AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

Calendar No. 589

104TH CONGRESS, 2d Session | SENATE | REPORT 104–368

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATION BILL, 1997

SEPTEMBER 12, 1996.—Ordered to be printed

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

REPORT

[To accompany H.R. 3755]

The Committee on Appropriations, to which was referred the bill (H.R. 3755) making appropriations for the Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 1997, and for other purposes, reports the same to the Senate with amendments and recommends that the bill as amended do pass.

Amount of budget authority

Amount of House bill	$285,217,745,000
Amount of Senate bill under House bill	22,925,000
Total bill as reported to Senate	285,194,820,000
Amount of adjusted appropriations, 1996	263,772,305,000
Budget estimates, 1997	293,595,292,000
The bill as reported to the Senate:	
Over the adjusted appropriations for 1996	21,422,515,000
Under the budget estimates for 1997	8,400,472,000

27–056 cc

CONTENTS

	Page
Budget estimates	4
Title I—Department of Labor:	
Employment and Training Administration	7
Pension and Welfare Benefits Administration	22
Pension Benefit Guaranty Corporation	22
Employment Standards Administration	23
Occupational Safety and Health Administration	26
Mine Safety and Health Administration	27
Bureau of Labor Statistics	28
Departmental management	29
Assistant Secretary for Veterans' Employment and Training	30
Office of the Inspector General	31
Title II—Department of Health and Human Services:	
Health Resources and Services Administration	32
Centers for Disease Control and Prevention	51
National Institutes of Health	69
Substance Abuse and Mental Health Services Administration	125
Agency for Health Care Policy and Research	131
Health Care Financing Administration	133
Administration for Children and Families	140
Administration on Aging	156
Office of the Secretary	159
Title III—Department of Education:	
Education reform	168
Education for the Disadvantaged	169
Impact aid	173
School improvement programs	174
Bilingual and immigrant education	179
Special education	181
Rehabilitation services and disability research	185
Special institutions for persons with disabilities:	
American Printing House for the Blind	190
National Technical Institute for the Deaf	190
Gallaudet University	191
Vocational and adult education	191
Student financial assistance	194
Federal family education loan program	196
Higher education	196
Howard University	203
College housing and academic facilities loans	204
Historically black college and university capital financing program	204
Education research, statistics, and improvement	205
Libraries	212
Departmental management	214
Office for Civil Rights	215
Office of the Inspector General	215
Title IV—Related agencies:	
Armed Forces Retirement Home	217
Corporation for National and Community Service	217
Corporation for Public Broadcasting	219
Federal Mediation and Conciliation Service	219
Federal Mine Safety and Health Review Commission	219
National Commission on Libraries and Information Science	220

Page

Title IV—Related agencies—Continued
National Council on Disability 220
National Labor Relations Board 221
National Mediation Board 221
Occupational Safety and Health Review Commission 221
Physician Payment Review Commission 222
Prospective Payment Assessment Commission 222
Railroad Retirement Board 223
Social Security Administration 224
U.S. Institute of Peace 228
Title V—General provisions 230
Budgetary impact of bill 232
Compliance with standing rules of the Senate 232
Comparative statement of new budget authority 242

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 1997, the Committee recommends total current year budget authority of $285,194,820,000 for the Department of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, $65,898,000,000 is discretionary and $219,296,820,000 is mandatory funding.

ALLOCATION CEILING

Consistent with Congressional Budget Office scorekeeping, the recommendations result in full use of the $65,723,000,000 in discretionary budget authority pursuant to section 602(b) of the Congressional Budget Act of 1974, as amended. In addition, the recommendations include $175,000,000 in budget authority for the Social Security Administration to conduct continuing disability reviews provided consistent with Public Law 104–124 and Public Law 104–193.

HIGHLIGHTS OF THE BILL

Drug abuse.—A total of $2,497,821,000 is included for drug abuse prevention treatment, and research activities, an increase of 6.8 percent over the amount provided in 1996, including $556,000,000 for safe and drug free schools and communities, an increase of $90,000,000 over 1996.

Crime activities.—The bill recommends $123,000,000 for violent crime reduction activities, more than double the 1996 enacted level and the House allowance; included is $60,000,000 for battered women's shelters.

Teen pregnancy prevention initiative.—The bill includes $11,000,000 for teen pregnancy prevention initiatives, combining activities of the Centers for Disease Control, family planning, and adolescent family life programs.

Pell grants.—The Committee bill includes $5,342,000,000 for the Federal Pell Grant Program. The amount provided will allow the increase in the maximum Pell grant to be raised to $2,500, an increase of $30 over the 1996 amount.

Education for individuals with disabilities.—The Committee bill provides $3,262,315,000 to ensure that all children have access to a free appropriate education and that all infants and toddlers with disabilities have access to early intervention services.

Rehabilitation services.—The Committee bill provides $2,516,447,000 for rehabilitation programs, an increase of $60,355,000 above the amount provided in 1996. These funds are essential for individuals with disabilities seeking employment.

Family planning.—The Committee bill recommends by the last request level $198,452,000, for the family planning program. These

funds support primary health care services at over 4,000 clinics nationwide.

National Institutes of Health.—The Committee bill includes $12,414,580,000 for the National Institutes of Health, an increase of $487,018,000 above the amount provided in 1996.

Grants for disadvantaged children.—The Committee bill provides $6,730,348,000 for grants to disadvantaged children, the same as the 1996 level.

Services for older Americans.—The Committee recommendation includes $1,336,009,000 for programs authorized under the Older Americans Act, including $469,874,000 for nutrition services and $373,000,000 for employment programs.

Head Start.—The Committee recommendation of $3,600,000,000 for the Head Start Program represents an increase of $30,671,000 over the 1996 enacted level.

Womens health.—The Committee bill provides $12,500,000 for programs focused on prevention and education and the advancement of women's health initiatives.

Breast cancer screening.—The Committee bill provides $139,670,000, an increase of $15,000,000 over the 1996 level.

AIDS.—The Committee bill provides $1,460,312,000, an increase of $28,404,000 over the budget request for AIDS research at the National Institutes of Health. The bill also includes $854,252,000 for Ryan White programs, an increase of $96,850,000, and $589,080,000 for AIDS prevention programs at the Centers for Disease Control and Prevention.

Rape prevention.—The bill provides $35,000,000 for rape prevention programs at the Centers for Disease Control and Prevention, an increase of $6,458,000 over 1996.

Low-income home energy assistance.—The Committee recommendation includes $1,000,000,000 for heating and cooling assistance for this coming year. The Committee has also recommended $1,000,000,000 for the fiscal year 1998 advance appropriation. Also included is bill language permitting up to $300,000,000 in additional funding to meet emergencies.

Community services block grant.—The Committee bill includes $414,600,000, a 6-percent increase over 1996 for the community services block grant program.

Child care and development block grant.—The Committee recommendation provides $956,120,000 for child care services, compared to $934,642,000 in the 1996 appropriation. This is in addition to the $1,967,000,000 appropriated in recently enacted welfare reform legislation for child care.

Infectious disease.—The Committee bill recommends $86,153,000 within the Centers for Disease Control and Prevention to combat the growing threat of infectious disease. The amount recommended is an increase of 39 percent over the fiscal year 1996 amount.

Social Security Administration.—The Committee bill recommends $6,357,198,000, an increase of nearly $500,000,000 over the 1996 level, which expands both the automation and disability initiatives at the Social Security Administration.

Job Corps.—The Committee bill provides $1,138,685,000 for the Job Corps, an increase of $44,743,000 over the 1996 level.

School-to-work.—The bill includes $360,000,000 for school-to-work programs, an increase of $10,000,000 over the 1996 level; funding is equally divided between the Departments of Labor and Education for this jointly administered program.

REPROGRAMMING AND INITIATION OF NEW PROGRAMS

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

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

Consequently, the Committee directs that the Departments and agencies funded through this bill make a written request to the chairman of the Committee prior to reprogramming of funds in excess of 10 percent, or $250,000, whichever is less, between programs, activities, or elements. The Committee desires to have the requests for reprogramming actions which involve less than the above-mentioned amounts if such actions would have the effect of changing an agency's funding requirements in future years, if programs or projects specifically cited in the Committee's reports are affected or if the action can be considered to be the initiation of a new program.

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

The Committee further directs that each agency under its jurisdiction submit to the Committee statements on the effect of this appropriation act within 30 days of final enactment of this act.

TRANSFER AUTHORITY

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

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

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 1996	$4,146,278,000
Budget estimate, 1997	5,080,060,000
House allowance	4,166,482,000
Committee recommendation	4,202,739,000

The Committee recommends $4,202,739,000 for this account which provides funding authorized primarily by the Job Training Partnership Act [JTPA]. This is $36,257,000 more than the House allowance and $56,461,000 more than the 1996 level.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. As required by the Job Training Partnership Act, this appropriation is forward-funded on a July to June cycle. Funds provided for fiscal year 1997 will support the program from July 1, 1997 through June 30, 1998.

Adult training—title II–A.—For the Adult Training Program under title II–A of the JTPA, the Committee recommends $845,000,000. This is $102,000,000 less than the budget request, the same as the House allowance, and $5,000,000 less than the 1996 comparable level. The Adult Training Program is designed to prepare economically disadvantaged adults for participation in the labor force by increasing their occupational and educational skills, resulting in improved long-term employability, increased employment and earnings, and reduced welfare dependency. It is operated at the local level through service delivery areas designated by the Governor. Each area has a private industry council to provide guidance and oversight with respect to activities under that area's job training plan, in partnership with the unit or units of general local government in the areas. The private industry council includes representatives of the private sector, educational agencies, organized labor, and other groups in the area. All funds are allocated to the States by statutory formula.

To promote greater flexibility in local decisionmaking, the Committee has included bill language that allows service delivery areas to transfer funds provided between the title II–A Adult Training Program and title III Dislocated Worker Assistance Program, if such transfer is approved by the Governor. The Committee is aware of concerns that work participation requirements under welfare reform legislation could foster such transfers to the detriment of services available to dislocated workers. The Committee is also aware of concerns that national reserve account funds may be used to provide services that could have been provided with funds that had been transferred from title III to II–A. Because of these con-

cerns, the Committee has chosen to limit the transfer authority to 50 percent and will closely monitor its implementation to determine whether further transfer authority is warranted in fiscal year 1998.

Youth training—title II–C.—For the Youth Training Program under title II–C of the act, the Committee recommends $126,672,000. This is the same as the budget request, the House allowance and the 1996 comparable level. The title II–C Youth Training Program is designed for youth to improve their long-term employability, enhance their educational, occupational, and citizenship skills, encourage their school completion, increase their employment and earnings, and reduce welfare dependency. Like adult training, the program is administered by local service delivery areas, as directed by private industry councils.

Summer youth employment and training—title II–B.—For the Summer Youth Program under title II–B of the act, the Committee recommends $625,000,000. This is $246,000,000 below the budget request, and the same as the House allowance and the 1996 comparable level. The Summer Youth Program offers work experience, supportive services, and academic enrichment to economically disadvantaged youth, aged 14 to 21. Participants receive the minimum wage. Funds are allocated to the States by formula based on relative numbers of unemployed and economically disadvantaged individuals.

To promote greater flexibility in local decisionmaking, the Committee has included bill language that allows service delivery areas to transfer funds between the title II–C year-round youth program and the title II–B summer program, if such transfer is approved by the Governor.

The Committee recognizes the severe problems facing out-of-school youth in communities with high poverty and unemployment and is aware of the interrelatedness of poverty, juvenile crime, child abuse and neglect, school failure, and teen pregnancy. Many serious problems faced by youth tend to cluster in the same individual and reinforce one another, yet current programs are fragmented and uncoordinated. For example, a recent GAO study identified 131 Federal programs, administered by 16 different departments and other agencies, that may be used to benefit at-risk or delinquent youth. Accompanying these problems is a shortage of safe, community-based settings for at-risk and delinquent youth where they can develop close relationships with dependable adults and the perception of meaningful opportunities in mainstream society. The Committee urges the Secretary to work with high poverty communities in implementing youth development initiatives and helping coordinate the many sources of Federal assistance.

Dislocated worker assistance.—The Committee recommends $1,100,000,000 for dislocated worker programs. This is $193,000,000 below the budget request, and the same as the House allowance and the 1996 comparable level. The title III system provides for early identification of dislocated workers, the rapid provision of services to such workers, and quality training. Among the program's components are universal rapid response capabilities, early intervention activities, the availability of needs-related payments to assist workers in training, and substate delivery systems.

Funds are allocated to the States by statutory formula; 20 percent is retained by the Secretary for discretionary purposes.

The Committee continues to be concerned about the readjustment needs confronting workers in the Pacific Northwest dislocated as a result of changes in Federal environmental policies. The Committee understands that the Secretary will continue to make available sufficient funds to implement the administration's economic adjustment initiative for timber communities. This initiative sets aside funding annually from the Secretary's "National reserve" account for emergency discretionary grants to affected localities. The Committee expects that the Department will give expeditious consideration to applications for emergency assistance from States with affected communities.

The Committee includes language in the bill which continues flexibility in three areas. First, the language removes the cost limitations that States utilize not more than 25 percent of funds on needs-related payments and supportive services. It does not remove the 15-percent administrative cost limit. Second, the language modifies the State waiver authority which permits the Governor to reduce to 30 percent the requirement that not less than 50 percent of the funds be used for retraining services. This language will enable local areas to determine the appropriate share of resources for upfront, cost-effective readjustment services that can facilitate rapid reemployment. Third, the language allows funds awarded under the National Discretionary Grant Program to be used to provide needs-related payments to participants who, in lieu of meeting the general EDWAA requirement that they be enrolled in training by the 13th week after layoff, have enrolled in training by the 6th week after the grant is awarded. This provision adds appropriate flexibility while preserving the principle that retraining is most effective if individuals are enrolled in training early in the adjustment process. These provisions are effective for 1 year only.

