN EDUCATION					
Grants to Local Educational Agencies	104,122	104,331	104,122	.....	−209
Federal Programs:					
Special Programs for Indian Children	19,022	19,060	19,022	.....	−38
National Activities	3,883	3,891	4,883	+1,000	+992
Subtotal, Federal Programs	22,905	22,951	23,905	+1,000	+954
Total, Indian Education	127,027	127,282	128,027	+1,000	+745
INNOVATION AND IMPROVEMENT					
Race to the Top	698,600	900,000	698,600	.....	−201,400
Investing in Innovation Fund	149,700	300,000	149,700	.....	−150,300
Effective Teachers and Leaders State Grants	.....	2,500,000	.....	.....	−2,500,000
Teacher and Leader Innovation Fund	.....	500,000	.....	.....	−500,000
Teacher and Leader Pathways	.....	250,000	.....	.....	−250,000
Expanding Educational Options	.....	372,000	.....	.....	−372,000
Transition to Teaching	41,125	.....	20,125	−21,000	+20,125
Teaching of Traditional American History	45,908	.....	45,908	.....	+45,908
School Leadership	29,162	.....	29,162	.....	+29,162
Charter Schools Grants	255,519	.....	255,519	.....	+255,519
Voluntary Public School Choice	25,767	.....	.....	−25,767	.....
Magnet Schools Assistance	99,800	110,000	99,800	.....	−10,200
Fund for the Improvement of Education (FIE)	40,900	63,000	70,900	+30,000	+7,900
Teacher Incentive Fund	399,200	.....	300,000	−99,200	+300,000
Ready-to-Learn television	27,245	.....	27,245	.....	+27,245
Advanced Placement	43,253	.....	43,253	.....	+43,253
Total, Innovation and Improvement	1,856,179	4,995,000	1,740,212	−115,967	−3,254,788
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Safe and Healthy Students	.....	364,966	.....	.....	−364,966
Promise Neighborhoods	29,940	150,000	60,000	+30,060	−90,000
National Programs	119,226	.....	79,226	−40,000	+79,226
Alcohol Abuse Reduction	6,907	.....	.....	−6,907	.....
Elementary and Secondary School Counseling	52,395	.....	52,395	.....	+52,395
Carol M. White Physical Education Program	78,842	.....	78,842	.....	+78,842

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Civic Education	1,155	.....	.....	−1,155	.....
Total, Safe Schools and Citizenship Education	288,465	514,966	270,463	−18,002	−244,503
ENGLISH LANGUAGE ACQUISITION					
Current funded	47,679	48,750	47,679	.....	−1,071
Forward funded	685,851	701,250	685,851	.....	−15,399
Total, English Language Acquisition	733,530	750,000	733,530	.....	−16,470
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	2,889,817	2,272,108	2,889,817	.....	+617,709
Part B advance from prior year	(8,592,383)	(8,592,383)	(8,592,383)	.....	.....
Grants to States Part B (FY 2013)	8,592,383	9,433,103	8,592,383	.....	−840,720
Subtotal, program level (excluding emergencies)	11,482,200	11,705,211	11,482,200	.....	−223,011
Preschool Grants	373,351	374,099	373,351	.....	−748
Grants for Infants and Families	438,548	489,427	443,548	+5,000	−45,879
Subtotal, program level	12,294,099	12,568,737	12,299,099	+5,000	−269,638
IDEA National Activities (current funded):					
State Personnel Development	46,846	48,000	44,000	−2,846	−4,000
Technical Assistance and Dissemination	48,806	49,549	49,306	+500	−243
Personnel Preparation	88,466	90,653	88,966	+500	−1,687
Parent Information Centers	27,972	28,028	28,972	+1,000	+944
Technology and Media Services	28,644	33,289	30,644	+2,000	−2,645
Subtotal, IDEA special programs	240,734	249,519	241,888	+1,154	−7,631