The Dislocated Workers Program is invaluable in assisting civilian and military personnel dislocated by post-cold war military downsizing. Recent amendments to the JTPA authorize the use of title III moneys to continue to provide assistance to Americans displaced as a result of the country's changing military needs. The Committee notes that an additional 34,000 civilian workers on military installations are expected to lose their jobs during the next 2 years as a result of base closures and urges the Department to give serious attention to needs in this area.

The Committee is aware that there are sufficient funds within the discretionary amounts available under title III to continue funding of the microenterprise grants at the level in effect for fiscal year 1995.

The Committee understands that technology centers have been very successful and helpful at providing technical assistance to businesses in a variety of areas, including plastics, pollution prevention, hydraulics, electrical maintenance worker training or printing. The Committee encourages the Department to expand this program, using the existing infrastructure throughout the Midwest to train and retrain the incumbent worker in such training programs as environmental standards/painting, printing and graphic arts, industrial electricity/industrial electronics/industrial

maintenance, and hydraulics and pneumatics. A partnership of labor unions, technology centers and Government would provide both the support and the expertise to train and retrain workers and will be a driving force in the retention of workers, increase job security, and in improving wage rates for today's manufacturing workers. This partnership will help achieve worker outreach and recruitment, outreach and recruitment of firms, joint training, models and mentors for workers, and recruitment of a highly qualified pool of trainers to achieve the necessary level of proficiency for these workers.

The Committee is concerned that the Department may not be taking advantage of cost-effective services for job search assistance offered by the private outplacement sector. Private, for-profit outplacement firms have repeatedly told this Committee and the Department that they offer job search and other reemployment assistance to dislocated workers through employer-funded programs at significantly lower costs per worker and higher placement rates than those currently realized at the State and local level and that these private sector services could be provided to workers served through dislocated worker assistance. The Committee does not believe that the title III program should take business away from private companies that provide comparable services more cost effectively. The Committee encourages the Department to undertake partnerships with the outplacement industry to demonstrate how the private, for-profit sector can serve the needs of those dislocated workers who are not being provided outplacement benefits by their employers. In addition, the Department needs to be able to track the amount of funds spent for outplacement and job search assistance in this program, including the amount per participant, and the placement rates for those workers served.

Native Americans.—For native American programs, the bill provides $52,502,000. This is $2,502,000 above the budget request and the House allowance, and the same as the 1996 comparable level. These programs are designed to improve the economic well-being of disadvantaged native Americans through vocational training, work experience, and other services aimed at getting participants into permanent unsubsidized jobs.

Migrant and seasonal farmworkers.—For migrant and seasonal farmworker programs, the bill provides $70,285,000. This is $5,285,000 above the budget request and the House allowance, and $1,000,000 above the 1996 comparable level. This program is aimed at alleviating chronic unemployment and underemployment being experienced by farmworker families. Training and employability development services prepare farmworkers for stable, year-round employment, both in and outside the agricultural industry. Supportive services such as transportation, housing, health care, and day care are also provided.

The Committee notes that both Senate bill 143 and H.R. 1617, as passed by the Senate and the House respectively, include an authorization for a Migrant and Seasonal Farmworker Program centrally administered from the national level. The Committee supports this view.

The Committee believes that the Association of Farmworker Opportunity Programs [AFOP] provides valuable assistance to section

402 grantees in the form of technical assistance and training, training resource materials for grantee staff, and the development of a national farmworker data base to track program services of migrants who travel throughout the United States. The Committee has provided sufficient funds to maintain AFOP's support in fiscal year 1997.

The Committee reminds the Department that applicants for funding under the JTPA section 402 program must demonstrate a prior existing capacity to specifically serve the employment and training needs of migrant and seasonal farmworkers, and further reminds the Department of applicable provisions of the current law that states that the Secretary shall provide services to farmworkers through public agencies and private nonprofit organizations with a "previously demonstrated capability to administer effectively a diversified employability development program for migrant and seasonal farmworkers."

The Committee directs the Department of Labor to use the increase provided to continue the Farmworker Housing Program at the rate in effect in fiscal year 1995.

Job Corps.—For the Job Corps, the Committee recommends $1,138,685,000 for program year 1997. This is $14,824,000 less than the budget request, the same as the House allowance, and an increase of $44,743,000 above the 1996 comparable level. The amount in the bill includes $1,064,824,000 for operations to support 119 centers, including four new centers scheduled to open during fiscal year 1997. The amount in the bill also includes $73,861,000 for facility construction, rehabilitation, and maintenance at existing centers. The Committee urges the Secretary to relocate centers housed in facilities that cannot be upgraded or enhanced at their existing location. Priority should be given to centers in which the physical condition of the facility is a major deterrent to the center's performance.

The Department should examine low-cost options for serving more at-risk youth through Job Corps, such as expanding slots at existing high-performing centers or constructing satellite centers in proximity to existing high-performing centers.

The Committee also urges the Department to explore the opportunities presented by State charter school laws which permit the establishment of legally independent schools of choice, operated as nonprofit corporations. Establishing Job Corps centers as residential charter schools could lower the per slot cost to the Department by capturing the State and local per pupil educational expenditure for school-age, in-State participants. The Committee requests the Department to report on its progress in this area.

The Committee agrees with the House in requesting the Department to identify emerging occupations that are consistent with Job Corps' population and upgrade the vocational offerings at centers in order to create career opportunities in new and emerging growth industries. The Committee also agrees with the House in requesting the Department to identify regional and national employers and establish effective working relationships that will increase students' career opportunities. In order to provide cost-effective services, the Department should establish greater linkage opportunities and interaction with State work force development systems.

The Committee notes the concerns expressed by the General Accounting Office in its June 1995 report on the Job Corps Program. GAO is concerned about a number of issues, among them the fact that only a little more than one-third of students complete their vocational training courses, the validity of job placement data is questionable, students are not remaining long in their initial jobs after placement, and the effectiveness of national vocational training contractors. The Committee will continue to follow these concerns closely in the coming year and wants the Department to take whatever steps necessary to improve the program.

The Committee is aware of concerns about the quality of tools, equipment, and curricula at Job Corps centers and requests the Secretary to conduct a needs assessment so that the Committee will be aware of funding needs in these areas before the fiscal year 1998 appropriations cycle.

Veterans employment.—The Committee recommends $7,300,000 for special veterans employment programs. This is the same as the budget request, the House allowance, and the 1996 comparable level. These funds provide special employment and training programs designed to meet the unique needs of disabled, Vietnam-era, and recently separated veterans.

School-to-work.—The Committee recommends $180,000,000 for school-to-work. This is $20,000,000 below the budget request, an increase of $5,000,000 above the House allowance, and $10,000,000 more than the 1996 comparable level. The school-to-work program is intended to provide a national framework within which all States can create statewide systems to help youth acquire the knowledge, skills, abilities, and labor market information they need to make an effective transition from school-to-work, or to further education or training. It is jointly administered by the Departments of Labor and Education.

The Committee is aware of school-to-work initiatives that expose students to career opportunities in the retail industries, while strengthening the behaviors and academic accomplishments of participating students through the integration of business and educational needs. The Committee urges the Department to explore funding such initiatives under the auspices of national trade associations.

National activities.—For national activities $52,685,000 is provided. This is $304,247,000 less than the budget request, $23,470,000 above the House allowance, and $5,860,000 above the 1996 comparable level. The bill includes funding for research and evaluation, $6,196,000; pilots and demonstrations, $33,000,000; labor market information, $5,489,000; the National Occupational Information Coordinating Committee, $8,000,000; skill standards, $4,000,000; and women in apprenticeship, $610,000.

Recognizing the limitations of traditional research and evaluation approaches, the Committee urges the Secretary to ensure that solution-focused research be conducted. Funding mechanisms like JTPA do not support uniform program practices serving homogeneous populations. Instead, a variety of local service providers undertake a combination of programs and services to target a wide variety of youth and youth problems. Rather than look at the outcomes of all these efforts in combination, the Committee rec-

ommends that research be used to understand the hows and whys of existing practices and that exemplary practices be scrutinized closely. Therefore, the Committee recommends that future research be directed to: (1) Document how funds are used to serve high-risk youth (rather than assume that it is directed well to dropouts and other high-risk youth), and compare these practices to what existing research suggests would be best practices; (2) identify possible exemplary models and evaluate them to learn if they do yield positive outcomes relative to other more traditional approaches; (3) investigate how the existing funding and service delivery mechanisms may be inhibiting effective service delivery; and (4) conduct an ongoing assessment of States that are currently in the process of changing their current education, employment, and training programs into a consolidated comprehensive work force development system.

The Committee disagrees with the House in placing the pilots and demonstration activity on phase out path. Activities funded under this account support projects aimed at meeting the critical needs of economically disadvantaged youth and adults and are essential to determining effective practices. Under pilots and demonstrations, the Committee has provided $5,000,000 for the American Samoan job training program. The Committee directs the Secretary to give funding priority to a State agency with a proven track record in successful job training programs for American Samoans.

With regard to the National Occupational Information Coordinating Committee [NOICC], the Committee encourages NOICC to explore furthering its mission through the sale of products, fees for service, and receipt of funds from private sources. Also, the Committee supports the continuation of career development programs to train personnel in assisting students to understand themselves in the context of their career development, to be aware of the world of work, to understand the linkage between academic skills and work-related skills, and to make effective career decisions. The Committee recommends that NOICC expend up to $2,500,000 in fiscal year 1997 for the continuation of such programs.

The Committee has provided no funding for the proposed jobs for residents or incumbent worker demonstration programs, new discretionary job training initiatives proposed by the President totaling $65,000,000. Concerning the opportunity areas for youth initiative, begun by the administration in fiscal year 1996, the Committee disagrees with the administration's request for line-item funding of $250,000,000 but expects the Department to continue using a portion of funding available under pilots and demonstrations to support this initiative.

The opportunity areas for out-of-school youth initiative targets resources to high-poverty areas for the purpose of increasing employment rates for out-of-school youth in such areas. The initiative involves a comprehensive approach to improving the immediate and long-term employment prospects of such youth with a strong emphasis on private sector involvement (including job commitments by employers) and significant links to the school system, State and local agencies, and those community-based organizations most knowledgeable about the populations to be served. This con-

centrated approach seeks to assist in reducing crime, substance abuse, welfare dependency, and other problems associated with the pervasive youth unemployment that plagues these areas. The Committee is aware of efforts in Philadelphia and Washington, DC, to combat pervasive youth unemployment, dropping out of school, and juvenile crime through comprehensive, community-based activities, and urges the Secretary to give full and fair consideration to proposals from the relevant agencies in these cities.

The Committee is aware of efforts of Lehigh University's Iacocca Institute, in conjunction with the National Coalition for Advanced Technology Centers, to create work force development education curricula specifically focused on the Nation's manufacturing sector. The Committee believes that the Department needs to undertake more aggressive efforts to foster initiatives between centers of excellence and U.S. manufacturers to promote work force training so as to bolster worker productivity, and in turn, help improve U.S. global competitiveness and lower the Nation's manufactured goods trade deficit. The Committee encourages full and fair consideration of a proposal from this organization for use in expanding its existing manufacturing work force development pilot project. Funds should be used to develop manufacturing work force curricula that can be used nationwide, including a component that seeks to assist moving current welfare recipients to full-time employment in the manufacturing sector.

The Committee recognizes the past success and strong potential of the Goodwill Industries-Manasota, Inc., and Goodwill Industries of Acadiana, Inc., Job Connection Program for successfully moving people off of welfare and into real and permanent jobs. Its performance-based loan-to-grant concept, in conjunction with its self-sustaining operations, makes the Goodwill Job Connection a strong candidate for funding. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee is aware that the Eisenhower Foundation proposes to replicate the argus project at two additional sites. Argus combines remedial education, job training, and job placement in a strictly violence-free and drug-free environment. The new replications would combine the argus model with the capital commitment model, in which trainees are placed in jobs repairing telecommunications equipment. The new replications would be evaluated using a control group design. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee recommends continued funding for a special native Hawaiian vocational education demonstration initiative that provides basic education skills and preemployment tutoring for high-risk youth residing in rural communities, with an emphasis on vocations that benefit these communities, such as child care workers and teachers.

The Committee recognizes that, due to the geographical isolation associated with rural communities in the States of Alaska and on the Hawaiian Island of Lanai, disadvantaged populations residing in these areas generally lack access to skill training programs, education opportunities, and other self-development initiatives. The Committee also recognizes that limited access to human development services has contributed to the increase in negative health

and social indicators, such as high rates of poverty, unemployment, school dropouts, teen pregnancy, substance abuse, and mental illness. Therefore, the Committee strongly urges the use of $400,000 of Job Training Partnership Act pilot and demonstration funds to support a 24-month comprehensive initiative that awards grants to improve the training and employment opportunities for adults and youth on the Hawaiian Island of Lanai and in native villages in the State of Alaska.

The Committee is aware of interest by the Community Transportation Association of America in establishing a national joblinks employment transportation center to improve coordination of transportation systems with efforts to train and employ individuals on public assistance. The activities include development of a data base, technical materials, onsite technical assistance, and demonstrations in 10 States (of which 4 are predominantly rural) on coordination of transportation with job creation and job referral programs. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee is aware of a memorandum of understanding which has been executed between the State of Oregon and nine Federal partners including the Department of Labor. The purpose of this partnership is to encourage and facilitate cooperation among Federal, State, and local entities to redesign and test an outcomes oriented approach to intergovernmental service delivery. The Oregon option experiment is focused on three areas of human investment: healthy children, stable families, and a highly developed and prepared work force. In working with the State of Oregon to reduce Federal barriers to service delivery, the Committee urges the Department to streamline and expedite regulatory processes where possible in order to help the State meet its performance outcomes.

The Committee has included language to authorize the Secretary of Labor to waive requirements (with limited exceptions) of the Job Training Partnership Act and the Wagner-Peyser Act to facilitate the implementation of State plans for improving work force development systems. Many States and local communities have begun such reform efforts, such as the establishment of One-Stop Career Centers systems, to enhance the skills and employment prospects of their workers. This language allows the Secretary to waive requirements of JTPA and Wagner-Peyser that are determined to impede these efforts. In exchange for the greater flexibility provided by such waivers, the language requires that the State execute a memorandum of understanding with the Secretary of Labor identifying the outcomes the State intends to achieve and other measures that will ensure appropriate accountability for the use of Federal funds.

The Committee is aware that Utah has recently passed a law which consolidates its work force and welfare programs into a single department—the Department of Work Force Services. This new Department is designed to achieve simplification, efficiency, and improved service. Utah's innovative approach is uniquely suited to demonstrate a State-based solution to work force and welfare program consolidation. The administration is encouraged to facilitate the State of Utah's plans to consolidate work force and welfare programs, particularly with regard to the waiver process.

In addition, the Committee has included language requiring the Secretary to establish a work force flexibility (work-flex) partnership demonstration program, which would be similar to the ed-flex demonstration program that is currently being carried out by the Department of Education. A similar work-flex program was included in the Senate-passed version of the Work Force Development Act (Senate bill 143), but has not been enacted into law. Under the program, the Secretary is to authorize up to six States to waive statutory or regulatory requirements applicable to service delivery areas and substate areas in the State under titles I–III of JTPA and the requirements of the Wagner-Peyser Act, with the same limited exceptions that would apply to the Secretary's general waiver authority described above. In order to participate, States would have to submit and have approved by the Secretary a State plan for the provision of employment and training activities in the State. The plan would include a description of the process by which local areas are to apply for and have waivers approved by the State, the requirements of the Wagner-Peyser Act to be waived, the outcomes the State intends to achieve and other appropriate accountability measures.

The Committee believes that the new waiver authority contained in these two provisions could make a significant contribution to encouraging States to make innovative changes in their work force development systems that will enhance the employability of current and future workers, in anticipation of broader consolidation reform efforts at the Federal level.

As States assume more responsibility for the administration of employment training programs, the Committee encourages ETA to help facilitate those efforts. The Committee remains deeply concerned about the fragmentation and administrative duplication that exists among Federal employment training programs. This situation makes it difficult for Federal and State officials to carry out oversight responsibilities. The Committee is pleased to learn that the ETA is taking steps to address the myriad of issues associated with this problem. Along these lines, ETA is urged to proceed with efforts to undertake a pilot study aimed at improving information technology system problems common to many States. If successful, this pilot study will help improve communication within and among States, facilitate performance reporting, increase the effectiveness of program oversight, and decrease administrative costs.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 1996	$373,000,000
Budget estimate, 1997	350,000,000
House allowance	373,000,000
Committee recommendation	373,000,000

The Committee recommends $373,000,000, the same as the House allowance and $23,000,000 above the budget request for community service employment for older Americans. The Committee recommends 75 percent of the funds for national sponsors, compared to 65 percent allowed by the House; the remainder is for State sponsors. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over.

It is forward-funded from July to June, and the 1997 appropriation will support the effort from July 1, 1997, through June 30, 1998. An estimated 86,000 persons will be served with these funds. These funds are to be distributed in the same manner as currently authorized under the Older Americans Act, unless this law is subsequently altered.

The Committee, recognizing that the Older Americans Act has not yet been reauthorized for fiscal year 1997, has included bill language clarifying that funds appropriated for older worker activities are to be utilized in conformance with subsequent action by Congress, which may substantially alter the existing title V program. Bill language is also included to facilitate transfer of this program to the Administration on Aging in HHS following enactment of authorizing legislation; such transfer should include necessary Federal administrative costs.

The Committee recognizes the efforts of the authorizing committee to complete its work on the reauthorization of the Older Americans Act, and specifically its work on the Senior Community Service Employment Program [SCSEP].

The Department of Labor [DOL] funds 10 national organizations as program sponsors as well as State agencies for employment/community service programs for older workers. Under current law, a hold harmless amount is reserved for the national sponsors to be able to maintain their 1978 level of activities in each State. The amount appropriated in excess of funds required to maintain those activities is to be distributed to States according to their relative per capita income and percentage of the population aged 55 and over. The law calls for 55 percent of excess funds to be awarded to States, and the remaining 45 percent to the national organizations. Funds are not awarded to organizations on a competitive basis; therefore, other organizations are not afforded an opportunity to apply for funding and offer innovative ways to meet SCSEP goals. The national appropriations process has, since the inception of SCSEP, directed 78 percent of the SCSEP funds to sponsors and 22 percent to the State-run programs. The Committee noted that the authorizing committee is moving toward shifting this program entirely to the States.

The Committee understands that it is the intent of the authorizing committee to reform SCSEP within the Older Americans Act while maintaining its important focus on seniors' needs. The Committee recognizes that the authorizing committee intends the Federal administration to be moved from the Labor Department to the Department of Health and Human Services [HHS]. It also recognizes the authorizing committee intends to change this program by allowing States to run it as a competitive grant program. The pending authorizing legislation would allow States to choose how to structure the program to best meet the diversity of needs that may exist within their population.

The issues driving the significant changes to the SCSEP program were identified by two GAO reports. A February 1994 report, "Department of Labor: Noncompetitive, Discretionary Grants" discussed the use of the Labor Department's Procurement Review Board [PRB] which reviews all grants awards above $25,000; the SCSEP program is exempted from the normal departmental proce-

dures applied to all other similar grants. Further congressional concern about this program, prompted GAO to issue a second report in November 1995, "Department of Labor: Senior Community Service Employment Program Delivery Could Be Improved Through Legislative and Administrative Actions."

The Committee has a particular concern in regard to the Senior Community Service Employment Program and actions by grantees that could be interpreted as being in violation of the Lobbying Disclosure Act of 1995. It has come to the attention of the Committee that a number of the grantees receiving funds under this program may be engaging in prohibited activities. The passage of the Craig/Simpson amendment to the Lobbying Disclosure Act of 1995 forbids the delivery of any Federal grant to such organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which is engaged in lobbying activities as defined by the Lobbying Disclosure Act.

The Committee would like to emphasize that grants should be given only to recipients in compliance with this law. In addition, it should be noted that organizations receiving these funds that are organized, or have reorganized, as 501(c)(3)'s are subject to caps on lobbying expenditures as a consequence of this organization or reorganization. The Committee would like to remind all recipients of SCSEP grants that these funds are intended to provide direct support to qualified senior citizens who participate in the program, and are not intended to function as a means of subsidizing political activities.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 1996	$346,100,000
Budget estimate, 1997	324,500,000
House allowance	324,500,000
Committee recommendation	324,500,000

The Committee recommends $324,500,000, the same as the budget request and House allowance, and a decrease of $21,600,000 below the 1996 enacted level for Federal unemployment benefits and allowances. These are entitlement funds.

The trade adjustment line item has two activities totaling $276,100,000 in fiscal year 1997.

The first activity, trade adjustment assistance benefits, provides for special unemployment benefit payments to workers as authorized by the Trade Act of 1974, as amended. For this activity the Committee recommends $191,000,000. This is the same as the budget request and House allowance, and an increase of $8,000,000 above the 1996 comparable level. These funds will permit payment of benefits, averaging $215 per week, to 35,200 workers for 1997. Of these workers, 18,900 will participate in training programs, receiving benefits for an average of 28 weeks. The remaining 16,300 workers receiving benefits will receive training waivers and collect benefits for an average of 21 weeks.

The second activity, trade adjustment assistance training, provides training, job search and job relocation allowances to workers adversely affected by imports. The funding for this activity is also authorized under the Trade Act of 1974, as amended. The Committee recommends $85,100,000 for this activity. This is the same as

the budget request and House allowance, and a decrease of $11,500,000 below the 1996 comparable level. These funds will provide services for an estimated 23,600 workers.

For NAFTA activities, $48,400,000 is provided, in two components.

The first component, NAFTA transitional adjustment assistance benefits, provides for weekly benefit payments to workers affected by imports from Mexico and Canada. These payments are also authorized by the Trade Act of 1974, as amended as a result of the signing of the North American Free Trade Agreement [NAFTA]. The Committee recommends $20,000,000 for this activity. This is the same as the budget request and House allowance, and a decrease of $14,000,000 below the 1996 comparable level. These funds will provide 3,700 eligible workers an average of 24 weeks of benefits each, at an average weekly amount of $224.

The second component, NAFTA transitional adjustment assistance training, provides funds for training, job search and job relocation to workers affected by imports from Mexico and Canada. The funding for this activity is also authorized by the amendment to the Trade Act of 1974 resulting from the signing of the NAFTA. The Committee recommends $28,400,000 for this activity. This is the same as the budget request and House allowance, and a reduction of $4,100,000 below the 1996 comparable level. These funds will provide training for an estimated 7,400 workers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 1996	$3,237,522,000
Budget estimate, 1997	3,561,525,000
House allowance	3,222,191,000
Committee recommendation	3,232,015,000

The Committee recommends $3,232,015,000 for this account. This is $329,510,000 below the budget request, an increase of $9,828,000 above the House allowance, and a decrease of $5,507,000 below the 1996 comparable level. Included in the total availability is $3,099,736,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $132,279,000 to be provided from the general fund of the Treasury.

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

For unemployment insurance services, the bill provides $2,345,808,000. This total includes a regular contingency amount of $216,333,000 which may be drawn from the "Employment Security Administration" account of the unemployment trust fund. In addition the bill further provides for a second contingency amount should the unemployment workload exceed an average weekly insured claims volume of 2,828,000. This second contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,828,000 insured unemployed per week at a rate of $28,600,000 per 100,000 insured unemployed, with a

pro rata amount granted for amounts of less than 100,000 insured unemployed.

The unemployment insurance service recommendation is the same as the House allowance in total, and provides an increase of $38,955,000 over the fiscal year 1996 level. The allowance includes $2,119,475,000 for State operations, a decrease of $105,499,000 below the budget request, an increase of $42,740,000 above the House, and an increase of $38,955,000 above the 1996 comparable level. In addition, the allowance includes $10,000,000 for the national activities, the same as the budget request and 1996 comparable level, and an increase of $1,500,000 above the House.

For the employment service, the Committee recommends $776,207,000 which includes $22,279,000 in general funds together with an authorization to spend $753,928,000 from the "Employment Security Administration" account of the unemployment trust fund. These amounts are $71,971,000 less than the budget request, $9,828,000 more than the House allowance, and $44,462,000 less than the 1996 comparable level.

Included in the recommendation for the employment service is $723,648,000 for State grants, available for the program year of July 1, 1997, through June 30, 1998. This is $58,654,000 below the budget request, the same as the House allowance, and a decrease of $38,087,000 below the 1996 comparable level. Also included is $52,559,000 for national activities. This is $6,375,000 below the budget request, $9,824,000 over the House allowance, and a decrease of $6,375,000 below the 1996 comparable level. Further, the recommendation includes $110,000,000 for one-stop career centers, which is $40,000,000 less than the budget request, the same as the House allowance and the 1996 comparable level.

The Committee strongly urges the Department of Labor, out of the appropriation for one-stop career centers, to give priority consideration to the funding of the city of Gainesville, FL, in any future competition for investments in local governments to demonstrate innovative approaches to the delivery of services in a one-stop setting. The Gainesville regional job training/job development initiative is an innovative partnership that would streamline and consolidate a host of Federal and State job training resources throughout the north central Florida region in an effort to increase the availability of such services to rural areas via electronic linkage.

The Committee has included bill language, requested by the administration, clarifying that funds may be used for certain activities authorized by the Wagner-Peyser Act, the Trade Act, the Immigration Act, and the Immigration and Nationality Act.

Funding for the employment services and unemployment insurance programs are important priorities for the State of Alaska. Past funding reductions in employment services have necessitated layoffs and threaten the ability of the Alaska Employment Service to serve employers and job seekers throughout Alaska. Reductions in the Unemployment Insurance Program will negatively impact the State's equipment, automation and technology needs. The State is especially concerned about the push for devolution of UI administration to the States. If devolution is to take place, it is essential

that the six States which receive UI funds in excess of their FUTA collections be held harmless.

The Committee believes the work opportunity tax credit [WOTC] which is established under the recently enacted Small Business Job Protection Act provides important resources to create new jobs, particularly for those Americans who would otherwise be dependent on welfare. Therefore, the Committee recommendation includes $10,000,000 for this newly authorized initiative. The Secretary of Labor is urged to look closely at the implementation of this program, in view of concerns raised by the Office of the Inspector General.

The Committee recommendation for Employment Service national activities, excluding the work opportunity tax credit program, is $42,559,000, a reduction of $14,499,000 below the fiscal 1996 enacted level. The reduction is primarily related to the foreign labor programs, which the Office of the Inspector General has recommended be eliminated as they currently exist.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 1996	$369,000,000
Budget estimate, 1997	373,000,000
House allowance	373,000,000
Committee recommendation	373,000,000

The Committee recommends $373,000,000, the same as the budget request and House allowance, and an increase of $4,000,000 over the 1996 comparable level, for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the black lung disability trust fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 1997 advances will be made to the black lung disability trust fund.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 1996 are expected to be sufficient. Should the need arise, due to unanticipated changes in the economic situation, laws, or for other legitimate reasons, advances will be made to the needy accounts to the extent funds are available. Funds advanced to the black lung disability trust fund are now repayable with interest to the general fund of the Treasury.

PROGRAM OPERATIONS

Appropriations, 1996	$123,847,000
Budget estimate, 1997	125,681,000
House allowance	121,370,000
Committee recommendation	121,370,000

The Committee recommendation includes $81,393,000 in general funds for this account, as well as authority to expend $39,977,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $121,370,000. This is $4,311,000 less than the budget request, the same as the House allowance, and $2,477,000 less than the 1996 comparable level.

General funds in this account provide the Federal staff to administer employment and training programs under the Job Training

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

PENSION AND WELFARE BENEFITS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1996	$67,126,000
Budget estimate, 1997	85,449,000
House allowance	66,083,000
Committee recommendation	71,783,000

The Committee recommendation provides $71,783,000 for this account, which is $13,666,000 less than the budget request, an increase of $5,700,000 above the House allowance, and an increase of $4,657,000 over the 1996 comparable level.