Mentoring for Individuals with Disabilities	.....	5,000	.....	.....	−5,000
Special Olympics Education programs	8,079	8,095	8,079	.....	−16
PROMISE	.....	30,000	4,000	+4,000	−26,000
Total, Special education	12,542,912	12,861,351	12,553,066	+10,154	−308,285
Current Year	(3,950,529)	(3,428,248)	(3,960,683)	(+10,154)	(+532,435)
FY 2013	(8,592,383)	(9,433,103)	(8,592,383)	.....	(−840,720)
Subtotal, Forward Funded	(3,701,716)	(3,135,634)	(3,706,716)	(+5,000)	(+571,082)
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	3,084,696	3,121,712	3,121,712	+37,016	.....
Discretionary supplement	.....	(19,266)	.....	.....	(−19,266)
Subtotal, VR State grants program level	3,084,696	3,121,712	3,121,712	+37,016	.....
Client Assistance State grants	12,263	12,288	12,263	.....	−25
Training	35,582	33,251	35,582	.....	+2,331
Demonstration and Training programs	6,459	.....	6,459	.....	+6,459
Migrant and Seasonal Farmworkers	1,856	.....	1,856	.....	+1,856
Protection and Advocacy of Individual Rights (PAIR)	18,065	18,101	18,065	.....	−36
Supported Employment State grants	29,123	.....	29,123	.....	+29,123
Independent Living:					
Independent Living grants	.....	103,716	.....	.....	−103,716
State Grants	23,403	.....	23,403	.....	+23,403
Centers	80,105	.....	80,105	.....	+80,105
Services for Older Blind Individuals	34,083	34,151	34,083	.....	−68
Subtotal	137,591	137,867	137,591	.....	−276
National activities to improve rehabilitation	.....	8,000	.....	.....	−8,000
Access through cloud computing	.....	10,000	.....	.....	−10,000
Workforce innovation fund	.....	30,000	.....	.....	−30,000
Helen Keller National Center for Deaf/Blind Youth and Adults	9,163	9,181	9,163	.....	−18
National Institute on Disability and Rehabilitation Research (NIDRR)	109,023	110,485	109,023	.....	−1,462
Assistive Technology	30,898	30,960	30,898	.....	−62
Subtotal	390,023	400,133	390,023	.....	−10,110
Total, Rehabilitation services	3,474,719	3,521,845	3,511,735	+37,016	−10,110

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	24,551	24,600	24,551	.....	−49
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID):					
Operations	65,306	63,037	65,546	+240	+2,509
Construction	240	2,000	.....	−240	−2,000
Total, NTID	65,546	65,037	65,546	.....	+509
GALLAUDET UNIVERSITY:					
Operations	117,764	118,000	117,764	.....	−236
Construction	4,990	.....	7,990	+3,000	+7,990
Total, Gallaudet University	122,754	118,000	125,754	+3,000	+7,754
Total, Special Institutions for Persons with Disabilities	212,851	207,637	215,851	+3,000	+8,214
CAREER, TECHNICAL AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded	332,659	209,000	332,659	.....	+123,659
Advance from prior year	(791,000)	(791,000)	(791,000)	.....	.....
FY 2013	791,000	791,000	791,000	.....	.....
Subtotal, Basic State Grants, program level	1,123,659	1,000,000	1,123,659	.....	+123,659
National Programs	7,844	7,860	7,844	.....	−16
Subtotal, Career Education	1,131,503	1,007,860	1,131,503	.....	+123,643
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, current funded	596,120	635,000	596,120	.....	−38,880

National Leadership Activities	11,323	23,346	11,323	.....	−12,023
Subtotal, Adult education	607,443	658,346	607,443	.....	−50,903
State Grants for Incarcerated Youth Offenders	.....	17,186	.....	.....	−17,186
Total, Career and adult education	1,738,946	1,683,392	1,738,946	.....	+55,554
Current Year	(947,946)	(892,392)	(947,946)	.....	(+55,554)
6FY 2013	(791,000)	(791,000)	(791,000)	.....	.....
Subtotal, Forward Funded	(947,946)	(892,392)	(947,946)	.....	(+55,554)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(4,860)	(4,860)	(4,860)	.....	.....
Pell Grants	22,955,996	31,776,000	22,955,996	.....	−8,820,004
Federal Supplemental Educational Opportunity Grants	735,990	757,465	735,990	.....	−21,475
Federal Work Study	978,531	980,492	978,531	.....	−1,961
Total, Student Financial Assistance (SFA)	24,670,517	33,513,957	24,670,517	.....	−8,843,440
STUDENT AID ADMINISTRATION					
Salaries and Expenses	675,363	725,104	675,363	.....	−49,741
Servicing Activities	316,649	370,314	370,000	+53,351	−314
Total, Student Aid Administration	992,012	1,095,418	1,045,363	+53,351	−50,055
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	83,832	84,000	83,832	.....	−168
Hispanic Serving Institutions	104,395	117,429	104,395	.....	−13,034
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	9,336	10,500	9,336	.....	−1,164
Strengthening Historically Black Colleges (HBCUs)	236,991	266,586	236,991	.....	−29,595
Strengthening Historically Black Graduate Institutions	61,302	61,425	61,302	.....	−123
Strengthening Predominantly Black Institutions	9,602	10,801	9,602	.....	−1,199
Asian American Pacific Islander	3,199	3,600	3,199	.....	−401
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	13,412	15,084	13,412	.....	−1,672
Strengthening Native American-Serving Nontribal Institutions	3,199	3,600	3,199	.....	−401
Strengthening Tribal Colleges	26,820	30,169	26,820	.....	−3,349
Subtotal, Aid for Institutional development	552,088	603,194	552,088	.....	−51,106