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

The Committee recommendation includes $6,000,000 for first year costs of the administration's $11,000,000, 2-year request for the development of a new system devoted to processing form 5500 series financial data required under the Employee Retirement Income Security Act. When completed, this project will enable employees to submit annual benefit plan reports electronically, reducing the cost, paperwork burden, and enhancing protection of pension funds. Processing the estimated 1 million form 5500 returns each year currently costs $25,000,000: this new system is expected to result in savings of $57,000,000 over the next 5 years. The new system will be developed and managed by the Department of Labor. The Committee intends for the Internal Revenue Service and the Department of Labor to continue to share the ongoing operating costs of the system in the same manner as under the current system.

The Committee recommendation does not include $300,000 added during House floor action, relating to genetic discrimination in health and pension plans; this can be addressed in conference.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimate for fiscal year 1997 includes benefit payments of $945,400,000, multiemployer financial assistance of $6,120,000, administrative expenses limitation of $12,043,000, and services related to terminations expenses of $128,496,000. In the administrative expenses activity, the Committee recommendation includes $10,345,000. In the services related to terminations activity, the Committee recommends $125,375,000. The total of

$135,720,000 is the same as the House allowance, but unlike the House, services related to terminations are not subject to limitation. The spending limit exemption for PBGC's service related to terminations activity (nonlimitation) was established to provide the Corporation with the flexibility to quickly address unanticipated terminations of large pension plans. In addition to ensuring that there would be no interruption in benefits, this flexibility has increased the Corporation's collection of moneys owed. Any change in the nonlimitation spending is subject to OMB review and reapportionment. To ensure an appropriate degree of congressional oversight, the Labor Department and PBGC shall notify this Committee prior to application to OMB for additional funding. Such notification would provide, in writing, the amount, reason for, and necessity for the PBGC request.

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

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1996	$264,698,000
Budget estimate, 1997	305,913,000
House allowance	264,405,000
Committee recommendation	263,155,000

The Committee recommendation includes $263,155,000 for this account. This is $42,758,000 less than the budget request, a decrease of $1,250,000 below the House allowance, and a decrease of $1,543,000 below the 1996 comparable level. The bill contains authority to expend $983,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder are general funds. In addition, an amount of $26,071,000 is available by transfer from the black lung disability trust fund. This is the same as the request and the House allowance, and $1,122,000 less than the 1996 comparable level.

The Committee recommendation includes a $3,750,000 increase over the House allowance for implementation of the budget request to improve the integrity and accuracy of prevailing wage and fringe benefits determinations under the Davis-Bacon and related acts. These additional resources are needed to establish feasibility and then develop new methods of determining prevailing wages through econometric modeling based on available wage data. The new methods would privatize the collection and analysis of construction industry wage data, and develop the improvements to verify accuracy of current Davis-Bacon wage surveys.

The Committee believes that in developing and implementing a wage determination for flightcrews operating pursuant to U.S. Postal Service dedicated air service contracts, the Secretary should give full consideration to the methodologies utilized in the past. The wage determination should also take into account the segmented nature of the aviation industry when evaluating available data regarding the wages paid crews flying similar aircraft in the private sector.

SPECIAL BENEFITS

Appropriations, 1996	$218,000,000
Budget estimate, 1997	213,000,000
House allowance	213,000,000
Committee recommendation	213,000,000

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

The bill includes $213,000,000, the same as the budget request and House allowance, and a decrease of $5,000,000 below the 1996 comparable level. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law.

The total amount to be available in fiscal year 1997, including anticipated reimbursements from Federal agencies of $1,876,000,000, is $2,737,054,000, a decrease of $63,000,000 below the 1996 comparable level.

The Committee recommends continuation of appropriation language that provides authority to use the FECA fund to reimburse a new employer for a portion of the salary of a newly reemployed injured Federal worker. The FECA funds will be used to reimburse new employers during the first 3 years of employment not to exceed 75 percent of salary in the worker's first year, 50 percent in the second year, and 25 percent in the third year. Costs will be charged to the FECA fund.

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

The Committee recommends approval of appropriation language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA. The Committee recommends appropriation language to provide that $11,390,000 of the funds transferred from the fair share agencies to pay the costs of administration will be available to the Secretary of Labor to finance capital improvements relating to upgrading and enhancing the Federal employees' compensation computer system's hardware and software.

The Committee recommendation does not include a House floor amendment which added $5,000,000 for enforcement of wage and hour standards; this activity will be considered in conference.

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

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 1996	$997,362,000
Budget estimate, 1997	1,008,000,000
House allowance	1,008,000,000
Committee recommendation	1,008,000,000

The bill includes authority to obligate $1,008,000,000 from the black lung disability trust fund in fiscal year 1997. This is an increase of $10,638,000 above the 1996 comparable level.

The total amount available for fiscal year 1997, will provide $496,665,000 for benefit payments, and $45,979,000 and $356,000 for administrative expenses for the Departments of Labor and Treasury, respectively. Also included is $465,000,000 for interest payments on advances. In fiscal year 1996, comparable obligations for benefit payments are estimated to be $505,494,000 while administrative expenses for the Departments of Labor and Treasury, respectively, are $47,112,000 and $756,000. For fiscal 1996, interest payments on advances are estimated at $444,000,000.

The Committee reiterates its directive to prevent the closing of and to ensure the staffing of black lung field offices.

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

It is estimated that 77,000 people will be receiving black lung benefits financed from the trust fund by the end of fiscal year 1996. This compares with an estimated 81,500 receiving benefits in fiscal year 1996.

The basic financing for the trust fund comes from a coal excise tax for underground and surface-mined coal. Additional funds come from reimbursement payments from mine operators for benefit payments made by the trust fund before the mine operator is found liable, and advances, estimated at $373,000,000 in fiscal year 1997. The advances to the fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1996	$303,810,000
Budget estimate, 1997	340,851,000
House allowance	297,734,000
Committee recommendation	299,134,000

The Committee recommendation includes $299,134,000 for this account. This is $41,717,000 less than the budget request, $1,400,000 more than the House allowance, and a decrease of $4,676,000 below the 1996 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee recommendation reduces OSHA funding by approximately 2 percent below the fiscal year 1996 enacted level, except for compliance assistance activities, which are maintained at the current funding level.

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

The Committee concurs with the House in retaining language carried in last year's bill effectively exempting farms employing 10 or fewer people from the provisions of the act except those farms having a temporary labor camp. The Committee also concurs with the House in retaining 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.

A number of OSHA standards require that certain products and equipment used in the workplace be tested and certified by a laboratory that has been recognized and accredited by OSHA under its Nationally Recognized Testing Laboratory [NRTL] Program. This program was established by regulation by OSHA in 1988 to facilitate the utilization of private sector testing and certification expertise in fulfilling its obligation to promote worker safety. The program is intended to give employers and employees confidence that the equipment they purchase and use is safe and will meet the required safety standards. The NRTL Program and the cost-free services it provides confers economic benefit to businesses of all sizes by recognizing their qualifications to test and certify products used in the workplace. Currently, all of the costs incurred by OSHA for providing these services are taken out of the agency's appropriations. However, as the agency has downsized, it has not been able to allocate sufficient funds to the program to avoid a backlog of applications for NRTL status, and that backlog continues to grow as additional applications are received from both domestic and foreign laboratories. This language will allow OSHA to charge fees for these services and use those fees to offset the costs of meeting the needs of the program.

The Committee is aware of the significant accomplishments of the Office of Occupational Health Nursing and recognizes it as the principal source of occupational health nursing expertise necessary

as OSHA continues to develop, review, and analyze policies, guidelines, standards, and compliance activities. The Committee is concerned that the Office has not been fully staffed. The Committee considers this a priority and has provided sufficient funding for the Directorate of Technical Support for this to be accomplished. Moreover, the Committee believes the nurse internship program has a very valuable function and support continuation of at least six slots allocated to this program.

The Committee is very pleased with OSHA's efforts in placing high priority on the voluntary protection programs [VPP] and other voluntary cooperative programs. The agency's work in reducing the VPP application backlog and its commitment to eliminate this backlog is particularly noteworthy. The Committee expects OSHA to continue to place high priority on the VPP, assuring prompt review and processing of VPP applications from interested employers and employees. Cooperative voluntary programs, especially the VPP, are an important part of OSHA's ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

The Committee is aware of concerns regarding the enforcement of section 1926.28(a) of title 29 of the Code of Federal Regulations, particularly as it pertains to the wearing of protective clothing by construction workers. This regulation is designed to prevent hazardous construction materials, such as hot tar and asphalt, from coming into contact with bare flesh. Nevertheless, during periods of hot weather, wearing such protective clothing could itself present a risk to workers by causing heat exhaustion. The Committee recommends that OSHA review this regulation and issue guidance to both State and Federal OSHA compliance staffs. Such guidance should clarify the application of this rule and ensure that any risks posed by protective clothing are considered in determining the applicability of section 1926.28(a). OSHA should report to the Committee within 120 days from the beginning of fiscal year 1997 on the actions it has taken with regard to this matter.

The Committee is concerned about the enforcement of State occupation safety and health standards by States operating OSHA-approved State plans, particularly where such standards differ significantly from Federal standards and may impose an undue burden on interstate commerce. The Committee believes that California's enforcement of its hazard communication standard, which incorporates portions of proposition 65, may impose such a burden. OSHA is directed to expedite its review and approval, or rejection, of California's hazard communication/proposition 65 standard, and to provide a report to the Committee on this matter, by no later than January 1, 1997.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1996	$195,724,000
Budget estimate, 1997	204,182,000
House allowance	191,810,000
Committee recommendation	195,724,000

The Committee recommendation includes $195,724,000 for this account. This is $8,458,000 less than the budget request, an increase of $3,914,000 above the House allowance, and the same as the 1996 comparable level. This agency is responsible for enforcing the Federal Mine Safety and Health Act in our Nation's underground and surface mines.

While the Committee has been unable to grant the increases requested by the administration, it believes the activities of this agency are too important to be cut below last year's level. 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 has deleted a provision in the House bill which would have prevented consolidation of a mine safety and health technology center. Subsequent to the House action, MSHA has made a convincing case that the consolidation is essential to continue to provide expert technical advice and assistance, without a reduction in the delivery of services, including timely onsite assistance during mine emergencies. In addition, MSHA's analysis shows that there will be cost savings after the consolidation. The Committee recognizes that such decisions should be made to promote the mission of MSHA and should be consistent with the goals and objectives of the agency and relatively free of outside influence.

The Committee concurs with the House in retaining bill language prohibiting the use of funds to carry out the training provisions of the act with respect to shell dredging or with respect to any sand, gravel, surface stone, surface clay, colloidal phosphate, or surface limestone mine.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 1996	$343,069,000
Budget estimate, 1997	372,431,000
House allowance	354,700,000
Committee recommendation	351,330,000

The Committee includes $351,330,000 for this account, which is $21,101,000 less than the budget request, $3,370,000 less than the House allowance, and $8,261,000 more than the 1996 comparable level. This includes $51,665,000 from the Employment Security Administration account of the unemployment trust fund, and $299,665,000 in Federal funds. The Bureau of Labor Statistics is the principal fact finding agency in the Federal Government in the broad field of labor economics.

The Committee recommendation includes one-half of the House Committee increases over the fiscal year 1996 enacted levels, except for Consumer Price Index activities.

The Committee concurs with the budget request and House allowance of $16,145,000 for the Consumer Price Index revision; this effort should remain the highest priority for the Bureau.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 1996	$142,350,000
Budget estimate, 1997	146,537,000
House allowance	137,801,000
Committee recommendation	142,508,000

The Committee recommendation includes $142,508,000 for this account, which is $4,029,000 less than the budget request, an increase of $4,707,000 above the House allowance, and $158,000 above the 1996 comparable level. This consists of $142,211,000 in general funds, and authority to transfer $297,000 from the Employment Security Administration account of the unemployment trust fund. In addition, an amount of $19,621,000 is available by transfer from the black lung disability trust fund. This is the same as the budget request and House allowance, as well as the 1996 comparable level.

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

The Committee recommendation generally reflects a 2-percent across-the-board reduction for departmental management administrative activities, due to severe budgetary constraints. However, for the Women's Bureau, and promoting employment of people with disabilities, the recommendation is the same as the fiscal year 1996 enacted level.

The Committee supports the ongoing efforts of the Department of Justice to rid the International Brotherhood of Teamsters of organized crime influence and the Department's decision to supervise the upcoming elections pursuant to the consent decree. The Committee concurs with the House in providing that up to $3,800,000 of the amount available to the Department of Labor for fiscal year 1997 may be allocated for this purpose, subject to the normal reprogramming requirements.

The Committee has included bill language, carried in last year's bill permitting transfers of up to 1 percent between appropriations, up to a maximum increase of 3 percent, subject to a 15-day notification period.

The Committee intends that the Women's Bureau continue support for technical assistance and training on displaced homemaker programming through effective programs such as the Women Work Program. This assistance is critical as State and local agencies develop and implement new models for work force development.

The Committee applauds the Department for its desire to streamline regulations and provides $2,000,000 to the Office of the Secretary for the purposes of evaluating the practical application of construction regulations to residential construction.

The Committee recommendation includes $1,000,000 for a Commission on Retirement Income Policy; the legislation establishing this Commission is included in title VI of this bill.

The Committee recommendation includes funds within the Bureau of International Labor Affairs, to continue work on international child labor issues and funding of the IPEC Program. The Committee notes that a number of U.S. companies and nongovernmental agencies have begun efforts aimed at eliminating the use of abusive and exploitive child labor in the production of goods imported into the United States.

The Committee remains concerned by the large and growing problem of child exploitation around the world. The International Labor Organization [ILO] this year estimated that hundreds of millions of children are in full-time employment, often in abusive and harmful conditions. The Committee supports the continued work of the Bureau of International Labor Affairs to report on developments regarding abusive and exploitative child labor. In previous reports, the Bureau has documented abusive and exploitative child labor in manufacturing, mining, agricultural, and fisheries exports to the United States. It is currently completing a study on efforts by U.S. garment manufacturers and retailers to avoid the use of abusive and exploitative child labor in their imports.

The Committee notes the positive work being done by the International Labor Organization's International Program for the Elimination of Child Labor [IPEC], including funds made available to the Secretary of Labor by this Committee. The Committee has provided $1,500,000 from within funds for the Bureau of International Labor Affairs to continue work on international child labor issues and funding of the IPEC Program.

The Committee requests that the Bureau complete a report by July 15, 1997, that contains an analysis of the efforts of U.S. importers in additional sectors where exploitative child labor is a problem to stop the import of such products including through codes of conduct, monitoring efforts, new methods of production, and sourcing and labeling. The sectors reviewed shall be based upon those products identified in volumes I and II of "By the Sweat and Toil of Children," including leather goods, gems, sporting goods, and hand-knotted carpets.

Assistant Secretary for Veterans Employment and Training

Appropriations, 1996	$170,390,000
Budget estimate, 1997	178,870,000
House allowance	181,949,000
Committee recommendation	174,225,000

The Committee recommendation includes $174,225,000 to be expended from the Employment Security Administration account of the unemployment trust fund. This is $4,645,000 less than the budget request, $7,724,000 less than the House allowance, and $3,835,000 above the 1996 comparable level.

For State grants the bill provides $79,453,000 for the Disabled Veterans Outreach Program and $73,255,000 for the Local Veterans Employment Representative Program. These amounts include one-half the increase allowed by the House over the 1996 enacted level.

For Federal administration, the Committee recommends $19,517,000, an increase of $98,000 over the fiscal year 1996 level. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force, and concurs with the House allowance of $2,300,000.

In addition, the Committee recommends $2,000,000 for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans. The administration requested elimination of the Institute.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1996	$48,041,000
Budget estimate, 1997	48,087,000
House allowance	46,481,000
Committee recommendation	46,481,000

The bill includes $46,481,000 for this account, which is the same as the House allowance, $1,606,000 below the budget request, and $1,560,000 below the 1996 comparable level. The bill includes $42,938,000 in general funds, and authority to transfer $3,543,000 from the Employment Security Administration account of the unemployment trust fund. In addition, an amount of $287,000 is available by transfer from the black lung disability trust fund.

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

ADDITIONAL GENERAL PROVISIONS

General provisions bill language is included to: Prohibit the payment of more than $125,000 to Job Corps contractor employees (sec. 101); permit transfers of up to 1 percent between appropriations (sec. 102); and permit contracting out of Job Corps civilian conservation centers that fail to meet performance standards (sec. 103). These provisions are the same as in the House version of the bill.

The House general provision that would prevent disbursement of Labor Department funds without the approval of the Chief Financial Officer has been deleted (sec. 104). The House general provision (sec. 105) on paper balers has been deleted since Congress has subsequently passed authorizing legislation, an amended version of H.R. 1114, the Balers and Compactors Safety Standards Modernization Act. Also deleted is the House provision on enforcement of rules governing driving by employees under age 18 (sec. 106). A new section 107 has been added exempting inmates from minimum wage and overtime requirements of the Fair Labor Standards Act.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 1996	$3,076,740,000
Budget estimate, 1997	3,113,483,000
House allowance	3,082,190,000
Committee recommendation	3,213,096,000

The Committee recommends an appropriation of $3,213,096,000 for health resources and services. This is $52,613,000 above the administration request, $130,906,000 over the House amount, and $136,356,000 more than the fiscal year 1996 allowance.

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

CONSOLIDATED HEALTH CENTERS

The Committee has again provided funds for community health centers, migrant health centers, health care for the homeless, and public housing health service grants in a consolidated line rather than through separate activities, consistent with the reauthorization legislation pending in the Senate. The Committee provides $778,000,000 for the consolidated health centers, which is $19,868,000 above the 1996 level, $24,124,000 below the House allowance, and $20,876,000 above the administration request for this grouping of programs.

Community health centers

The community health centers provide comprehensive, case-managed primary health care services to medically indigent and underserved populations in rural and urban areas. Of the clients served by community health centers, about 44 percent are children and 66 percent have incomes below the poverty line.

The Committee intends that additional resources above last year's level be reasonably allocated to provide increases in grant levels for existing grantees and to initiate new centers in underserved communities.

The Committee reiterates its concern that social, cultural, and language barriers make it difficult to effectively provide primary health care to Hispanic populations in some States. The Committee strongly encourages HRSA to establish new centers, especially in communities with significant Hispanic populations. The Committee is aware of proposals by the Cabot Westside Clinic of Kansas City,

MO, and the Community Health Center of Finney County, Garden City, KS, and encourages full and fair consideration of proposals from these organizations.

Of the amount provided for consolidated health centers, the Committee has included bill language making available a total of up to $8,000,000 for loan guarantees for loans made by non-Federal lenders for the construction, renovation, and modernization of facilities that are owned and operated by health centers and, subject to authorization, for loans made to health centers for the costs of developing and operating managed care networks or plan, both to be administered by the Bureau of Primary Health Care; and directs that funds collected through loan origination fees shall be deposited in the appropriate credit program account for authorized costs of such loan.

Assuming enactment of legislation pending in the Senate authorizing loan guarantees for managed care networks and plan, it is anticipated that with the full amount provided for this activity, up to $80,000,000 in loans could be made available for health-center renovations and managed care network formation, assuming a subsidy rate of 10 percent for Federal funds appropriated.

Migrant health centers

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

Health care for the homeless

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

Public housing health service grants

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

Native Hawaiian health care

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The House bill does not include the citation. The Committee has included funding for the consolidated health centers line so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than $3,105,000 be provided for these activities in fiscal year 1997.

The purpose of this activity is to improve the health status of native Hawaiians by making primary care, health promotion, and disease prevention services available through the support of native Hawaiian health systems. Services provided include health screen-

ing, nutrition programs, and contracting for basic primary care services. This activity also supports a health professions scholarship program for native Hawaiians and administrative costs of Papa Ola Lokahi, a consortium of native Hawaiian health care organizations.

Despite recent advances, the health status of native Hawaiians continues to lag behind that of the national population. A recent report from the National Cancer Institute ranked native Hawaiians second in the Nation for cancer mortality rates, and further suggests that they may not be obtaining the quality of care that other populations receive.

National Health Service Corps: Field placements

The Committee provides $37,244,000 for field placement activities, which is the same as the 1996 level and the House allowance. The administration requested funding in a consolidated program cluster. The funds provided for this program are used to support the activities of National Health Service Corps obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

The Committee is aware that the NHSC has conducted a pilot project to place mental health and behavioral professionals, including psychologists, in community and migrant health centers. The Committee urges the NHSC to contact States and community entities in order to continue this effort to develop additional sites for mental health providers, particularly in areas already designated mental health manpower shortage areas.

National Health Service Corps: Recruitment

The Committee provides $78,189,000 for recruitment activities, which is $3,000,000 above the 1996 level and the same as the House allowance. The administration requested funding in a consolidated program cluster. This program provides major benefits to students (full-cost scholarships or sizable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. The Committee reiterates its intention that funds provided be used to support multiyear, rather than single-year, commitments.

The Committee intends that $3,000,000 of funds appropriated for this activity be used for State offices of rural health. The Committee continues to be concerned about possible overlap and duplication between primary care offices [PCO's] supported in every State through the "Health centers" appropriation and State offices of rural health [SORH's] supported in each State through the "National Health Service Corps" appropriation. While some required activities are exclusive to one program or another, the majority are similar. These include assessment of need for health services and available resources, targeting areas of unmet need, site and community development, technical assistance, and training. The Committee recommends that HRSA encourage States to create agreements between each State's PCO and SORH delineating joint and

separate activities and promoting collaboration to the satisfaction of program officials.

The Committee is concerned about the low number of dental recipients in the NHSC scholarship program and loan repayment awards, despite a significant increase in the number of dentists needed to service designated dental health professions shortage areas. The Committee urges the NHSC to enhance dental participation in the program.

HEALTH PROFESSIONS

For all HRSA health professions programs, the bill includes $265,124,000, which is $6,549,000 more than the fiscal year 1996 appropriation and $27,326,000 less than the House allowance. The administration requested funding in consolidated program clusters, including the National Health Service Corps.

Grants to communities for scholarships

The Committee provides $474,000 for grants to communities for scholarships, which is the same as the 1996 level and $58,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides grants to States to provide financing for community organizations located in health professions shortage areas to make scholarship awards to health professions students in exchange for a service obligation in the community. Sixty percent of the costs of scholarships are paid by the States and sponsoring community organizations.

Health professions data and analysis

The Committee provides $212,000 for health professions data and analysis, which is the same as the 1996 level and $26,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program supports the collection and analysis of data on the labor supply in various health professions and on future work force configurations.

Research on certain health professions issues

The Committee has included $450,000 for research on certain health professions issues, which is $450,000 more than the House allowance and the 1996 level. The administration requested funding in a consolidated program cluster. This program supports research on the extent to which debt has a detrimental effect on students entering primary care specialties; the effects of federally funded education programs for minorities attending and completing health professions schools; and the effectiveness of State investigations in protecting the health of the public. The Committee understands there are three centers for health professions research that are current grantees. Only one center received funding for this activity last year. The Committee intends that the amount provided be distributed equally to current grantees and urges that grantees seek outside funding to continue their activities once their grant periods are completed.

Nurse loan repayment for shortage area service

The Committee provides $2,197,000 for nurse loan repayment for shortage area service, which is $235,000 above the 1996 level and the same as the House allowance. The administration requested funding in a consolidated program cluster. This program offers student loan repayment to nurses in exchange for an agreement to serve not less than 2 years in an Indian health service health center, native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic.

Centers of excellence

The Committee provides $22,072,000 for centers of excellence, which is the same as the 1996 level and $2,646,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program was established to fund institutions that train a significant portion of the Nation's minority health professionals. Funds are used for the recruitment and retention of students, faculty training, and the development of plans to achieve institutional improvements. The institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities and usually with little State funding, they serve the health care needs of their patients often without remuneration.

Health careers opportunity program

The Committee provides $23,918,000 for the health careers opportunity program, which is the same as the 1996 level and $2,867,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and preprofessional school preparations.

Exceptional financial need scholarships

The Committee provides $10,120,000 for exceptional financial need scholarships, which is the same as the 1996 level and $1,213,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides scholarship assistance to exceptionally needy students enrolled in schools of medicine, osteopathic medicine, or dentistry who agree to practice primary care for 5 years after completing training.

Faculty loan repayment

The Committee provides $947,000 for faculty loan repayment, which is the same as the 1996 level and $114,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides for the repayment of education loans for individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than 2 years as a faculty member of a health professions school.

Financial assistance for disadvantaged health professions students

The Committee provides $5,999,000 for financial assistance for disadvantaged health professions students, which is the same as the 1996 level and $719,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides financial assistance to disadvantaged students at medical, osteopathic or dental schools who agree to practice primary health care for 5 years after completing training.

Scholarships for disadvantaged students

The Committee provides $16,677,000 for scholarships for disadvantaged students, which is the same as the 1996 level and $1,999,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides grants to health professions schools for student scholarships to individuals who are from disadvantaged backgrounds and are enrolled as full-time students in such schools. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarships program.

Family medicine training

The Committee provides $44,002,000 for family medicine training and departments, which is the same as the 1996 level and $5,275,000 below the House allowance. The administration requested funding in a consolidated program cluster. Family medicine activities support grants for graduate training in family medicine, grants for predoctoral training in family medicine, grants for faculty development in family medicine, and grants for the establishment of departments of family medicine. The Committee reiterates its support for this program and recognizes its importance in increasing the number of primary care physicians in underserved areas.

General internal medicine and pediatrics training

The Committee provides $15,741,000 for general internal medicine and pediatrics, which is the same as the 1996 level and $1,887,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides funds to public and private nonprofit hospitals and schools of medicine and osteopathic medicine to support residencies in internal medicine and pediatrics. Grants may also include support for faculty.

Physician assistants

The Committee provides $5,697,000 for physician assistants, which is the same as the 1996 level and $683,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program supports planning, development, and operation of physician assistant training programs.

Public health and preventive medicine

The Committee provides $7,148,000 for public health and preventive medicine, which is the same as the 1996 level and $857,000 below the House allowance. The administration requested funding

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

Health administration traineeships and special projects

The Committee provides $978,000 for health administration traineeships and special projects, which is the same as the 1996 level and $117,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides grants to public or nonprofit private educational entities, including schools of social work but not schools of public health, to expand and improve graduate programs in health administration, hospital administration, and health policy analysis and planning; and assists educational institutions to prepare students for employment with public or nonprofit private agencies.

With escalation in health care costs and the rapid changes in the structure of the U.S. health care system, the Committee notes the increasing importance of assuring that our health care facilities, systems, and networks are managed by administrators who are trained in the latest management techniques.

Area health education centers

The Committee provides $26,000,000 for area health education centers, which is $2,877,000 above the 1996 level and $2,495,000 below the House allowance. The administration requested funding in a consolidated program cluster. 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.

The Committee continues to be impressed with the various AHEC models operated in a variety of States. The Committee believes that AHEC's can provide an important network not only for the training of health service providers but also for the dissemination of health care information, including practice guidelines.

The Committee recognizes the role of a variety of professions in the provision of primary care services, including allied health professionals and social workers. The Committee urges HRSA to diversify the mix of providers trained, particularly for work in underserved communities as part of an interdisciplinary primary care team. The Committee further urges HRSA to collaborate with SAMHSA to support interdisciplinary health professions training projects for practice in managed care and other settings.