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
International Education and Foreign Language:					
Domestic Programs	66,712	108,360	66,712	.....	−41,648
Overseas Programs	7,465	15,576	7,465	.....	−8,111
Institute for International Public Policy	1,552	1,945	1,552	.....	−393
Subtotal, International Education & Foreign Lang	75,729	125,881	75,729	.....	−50,152
Fund for the Improvement of Postsecondary Education (FIPSE)	19,607	150,000	19,607	.....	−130,393
Postsecondary Program for Students with Intellectual Disabilities	10,978	.....	10,978	.....	+10,978
Minority Science and Engineering Improvement	9,484	9,503	9,484	.....	−19
Tribally Controlled Postsec Voc/Tech Institutions	8,146	8,162	8,146	.....	−16
Federal TRIO Programs	826,522	920,089	826,522	.....	−93,567
GEAR UP	302,816	323,212	302,816	.....	−20,396
Javits Fellowships	8,084	.....	8,084	.....	+8,084
Graduate Assistance in Areas of National Need	30,968	40,717	30,968	.....	−9,749
Teacher Quality Partnerships	42,914	.....	42,914	.....	+42,914
Child Care Access Means Parents in School	16,002	16,034	16,002	.....	−32
GPRA Data/HEA Program Evaluation	608	609	608	.....	−1
Thurgood Marshall Legal Education Opportunities	.....	3,000	.....	.....	−3,000
Hawkins Centers of Excellence	.....	40,000	.....	.....	−40,000
Total, Higher Education	1,903,946	2,240,401	1,903,946	.....	−336,455
HOWARD UNIVERSITY					
Academic Program	205,619	202,431	202,019	−3,600	−412
Endowment Program	.....	3,600	3,600	+3,600	.....
Howard University Hospital	28,888	28,946	28,888	.....	−58
Total, Howard University	234,507	234,977	234,507	.....	−470
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS(CHAFL)	460	478	460	.....	−18

HBCU CAPITAL FINANCING PROGRAM					
HBCU Federal Administration	353	354	353	.....	−1
HBCU Loan Subsidies	20,188	20,228	20,188	.....	−40
Total, HBCU Capital Financing Program	20,541	20,582	20,541	.....	−41
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination	199,796	260,413	199,796	.....	−60,617
Statistics	108,304	117,021	109,304	+1,000	−7,717
Regional Educational Laboratories	57,535	69,650	57,535	.....	−12,115
Research in Special Education	50,983	58,085	50,983	.....	−7,102
Special Education Studies and Evaluations	11,437	11,460	11,437	.....	−23
Statewide Data Systems	42,166	100,000	42,166	.....	−57,834
Assessment:					
National Assessment	129,861	135,121	129,861	.....	−5,260
National Assessment Governing Board	8,706	8,723	8,706	.....	−17
Subtotal, Assessment	138,567	143,844	138,567	.....	−5,277
Total, IES	608,788	760,473	609,788	+1,000	−150,685
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION:					
Salaries and Expenses	447,104	476,327	449,074	+1,970	−27,253
Building Modernization	8,184	2,711	.....	−8,184	−2,711
Total, Program administration	455,288	479,038	449,074	−6,214	−29,964
OFFICE FOR CIVIL RIGHTS	102,818	107,772	102,818	.....	−4,954
OFFICE OF THE INSPECTOR GENERAL	59,933	67,187	59,933	.....	−7,254
Total, Departmental management	618,039	653,997	611,825	−6,214	−42,172
Total, Title III, Department of Education	71,430,023	83,678,778	71,547,487	+117,464	−12,131,291
Current Year	(49,524,022)	(61,772,778)	(49,641,486)	(+117,464)	(−12,131,292)
FY 2013	(21,906,001)	(21,906,000)	(21,906,001)	.....	(+1)
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	5,385	5,841	5,385	.....	−456