With promising biomedical advances in research on chronic fatigue and immune dysfunction syndrome [CFIDS], there is an urgent need to begin active clinical care education programs for physicians and other health care professionals. The Committee strongly urges HRSA to conduct an inventory of CFIDS-related resources for AHEC's and design appropriate training curricula.

Within the amount provided for area health education centers, the Committee urges the support of programs designed to encourage high school students, especially those from underserved rural areas, to pursue careers in the health professions. The Committee is aware of the medical scholars program of the University of Idaho, in association with the WAMI (Washington, Alaska, Montana, and Idaho) cooperative medical program of the University of Washington School of Medicine, and urges its full and fair consideration of its proposal.

Border health training centers

The Committee provides $3,350,000 for border health training centers, which is the same as the 1996 level and $402,000 below the House allowance. These centers provide training to improve the supply, distribution, and quality of personnel providing health services in the State of Florida or along the border between the United States and Mexico and in other urban and rural areas with populations with serious unmet health care needs.

General dentistry residencies

The Committee provides $3,381,000 for general dentistry residencies, which is the same as the 1996 level and $405,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program assists dental schools and postgraduate dental training institutions to meet the costs of planning, developing, and operating residency training and advanced education programs in general practice of dentistry and funds innovative models for postdoctoral general dentistry. General dentistry residents receive extensive clinical experience providing primary care in community-based settings allowing graduates to rely less on specialists. These residents are important in many rural and underserved inner-city areas where oral health is often unavailable.

Allied health advanced training and special projects

The Committee provides $3,424,000 for allied health special projects, which is the same as the 1996 level and $410,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program provides funds to assist schools or programs with projects designed to plan, develop, or expand postbaccalaureate programs for the advanced training of allied health professions; and provide traineeships or fellowships to postbaccalaureate students who are participating in the program and who commit to teaching in the allied health profession involved. This program also provides funds to expand existing training programs or develop new ones, recruit individuals into allied professions with the most severe shortages or whose services are most needed by the elderly, and increase faculty recruitment and education, and research.

The Committee continues to encourage HRSA to give priority consideration to those projects for schools training allied health professionals experiencing shortages, such as medical technologists and cytotechnologists.

Geriatric education centers and training

The Committee provides $7,933,000 for geriatric education centers and training, which is the same as the 1996 level and $951,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program supports grants to health professions schools to establish geriatric education centers and to support geriatric training projects.

Rural health interdisciplinary training

The Committee provides $4,154,000 for rural health interdisciplinary training, which is $445,000 above the 1996 level and the same as the House allowance. The administration requested funding in a consolidated program cluster. This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice.

Podiatric primary care training

The Committee provides $605,000 for podiatric medicine, which is the same as the 1996 level and $73,000 below the House allowance. The administration requested funding in a consolidated program cluster. The program provides grants to hospitals and schools of podiatric medicine for residency training in primary care.

Chiropractic demonstration grants

The Committee provides $916,000 for chiropractic demonstration grants, which is the same as the 1996 level and $110,000 below the House allowance. The administration requested funding in a consolidated program cluster. The program provides grants to colleges and universities of chiropractic to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower back conditions.

Advanced nurse education

The Committee provides $11,134,000 for advanced nurse education, which is the same as the 1996 level and $1,335,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

Nurse practitioner/nurse midwife education

The Committee provides $17,588,000 for nurse practitioners and nurse midwife education, which is $2,128,000 above the 1996 level and the same as the House allowance. The administration requested funding in a consolidated program cluster. This program supports programs preparing nurse practitioners and nurse midwives to effectively provide primary health care in settings such as the home, ambulatory, and long-term care facilities, and other health institutions. These professionals are in especially short supply in rural and underserved urban areas.

Nursing special projects

The Committee provides $9,436,000 for nursing special projects, which is the same as the 1996 level and $1,131,000 below the House allowance. The administration requested funding in a consolidated program cluster. This program supports projects to increase the supply of nurses meeting the health needs of underserved areas; demonstrate methods to improve access to nursing services in nontraditional settings; and demonstrate innovative nursing practices.

Nurse disadvantaged assistance

The Committee provides $3,867,000 for nurse disadvantaged assistance, which is $414,000 above the 1996 level and the same as the House allowance. The administration requested funding in a consolidated program cluster. This program provides grants and contracts to qualified schools and education programs to recruit individuals from minority and disadvantaged backgrounds, and to assist them with their nursing education by providing training, counseling, and stipends.

Professional nurse traineeships

The Committee provides $14,235,000 for professional nurse traineeships, which is the same as the 1996 level and $1,707,000 below the House allowance. The administration requested funding in a consolidated program cluster. Traineeships fund registered nurses in programs of advanced nursing education, including preparation for teaching, administration, supervision, clinical specialization, research, and nurse practitioner and nurse midwife training.

Nurse anesthetist traineeships

The Committee provides $2,469,000 for nurse anesthetists, which is the same as the 1996 level and $296,000 below the House allowance. The administration requested funding in a consolidated program cluster. Grants are awarded to eligible institutions to provide traineeships for licensed registered nurses to become certified registered nurse anesthetists [CRNA]. The program also supports fellowships to enable CRNA faculty members to obtain advanced education.

OTHER HRSA PROGRAMS

Hansen's disease services (Carville)

The Committee has included $17,094,000 for the Hansen's Disease Program, which is the same as the 1996 level, $723,000 above the administration request, and the same as the House allowance. The Hansen's Disease Program consists of the Gillis W. Long Hansen's Disease Center at Carville, LA, and the regional patient care program which provide for regionalized care for Hansen's disease patients on an outpatient basis.

Maternal and child health block grant

The Committee recommends $678,204,000 for the maternal and child health [MCH] block grant. This is the same as the fiscal year

1996 appropriation and $2,857,000 below the administration request and the House allowance.

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 15 percent of funds are used for special projects of regional or national significance [SPRANS]; and 12.75 percent of funds over $600,000,000 are used for community-integrated service systems [CISS] programs. After taking the 12.75-percent set-aside, the remaining 87.25 percent is distributed on the same percentage split as the basic block grant formula.

The hemophilia treatment centers program serves as a model in the management of chronic diseases, demonstrating cost-effective health outcomes. The Committee encourages the Maternal and Child Health Bureau to work collaboratively with the Centers for Disease Control and Prevention to ensure that the treatment center network is utilized in critical data collection, surveillance, patient notification, and outreach related to blood and blood products usage.

The Committee is pleased with the Bureau's efforts in working with the National Institute of Child Health and Human Development's back to sleep campaign for sudden infant death syndrome [SIDS], and by its effort to understand the need for SIDS services through the nationwide survey of sudden infant death services. The Committee recommends that the MCH Bureau initiate establishment of the SIDS program support center as recommended by the nationwide survey.

The Committee commends the Office of Adolescent Health for working to develop an integrated, multidisciplinary approach, and urges its continued emphasis on using the expertise of a variety of health professions, including nursing. The Committee further urges that special attention be devoted toward addressing adolescents' mental health problems, including depression, violence, and suicide. The Committee commends the close working relationship between the Office of Adolescent Health and the Carnegie Council on Adolescent Development, and urges the implementation of the Carnegie Council's recommendations.

The Committee is concerned that almost one-half of the States have fluoridation rates below 60 percent. Fluoridation is one of the most cost-effective public health measures that our Nation can undertake. Currently, it costs between 20 and 50 cents per person per year to provide fluoridation. The National Institute of Dental Research estimates that preventive dentistry, including fluoridation, has saved nearly $100,000,000,000 in the United States in potential dental care expenses between 1979 and 1989. The Committee expects the MCH Bureau to develop an implementation plan for increased fluoridation and urges it to allocate SPRANS funds to assist those States with fluoridation levels below 25 percent. Sufficient SPRANS funds are available to initiate this important public health activity.

Healthy start initiative

The Committee recommends $96,000,000 for the healthy start infant mortality initiative. This amount is $3,184,000 above the fiscal

year 1996 amount, $96,000,000 more than the House allowance, and $21,162,000 more than the administration request.

The Committee does not concur with the House language terminating the Healthy Start Program in fiscal year 1997. The healthy start initiative was developed to respond to persistently high rates of infant mortality in this Nation. Fifteen projects were awarded grants in fiscal year 1992 with the goal of reducing infant mortality in their project area by 50 percent over a 5-year period. Fiscal year 1996 is the fifth project year for these 15 grantees. The initiative was expanded in fiscal year 1994 by a special projects program, which supported an additional seven urban and rural communities to implement infant mortality reduction strategies and interventions.

While these projects have made substantial progress in the reduction of infant mortality, there remain significant challenges to sustain the gains already attained. Abrupt termination of the program will likely result in increases in infant mortality in the targeted project areas. While the Committee is aware of the original timeframe of the program, it places its highest priority toward averting and reducing infant mortality through sustainable means in areas with continued critical needs.

The funds provided by the Committee would provide the opportunity to replicate the best models from the demonstration phase of the initiative and propagate the lessons learned with more than 300 urban and rural communities with a high rate of infant mortality. Within this amount, funds would be available to existing projects for: the continued support of successful strategies and interventions; the utilization of these projects as resource centers for other health providers, including managed care organizations; and for the initiation of projects in new communities with high incidence of infant mortality. Existing sites include those initially approved in 1991 but not funded until 1994. Funds are also included for the awarding of new community-based projects to replicate successful strategies and interventions toward infant mortality reduction, especially in conjunction with individual programs already underway.

Organ procurement and transplantation

The Committee provides $2,296,000 for organ transplant activities. This is the same as the administration request, $227,000 more than the fiscal year 1996 appropriation, and $104,000 below the House allowance. These funds support a scientific registry of organ transplant recipients and kidney dialysis patients, and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used for education of the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions. The Committee concurs with House report language in requesting HRSA to identify potential ways that the program could attain financial self-sufficiency.

Health teaching facilities interest subsidies

The Committee recommends $297,000 for interest subsidies for three health professions teaching facilities. This is the same as the administration request and the House allowance, and $114,000 less than the fiscal year 1995 appropriation. This program continues support of interest subsidies and loan guarantees for three loans for construction of health professions teaching facilities under a now discontinued Public Health Service Act authority. The remaining Federal commitment on these loans will expire in the year 2004.

National bone marrow donor program

The Committee has included $15,272,000 for the national bone marrow donor program. This is $60,000 below the administration request and the same as the fiscal year 1996 level and the House allowance. The National Bone Marrow Donor Registry is a network, operated under contract, that helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

The Committee is pleased that the National Bone Marrow Registry is increasingly meeting the needs of a significant proportion of those in need of allogenic bone marrow transplants. In addition, the bone marrow program is continuing to increase the size and diversity of the registry of potential donors. Continued progress is critical to improving the chances of finding a matched marrow donor for patients of all races and ethnic heritage.

Rural health outreach grants

The Committee recommends $27,797,000 for health outreach grants. This amount is the same as the fiscal year 1996 level, $2,457,000 lower than the administration request, and $23,797,000 above the House allowance. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services and rural telemedicine projects.

The Committee urges the continuation of the grant to the Canton-Potsdam Hospital of New York, which supports a consortium of local organizations that provides community-based cardiopulmonary resuscitation training.

The Committee understands that the Graham Children's Center at Mission Hospital in Asheville, NC, operates a special vehicle, the "Tooth Bus," that provides dental services to medically underserved children in the Appalachia region of the State. The Committee recognizes the importance of dental care to young children in impoverished areas and urges the center's proposal be given full and fair consideration for support.

Emergency medical care for children

The Committee provides $12,500,000 for emergency medical services for children. This is the same as the House allowance and $1,745,000 above the 1996 level. The administration requested funding in an emergency medical services cluster. The program

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

Black lung clinics

The Committee includes $4,000,000 for black lung clinics. This is $189,000 more than the fiscal year 1996 amount and $100,000 above the House allowance. The administration requested funding in a consolidated program cluster. This program funds clinics which treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Alzheimer's demonstration grants

The Committee recommends $6,000,000 for Alzheimer's demonstration grants, which is $2,020,000 above the 1996 level and the same as the House allowance. The administration requested funding in a consolidated program cluster. Through matching grants, this program has proved to be an effective tool in stimulating States to design and implement support services to families struggling to care for individuals with Alzheimer's disease.

The Committee is aware that consideration is being given to transferring the program elsewhere in the Department. In light of the program's demonstrated success in stimulating State and local service networks, and the need to enhance access to community health centers, the Committee believes this program should remain in HRSA in order to avoid unnecessary disruption or uncertainty in program activities.

The Committee encourages HRSA to consider testing methods for improving health care delivery to Alzheimer patients by linking projects with primary health care providers such as community and migrant health centers. Such methods might include: training care providers in dementia assessment and treatment; providing technical assistance to community health centers to enhance their capacity for dementia diagnosis, treatment, and care; and encouraging models for disease management and consultation among caregivers.

Payment to Hawaii, treatment of Hansen's disease

The bill includes $2,045,000 for the treatment of persons with Hansen's disease in the State of Hawaii. This is the same as the 1996 level and the House allowance. The Committee continues to urge that a plan be developed which would grant a stipend option to residential patients in Hawaii similar to the option being considered for patients at the Gillis W. Long National Hansen's Disease Center in Carville, LA. Such an option would encourage current residents to consider transitioning out of the facility.

Pacific basin initiative

The Committee provides $1,000,000 for the Pacific basin initiative, which is $200,000 below the 1996 level. The House did not provide funding for this activity. The program conducts various prevention-oriented and health professions training for service in the Pacific basin region. HRSA is requested to begin addressing the pressing health needs of rural Hawaii, particularly in conjunction

with the training institutions of the University of Hawaii and its interisland distance learning efforts.

The Committee is pleased that an Institute of Medicine study on the Pacific Basic Medical Officer Program has begun.

Traumatic brain injury demonstration grants

The Committee provides $3,000,000 for traumatic brain injury demonstration grants. This is a new activity. H.R. 248, legislation authorizing this program has been enacted into law as Public Law 104–166. This program authorizes HRSA to award grants to the States for demonstration projects to improve access to health care and other services associated with the treatment of traumatic brain injury. States are required to establish State advisory boards to advise and make recommendations to the States on methods to improve services coordination, and to encourage citizen participation. States also are required to provide matching non-Federal funds at rate not less than $1 for each $2 of Federal funds provided under the grant.

The authorizing legislation defines traumatic brain injury to mean an acquired injury to the brain, including anoxia due to near-drowning, but not including brain dysfunction caused by congenital or degenerative disorders nor birth trauma. The Secretary of HHS may revise the definition as necessary.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

RYAN WHITE AIDS PROGRAMS

The Committee provides $854,252,000 for Ryan White AIDS programs. This is $41,437,000 below the administration request, $96,850,000 above the 1996 level, and $42,000,000 over the House allowance.

Emergency assistance—title I

The Committee recommends $401,700,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. This amount is $10,000,000 above the fiscal year 1996 amount and the same as the House allowance. It is $22,243,000 less than the administration request. These funds are provided to metropolitan areas with a cumulative total of more than 2,000 cases of AIDS or a per capita incidence of 0.0025. One-half of the funds are awarded by formula and one-half are awarded through supplemental competitive grants. No new areas are expected to be eligible for funding under title I in 1997.

Comprehensive care programs—title II

The Committee has provided $332,847,000 for HIV health care and support services. This amount is $17,107,000 below the administration request, $72,000,000 above the 1996 level, and $42,000,000 above the House allowance. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and drug treatments that have

been determined to prolong life or prevent serious deterioration of health for low-income individuals with HIV disease.

A State must use at least 15 percent of its grant funds to provide health and support services to infants, children, women, and families with HIV disease. An amount, not to exceed 10 percent of the appropriation for title II, is used to support a program of special projects of national significance. This program provides funds to projects which contribute to the advancement of knowledge and skills in the delivery of health and support services to persons with HIV infection.

The Committee is encouraged by the advent of protease inhibitor therapy in combination with other medications for patients with HIV. The Committee continues to be concerned by the high costs of new medications for AIDS, and, in anticipation of higher demand for these treatments, has approved bill language for $117,000,000 for AIDS medications, compared to $52,000,000 provided for this purpose in fiscal year 1996. The administration submitted an amended budget request to include a total of $117,000,000 for State ADAP programs, an increase of $65,000,000 over the original request, and accompanied by equivalent proposed offsets.

Early intervention program—title III–B

The Committee recommends $61,918,000 for early intervention grants. This is the same as the House allowance, $5,000,000 above the 1996 level, and $2,650,000 less than the administration request. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for counseling, testing, diagnostic, and therapeutic services.

To the extent practicable, the Committee encourages HRSA to fairly allocate the increase for title III–B between existing grantees and new providers. The Committee understands that existing grantees have been level-funded throughout the history of the CARE Act. By providing additional funds to current grantees, the Committee intends to undergird the HIV care infrastructure already established in title III–B clinics. The Committee also supports expansion of the number of communities receiving assistance from this title. The Committee understands that HRSA is conducting a grant-review process expected to identify qualified new grantees in underserved rural and urban areas.

Pediatric AIDS demonstrations—title IV

The Committee recommends $34,000,000 for title IV pediatric AIDS demonstrations, which is the same as the House allowance and the administration request, and $5,000,000 above the 1996 amount. This program supports demonstration grants to develop innovative models that foster collaboration between clinical research institutions and primary/community-based medical and social service providers for underserved children, youth, pregnant women, and their families.

Some 5 percent of the funds appropriated under this section may be used to provide peer-based training and technical assistance through national organizations that collaborate with projects to ensure development of innovative models of family-centered and

youth-centered care; advanced provider training for pediatric, adolescent, and family HIV providers; health care financing, outcome measures and policy analysis; and coordination with research programs.

The Committee affirms the purpose of title IV to support programs that provide or arrange for innovative comprehensive HIV care for children, youth, women, and families with or affected by HIV/AIDS in association with voluntary participation in research programs. The Committee is encouraged by efforts to expand access to services for HIV-infected pregnant women. The Committee urges that a majority of title IV funding increases be awarded to existing comprehensive HIV-care projects in order to handle increased demand for services and that particular attention be paid to the needs of youth and women who now constitute the fastest growing group of people living with HIV/AIDS in the United States.

AIDS dental services

The Committee provides $7,500,000 for AIDS dental services, which is $563,000 above the administration request and the 1996 level, and is the same as the House level. This program provides grants to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

AIDS education and training centers

The Committee recommends $16,287,000 for the AIDS education and training centers [AETC's]. This amount is $4,287,000 above the 1996 level and the same as the administration request and the House allowance. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations.

Family planning

The Committee recommends $198,452,000 for the title X family planning program. This is the same as the administration request and $5,860,000 above both the 1996 level and the House allowance. Title X grants support primary health care services at more than 4,000 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level.

Title X of the Public Health Service Act, which established the family planning program, authorizes the use of a broad range of acceptable and effective family planning methods and services. The Committee believes this includes oral, injectable, and other preventive modalities.

Rural health research

The Committee recommends $9,553,000 for the Office of Rural Health Policy. This is $200,000 more than the fiscal year 1996 level and $1,669,000 more than the administration request and the House allowance. The funds provided support for the Office as the focal point for the Department's efforts to improve the delivery of

health services to rural communities and populations. Funds are used for rural health research centers, grants to telemedicine projects, the National Advisory Committee on Rural Health, and a reference and information service. The Committee remains strongly supportive of all existing rural telemedicine projects. Sufficient funding is available for the final year of the West Virginia telemedicine project at a level consistent with the average annual award of the project's previous 3-year grant cycle fiscal year 1992–94.

Health care facilities

The Committee provides $13,000,000 for health care facilities, which is $7,000,000 below the 1996 level, $11,000,000 above the administration request, and $13,000,000 over the House allowance. Funds are made available to public and private nonprofit entities for construction or modernization of outpatient medical facilities. Sufficient funds are provided for the modernization of a pediatric care center that combines patient care, research activities and teaching functions, and provides care for indigent and at-risk children.

Sufficient funds are also provided for the construction of a health care center dedicated to the specialized needs of the elderly. The Committee understands that the University of Kansas Elder Care Center has many meritorious characteristics that would optimize the delivery of health care services to the elderly, and urges the full and fair consideration of its proposal.

Funds are also available to complete the second phase of the project funded last year in this account that would establish a facility addressing the socioeconomic and medical needs of women in medically underserved populations.

Buildings and facilities

The Committee recommends $828,000 for buildings and facilities, the same as the administration request, $2,000,000 below the House allowance, and $87,000 above the fiscal year 1996 amount. These funds provide for routine repairs and improvements at the Gillis W. Long Hansen's Disease Center located at Carville, LA.

National practitioner data bank

The Committee has not provided funding for the national practitioner data bank, which is the same as the House allowance, the administration request, and the fiscal year 1996 level. The Committee and the administration assume that $6,000,000 will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. Traditional bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

Program management

The Committee recommends $112,949,000 for program management activities for fiscal year 1997. This is the same as the administration request and $891,000 above the 1996 level and the House allowance.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

Appropriations, 1996	$8,000,000
Budget estimate, 1997	7,000,000
House allowance	7,000,000
Committee recommendation	7,000,000

The Committee recommends $7,000,000 for the medical facilities guarantee and loan fund. This is the same as both the administration request and House allowance and $1,000,000 less than the fiscal year 1996 appropriation. These funds are used to comply with the obligation of the Federal Government to pay interest subsidies on federally guaranteed loans throughout the life of the loans. These loans were used for hospital modernization, construction, and conversion. The bill includes language, as in prior years, which prohibits commitments for new loans or loan guarantees in fiscal year 1997.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee recommends guarantee authority of $140,000,000 for new HEAL loans in fiscal year 1997, which is the same as the President's request and the House level and $70,000,000 below the fiscal year 1996 level.

The Committee recommends $14,481,000 to liquidate 1997 obligations from loans guaranteed before 1992, which is the same as the administration request and the House allowance and $14,481,000 above the 1996 appropriation. In addition, the Committee provides $477,000 to pay default claims arising from loans guaranteed in 1997, which is the same as the administration request and $351,000 above the 1996 appropriation.

For administration of the HEAL Program, the Committee recommends $2,688,000, which is the same as the 1996 appropriation and the House allowance, and $7,000 below the administration request.

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

The Committee has provided a loan limitation level sufficient only to support the continuation costs of those students currently receiving HEAL loans. The Committee anticipates that the need for the HEAL Program will decline as loan limits for guaranteed student loans have been raised by the Department of Education.

VACCINE INJURY COMPENSATION TRUST FUND

Appropriations, 1996	$169,721,000
Budget estimate, 1997	169,721,000
House allowance	169,721,000
Committee recommendation	169,721,000

The Committee recommends that $59,721,000 be released from the vaccine injury compensation trust fund in 1996, of which $3,000,000 is for administrative costs. This amount is the same as both the budget request, the House allowance, and the fiscal year 1996 amount. In addition, $110,000,000 in general funds are appropriated for compensation of vaccine-related injuries associated with vaccines administered before fiscal year 1989. This is the same as the administration request, the House allowance, and the fiscal year 1996 amount.

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.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

Appropriations, 1996	$2,011,916,000
Budget estimate, 1997	2,239,258,000
House allowance	2,187,018,000
Committee recommendation	2,209,948,000

For the Centers for Disease Control and Prevention, the Committee provides $2,209,948,000, which is $98,032,000 above the 1996 level, $12,310,000 below the administration request, and $22,930,000 above the House allowance.

The Committee views the disease prevention and health promotion activities of the Centers for Disease Control and Prevention [CDC] as a sound investment. Preventive health interventions in areas such as childhood immunization, infectious disease, injury control, breast and cervical cancer, and human immunodeficiency virus, can materially affect a reduction in health care costs. The CDC focuses on four major priorities: Provide core public health functions; respond to urgent health threats; promote women's health; and provide leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health. While Americans today enjoy the longest life expectancy of any time in our Nation's history, preventable diseases and conditions still cause death, and disability, and still compromise the quality of life for millions of Americans. Public health experts estimate that about one-half of the deaths which occur in the United States every year are considered preventable, as are many of the illnesses.

The Committee commends the Director's efforts to promote behavioral and social sciences research at CDC and for creating the position of Assistant Director for Behavioral and Social Sciences. The Committee believes that such research is integral to the CDC mission. With the Committee's support, a similar office of behavioral and social sciences research was created at the National Institutes of Health. It has proven effective in identifying promising new directions for research. The Committee requests the Director to provide a status report on CDC's activities relating to behavioral and social sciences research.

Preventive health and health services block grant

The Committee recommends $136,081,000 for the preventive health and health services block grant, $9,148,000 less than the President's request and the 1996 appropriation and $20,919,000 less than the House allowance. The Committee recommendation includes an additional $35,000,000 from the violent crime reduction trust fund for rape prevention and education activities authorized by the Violence Against Women Act to be carried out through the preventive health services block grant. This amount is $6,458,000 over the 1996 appropriation and the full amount authorized by the act for fiscal year 1997.

The preventive health services block grant provides States with funds for services to reduce preventable morbidity and mortality and improve the quality of life. The grants give States flexibility in deciding how available funding can be used to meet State preventive health priorities. Programs eligible for funding include screening, laboratory services, health education, and outreach programs for such conditions as high blood pressure and cholesterol, and breast and uterine cancer.

Prevention centers

The Committee recommends $8,099,000 for prevention centers. This is $993,000 over the President's request and the House allowance and is the same as the fiscal year 1996 appropriation.

CDC's Prevention Centers Program provides grants to academic programs to support applied research designed to yield tangible results in health promotion and disease prevention. This network of collaborating prevention centers works to fill the knowledge gaps that block achievement of prevention goals. The centers work with State and local health departments and other organizations to increase the implementation of research findings.

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

Sexually transmitted diseases

The Committee recommends $106,299,000 for sexually transmitted disease prevention and control, $1,000,000 more than the House allowance and the fiscal year 1996 appropriation. Since no action has been taken by the authorizing committee, funds have been provided under current law and not through TB/STD partnership grant as proposed in the President's budget.

Because of the high rates of STD's in adolescents and young adults, and their facilitation of HIV transmission, sexually transmitted diseases continue to be one of the most formidable health challenges facing the United States. The mission of the STD program is to survey, prevent, and control the transmission of STD's by providing national leadership for: prevention and control programs; monitoring disease trends; behavioral and clinical research; education and training; building partnerships for STD prevention; the STD accelerated prevention campaign; and infertility. Grants are awarded to State and local health departments and other nonprofit entities to support primary prevention activities, surveillance

systems, screening programs, partner notification and counseling, outbreak control, and clinical skills training.

The Committee recommendation provides a $1,000,000 increase in funding for CDC's STD prevention efforts. The Committee notes the results of recent research reported in the New England Journal of Medicine regarding the link between cervical chlamydial infection and pelvic inflammatory disease. This research demonstrated that routine screening for chlamydia reduces the incidence of pelvic inflammatory disease. In light of these findings, the Committee instructs the CDC to maintain support for, and evaluate whether additional resources can be given to, the regional infertility demonstration projects. In addition, the Committee urges the CDC to give consideration to using its existing research funds to support a replication of this research.

In light of changes occurring in the financing of health care, the Committee strongly urges CDC to assure that State and local STD programs maximize all potential sources of income, while assuring that these sources of payment do not represent barriers to STD screening and treatment. The sources of income include: private insurance, Medicaid, patient fees, payments from managed care health plans, and other sources as appropriate.

Immunization

The Committee recommends $467,890,000 for immunization activities in fiscal year 1997 authorized under section 317 of the Public Health Service Act, the same as the House allowance and the fiscal year 1996 appropriation. Since no action has been taken by the authorizing committee, funds have been provided under current law and not through an immunization partnership grant as proposed in the President's budget.