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
OPERATING EXPENSES					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	98,876	100,000	98,876	.....	−1,124
National Senior Volunteer Corps:					
Foster Grandparents Program	110,774	111,100	110,774	.....	−326
Senior Companion Program	46,810	47,000	46,810	.....	−190
1Senior Corps Demonstration	.....	5,000	.....	.....	−5,000
Retired Senior Volunteer Program	50,299	63,000	50,299	.....	−12,701
Subtotal, Senior Volunteers	207,883	226,100	207,883	.....	−18,217
Subtotal, Domestic Volunteer Service Programs	306,759	326,100	306,759	.....	−19,341
National and Community Service Programs:					
AmeriCorps State and National Grants	347,360	399,790	347,360	.....	−52,430
Disability Placement Funds	4,990	5,000	4,990	.....	−10
Innovation, Assistance, and Other Activities	60,379	80,500	60,379	.....	−20,121
Evaluation	5,988	6,000	5,988	.....	−12
National Civilian Community Corps	28,942	35,000	31,942	+3,000	−3,058
Learn and Serve America	.....	39,500	.....	.....	−39,500
State Commission Administrative Grants	16,966	17,000	16,966	.....	−34
Training and Technical Assistance	7,485	7,500	7,485	.....	−15
Subtotal, National & Community Service Programs	472,110	590,290	475,110	+3,000	−115,180
Total, Operating expenses	778,869	916,390	781,869	+3,000	−134,521
National Service Trust	201,200	235,326	215,200	+14,000	−20,126
Salaries and Expenses	87,824	97,694	87,824	.....	−9,870

Office of the Inspector General	7,685	8,450	7,685		−765
Total, Corporation for National and Community Service	1,075,578	1,257,860	1,092,578	+17,000	−165,282
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2014 (current) with FY 2013 comparable	445,000	451,000	445,000		−6,000
FY 2013 advance with FY 2012 comparable (NA)	(445,000)	(445,000)	(445,000)		
FY 2012 advance with FY 2011 comparable (NA)	(429,140)	(445,000)	(445,000)	(+15,860)	
Digitalization program, current funded	5,998	6,000	5,998		−2
Subtotal, FY 2012 appropriation	5,998	6,000	5,998		−2
FEDERAL MEDIATION AND CONCILIATION SERVICE	46,559	48,025	46,559		−1,466
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	10,337	22,417	17,337	+7,000	−5,080
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	237,393	242,605	237,393		−5,212
MEDICARE PAYMENT ADVISORY COMMISSION	12,425	13,100	12,425		−675
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION		11,000	10,500	+10,500	−500
NATIONAL COUNCIL ON DISABILITY	3,264	3,400	3,264		−136
NATIONAL HEALTH CARE WORKFORCE COMMISSION		3,000	3,000	+3,000	
NATIONAL LABOR RELATIONS BOARD	282,833	287,699	282,833		−4,866
NATIONAL MEDIATION BOARD	13,436	13,961	13,436		−525
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	11,689	12,773	11,689		−1,084
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	56,886	51,000	51,000	−5,886	
Less Income Tax Receipts on Dual Benefits	−3,000	−2,000	−2,000	+1,000	
Subtotal, Dual Benefits	53,886	49,000	49,000	−4,886	
Federal Payment to the RR Retirement Account	150	150	150		
Limitation on Administration	108,855	112,239	108,855		−3,384
Inspector General	8,170	9,259	8,170		−1,089
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	21,404	20,404	20,404	−1,000	
SUPPLEMENTAL SECURITY INCOME					
Federal Benefit Payments	52,387,000	47,554,000	47,554,000	−4,833,000	
Beneficiary Services	60,000	47,000	47,000	−13,000	
Research and Demonstration	42,928	38,000	38,000	−4,928	
Administration	3,486,286	3,844,000	3,683,543	+197,257	−160,457

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2011 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2012—Continued

[In thousands of dollars]

Item	2011 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2011 appropriation	Budget estimate
Subtotal, SSI program level	55,976,214	51,483,000	51,322,543	−4,653,671	−160,457
Less funds advanced in prior year	−16,000,000	−13,400,000	−13,400,000	+2,600,000	.....
Subtotal, regular SSI current year	39,976,214	38,083,000	37,922,543	−2,053,671	−160,457
New advance, 1st quarter, FY 2013	13,400,000	18,200,000	18,200,000	+4,800,000	.....
Total, SSI program	53,376,214	56,283,000	56,122,543	+2,746,329	−160,457
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	5,556,741	5,931,407	5,385,504	−171,237	−545,903
HI/SMI Trust Funds	2,049,942	2,253,780	2,093,751	+43,809	−160,029
Social Security Advisory Board	2,295	2,150	2,150	−145	.....
Acquisition Workforce Capacity and Capabilities	.....	1,863	.....	.....	−1,863
SSI	3,144,970	3,546,000	3,372,543	+227,573	−173,457
Subtotal, regular LAE	10,753,948	11,735,200	10,853,948	+100,000	−881,252
User Fees:					
SSI User Fee activities	185,628	155,000	155,000	−30,628	.....
Subtotal, User fees	185,628	155,000	155,000	−30,628	.....
Subtotal, Limitation on administrative expenses	10,939,576	11,890,200	11,008,948	+69,372	−881,252
Program Integrity Funding:					
OASDI Trust Funds	142,714	325,000	312,000	+169,286	−13,000
SSI	341,316	298,000	311,000	−30,316	+13,000
Subtotal, Program integrity funding	484,030	623,000	623,000	+138,970	.....
Total, Limitation on Administrative Expenses	11,423,606	12,513,200	11,631,948	+208,342	−881,252

OFFICE OF THE INSPECTOR GENERAL					
Federal Funds	28,942	30,000	28,942	.....	−1,058
Trust Funds	73,535	77,113	73,535	.....	−3,578
Total, Office of the Inspector General	102,477	107,113	102,477	.....	−4,636
Adjustment: Trust fund transfers from general revenues	−3,486,286	−3,844,000	−3,683,543	−197,257	+160,457
Total, Social Security Administration	61,437,415	65,079,717	64,193,829	+2,756,414	−885,888
Federal funds	53,612,188	56,490,267	56,326,889	+2,714,701	−163,378
Current year	(40,212,188)	(38,290,267)	(38,126,889)	(−2,085,299)	(−163,378)
New advances, 1st quarter	(13,400,000)	(18,200,000)	(18,200,000)	(+4,800,000)	.....
Trust funds	7,825,227	8,589,450	7,866,940	+41,713	−722,510
Total, Title IV, Related Agencies	63,758,373	67,629,046	66,547,401	+2,789,028	−1,081,645
Federal Funds	55,803,696	58,904,998	58,551,011	+2,747,315	−353,987
Current Year	(41,958,696)	(40,253,998)	(39,906,011)	(−2,052,685)	(−347,987)
FY 2013 Advance	(13,400,000)	(18,200,000)	(18,200,000)	(+4,800,000)	.....
FY 2014 Advance	(445,000)	(451,000)	(445,000)	.....	(−6,000)
Trust Funds	7,954,677	8,724,048	7,996,390	+41,713	−727,658
Grand total	722,738,724	758,715,002	742,432,508	+19,693,784	−16,282,494
Trust funds	(16,336,092)	(18,227,110)	(17,091,291)	(+755,199)	(−1,135,819)
Advance appropriations, FY 2013	(127,305,290)	(136,398,082)	(136,423,083)	(+9,117,793)	(+25,001)
Advance appropriations, FY 2014	(445,000)	(451,000)	(445,000)	.....	(−6,000)

[1] The President's Budget proposed to transfer this program to the Administration on Aging at HHS.
[2] Two year availability.
[3] Sec. 4002 of Public Law 111–148.
[4] Includes Mine Safety and Health.

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