The Omnibus Reconciliation Act [OBRA] of 1993 established a new vaccine purchase and distribution system that provides, free of charge, all pediatric vaccines recommended for routine use by the Advisory Committee on Immunization Practices to all Medicaid-eligible children, uninsured children, underinsured, and native Americans through program-registered providers. Included in the Medicaid estimate for fiscal year 1996 is $523,952,000 for the purchase and distribution of vaccines for a total immunization recommendation of $991,842,000, an increase of $114,193,000 over fiscal year 1996.

The appropriate administration of safe and effective vaccines remains the most cost-effective method of preventing human suffering and reducing economic costs associated with vaccine-preventable diseases. Through the immunization program, the CDC provides leadership and support for national efforts to prevent and/or control vaccine-preventable diseases, which include availability of vaccine services, outreach programs, education and training, surveillance and investigation, and applied research.

Within the amounts appropriated, $139,393,000 is provided for the purchase of vaccine under the 317 program, the same as the President's request. Of the funds made available for vaccine purchase, CDC has the discretion to reallocate additional funding for infrastructure grants if the entire amount available for 317 vaccine purchases is not needed by the States. This will ensure that States

receive up to their maximum estimates for vaccine purchase, and, at the same time, provide CDC with flexibility to reallocate vaccine purchase dollars if States' needs prove lower than the amount provided. The Committee expects to be notified prior to the transfer of any funds between vaccine purchase and infrastructure, of the amount of transfer, the State carryover balances, and the justification for the transfer.

The Committee expects the CDC to ensure that all grantees receiving IAP funds reserve 10 percent of those funds for the purpose of funding immunization assessment and referral services in WIC sites in 1997. CDC must ensure that all of these funds are used in each State for WIC immunization activities unless CDC can document that assessment and referral in a State's WIC sites are taking place without the need for specific funds. CDC should collaborate with the National Association of WIC Directors and with State immunization directors in setting the criteria for assessment, referral, and annual reporting of WIC coverage.

As in previous years, the Committee expects the CDC to ensure that all States receiving IAP funds continue to conduct annual provider site assessments in all public clinics, using CDC-approved methodology. In the event that States lack sufficient resources to conduct such assessments, the Committee requests that the CDC provide technical assistance to the States for this purpose.

The Committee recommendation assumes the continuation of the bonus program to improve immunization rates. Using State-specific immunization coverage data, CDC will provide $33,000,000 in payments to States for 2-year-olds who have been fully immunized. CDC will provide to the States: $50 per child in excess of 65 percent and less than 75 percent; $75 per child in excess of 75 percent and less than 85 percent; and $100 per child in excess of 85 percent.

The Committee recommends that $47,227,000 be made available within the funds provided for polio vaccine to expand CDC's capacity to meet the goal of global eradication of polio by the year 2000. This is an increase of $20,000,000 over the 1996 level, and the same as the President's request. The Committee is aware of the progress that has been made in eradicating polio, and the real prospect for eliminating this disease by the year 2000. The Committee commends the CDC for its active leadership in the effort. Achieving the goal of eradication will mean savings in human and financial costs. To further support this effort, the Committee urges the CDC to allocate additional FTE's to the global eradication effort.

During the past 4 years, CDC has supported several school-based hepatitis B vaccination projects to determine the feasibility of delivering vaccine in this setting. The Committee understands that in response to language in the conference agreement to the fiscal year 1996 omnibus continuing resolution—encouraging the CDC to expand its school-based adolescent immunization effort—CDC is encouraging States to utilize these settings to further adolescent immunization. The Committee requests that the CDC be prepared to report on actions taken, and resources devoted, in fiscal year 1996–97 to encourage States to implement school-based adolescent immunization programs during the fiscal year 1998 hearings.

Infectious diseases

The Committee's recommendation includes $86,153,000 for infectious diseases activities, $1,667,000 less than the President's request, $4,000,000 more than the House allowance, and $24,000,000 over the 1996 appropriation.

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

Infectious diseases and tropical infectious diseases are appearing or reappearing in the United States with increasing incidence. As the Institute of Medicine [IOM] reported in 1992, the United States is unprepared to monitor traditional infectious diseases and new and emerging infectious diseases. In response to the IOM report, the CDC developed a strategy which consists of four major goals for revitalizing our ability to identify, contain, and prevent emerging diseases: (1) surveillance; (2) applied research; (3) prevention and control; and (4) developing infrastructure.

Funds provided in fiscal year 1996 are enabling CDC to begin to address the highest priorities. Most of CDC's effort has been directed at surveillance. The increase provided for fiscal year 1997 offers an opportunity for the CDC to focus on the remaining three goals of the strategic plan. In particular, the Committee encourages the CDC to vigorously pursue the applied research and infrastructure goals of the plan.

Twenty-five million Americans suffer from ulcer disease, requiring more than 1 million hospitalizations annually. The Committee is aware of the 1994 NIH Consensus Development Conference which concluded that the bacterium helicobacter pylori causes most ulcers, not stress or diet as previously believed, and that most ulcers can be cost-effectively cured by eradicating *H.pylori*. The Committee is concerned, however, about whether the *H.pylori* discovery has been adequately disseminated to physicians, other health providers, and patients. Therefore, the Committee has provided sufficient funds for CDC to initiate a trans-department public education campaign to foster more effective communication between consumers and physicians on *H.pylori* and its link to ulcer disease. The Committee requests a report within 120 days on CDC's plans to conduct such an effort and the appropriate design of the campaign.

The Committee remains committed to protecting the Nation's blood supply and urges the CDC and other agencies of the Public Health Service to take all necessary steps to ensure a safe blood supply and blood products as called for in the recent Institute of Medicine report regarding the contamination of the blood supply in the early eighties and its impact particularly on persons with hemophilia. The Committee encourages that, within available funds, the CDC provide support for implementing a comprehensive blood safety surveillance effort in the hematologic diseases intervention unit. The critical components of this effort should include: (*a*) active surveillance including a serum bank to monitor, detect, and warn of adverse effects among blood product recipients; (*b*) patient-related outreach activities; and (*c*) collaborative activities with other

PHS agencies to address continuing safety concerns over possible viral or pathogenic contamination and related medical risks for persons with bleeding disorders. In carrying forward with this effort, the Committee encourages the CDC to work closely with national organizations, such as the National Hemophilia Foundation, with experience in this field. The Committee also urges the CDC to maintain the current hemophilia prevention of complications and risk reduction activities.

The Committee is aware that CDC now estimates that 3.9 million people are infected with hepatitis C, and that young adolescents are the largest group of people at risk of being infected with hepatitis B. The Committee encourages CDC to make hepatitis C a research priority as an emerging infectious disease and urges the CDC to support additional epidemiological studies to better identify the causes of these diseases. Additionally, the Committee has learned that the American Liver Foundation [ALF] answered 150,000 liver disease inquiries last year from patients, family members and physicians, a fourfold increase over the previous year. Responding to this growing demand for information on liver diseases may be beyond the resources of a private nonprofit organization. The Committee encourages the CDC to actively pursue a collaborative information effort with the ALF.

The Committee encourages the CDC to consider establishing a demonstration program to establish, implement, and evaluate models to improve surveillance, prevention, and control of hospital acquired infections and drug resistance. Demonstration grantees could also serve as training sites for infection control practitioners and hospital epidemiologists.

Tuberculosis elimination

The Committee's recommendation provides $119,303,000 for CDC's activities to prevent or control tuberculosis. This is the same as the House allowance and the fiscal year 1996 appropriation. The President's budget proposed consolidation of these funds into an STD/TB partnership grant. Since no action has been taken by the authorizing committee, funding for TB elimination activities has been provided under current law.

CDC provides support for the control and elimination of TB. This is accomplished in large part through awarding cooperative agreements to State, territorial, and large city health departments to strengthen their control and elimination programs.

The Committee notes the alarming increases within our Nation's correctional facilities in the number of TB and multidrug resistant TB cases; and encourages the CDC to work with not-for-profit organizations, like the National Commission on Correctional Health Care, that work with Federal, State, local health care, and corrections officials to evaluate and control the risks associated with the spread of TB within correctional facilities.

Chronic and environmental disease prevention

The Committee's recommendation includes $155,000,000 for chronic and environmental disease prevention activities, the same as the House allowance and $11,256,000 over the 1996 appropriation. The President's budget proposed a partial consolidation of

these funds into a chronic disease partnership grant. Since no action has been taken by the authorizing committee, funding for chronic and environmental disease prevention activities has been provided under current law authorities.

In many instances, premature death, avoidable illness, and disability are caused by personal behavior, exposure to toxic substances, and/or natural disasters. Prevention of the occurrence and progression of chronic diseases, therefore, is based on reducing or eliminating behavioral risk factors, increasing the prevalence of health promoting practices, detecting disease early to avoid complications, assessing human risks from environmental exposures, and reducing or eliminating exposures to environmental hazards. The focus of the programs in this activity includes diabetes, developmental disabilities, tobacco use, comprehensive school health, teen pregnancy, birth defects, fetal alcohol syndrome, spina bifida, chronic fatigue syndrome, prostate cancer, women's health, cancer registries, dental health, skin cancer, arthritis, and epilepsy.

In fiscal year 1995, the Committee provided funding to initiate demonstration grants for the development of community partnership coalitions for the prevention of teen pregnancies. The Committee is pleased with the steps taken by the CDC in the creation of community coalitions to respond to the problem of teen pregnancy. The Committee believes that in the third year of funding the CDC should make funds available for pilot testing and expanding programs with the greatest chance of success in reducing the number of teen pregnancies. Sufficient funds have been provided to expand this initiative in fiscal year 1997.

The incidence of diabetes continues to increase dramatically, affecting more than 16 million persons in America. Recent research has demonstrated conclusively that controlling blood sugar levels prevents diabetes-related complications. The CDC supports local diabetes prevention and control programs in all but nine States and territories. The Committee supports this work and has included sufficient funds to enable the CDC to expand its diabetes prevention effort.

The Committee also is aware of an innovative pilot project aimed at reducing the incidence and costs of diabetic related illness utilizing preventive health services. The Committee understands that the project would link Medicare patients who have diabetes to an electronic public health reminder system. This system would alert patients and/or their physicians who were overdue for regularly scheduled preventive health evaluations. The project would be a collaborative effort with a State medical association, State health division and the Health Care Financing Administration. The Committee encourages the CDC to give strong consideration to supporting this preventive care electronic facilitation service project within the funds provided.

The Committee remains concerned with the alarming rates of diabetes, up to 50 percent, among the population in the Commonwealth of the Northern Marianas Islands. The Committee urges that special consideration be given to this group in prevention and outreach efforts by the CDC. The Committee also is concerned with the high incidence of diabetes among the native Hawaiian popu-

lation. Accordingly, the Committee reiterates its request for CDC to develop specific interventions for this population.

The Committee recommendation includes the President's request for the continuation of the Hanford thyroid morbidity study. The Hanford thyroid morbidity study is supported by CDC in its eighth year and is nearing completion. This research will be the only pivotal data in existence to determine the long-term health effects in people who were exposed to radioactive iodine from the Hanford site. The U.S. Department of Energy [DOE] provided supplemental funding in fiscal years 1995 and 1996 and is finalizing an agreement with CDC to provide support for fiscal year 1997. The study is scheduled for completion in 1998 (9 years from its 1989 initiation) and the funds provided for the CDC will enable this critical project to remain on schedule.

The Committee notes the work of the CDC, the National Institute of Child Health and Human Development, and the Health Resources and Services Administration in developing a model guideline for death scene protocol for sudden infant death syndrome. The Committee encourages continued development and publication of these guidelines.

The Committee has provided sufficient funds to expand the Cancer Registries Program. The information gleaned from this registry could be a key component in winning the war against cancer.

Prostate cancer now is the most commonly diagnosed cancer in America, and the impact on minority men is disproportionate. The Committee encourages the CDC to continue its prostate cancer awareness and outreach program targeted to high-risk populations. Furthermore, the Committee encourages the CDC to work with public and private nonprofit organizations with experience in cancer research education to maximize the effectiveness of the program.

The Committee continues to be concerned with the targeting of youth by tobacco advertising and promotion campaigns and notes the increase in youth smoking of brands promoted through cartoon characters. Counteradvertising has proven an effective means of combating tobacco use by children and adolescents. As it has for the past several years, the Committee requests CDC to utilize a portion of the funds in this account to support counteradvertising aimed at reducing the rate of smoking and other tobacco use by children and youth.

The Committee continues to strongly support the CDC disabilities prevention program which provides support to States and academic centers to reduce the incidence and severity of disabilities, especially developmental and secondary disabilities. The Committee recommendation includes sufficient funds to expand support for the research on mild mental retardation, including the expansion of Project Begin.

Last year, the Committee urged the CDC to continue its data collection efforts on the frequency and impact of arthritis, including that regarding special populations. The Committee notes a recent report by the CDC regarding the prevalence and impact of arthritis in the United States by race and ethnicity. The study found that arthritis was the most common self-reported condition among Caucasians, the second most common among Hispanics, and the third

most common among African-Americans. The Committee urges CDC to continue its support of efforts that will reduce the occurrence of and the activity limitation attributable to arthritis for groups at greatest risk, including support of the CDC's State-based behavioral risk factor surveillance system.

The Committee is aware that the CDC has moved the oral health activities from division status to program status due to budgetary constraints. The Committee recognizes, however, the contribution of oral health to overall health status, the significant health care expenditures directed to oral conditions that are largely preventable, and the importance of strong scientific leadership on oral health issues. The Committee, therefore, urges the CDC to reinstate the dental program as a division in fiscal year 1997 and believes sufficient funds are available to accomplish this objective. In the interim, the Committee urges the CDC to implement an organizational structure that provides the oral health program independence and flexibility in operation and creative support for basic administrative functions, thus freeing up the maximum resources for programmatic activities.

The Committee understands that Malama, an innovative, culturally sensitive community partnership program has been very successful in addressing the prenatal care needs of minorities in rural Hawaii. The original project did not include teen pregnancies. The Committee urges the CDC to support the replication of this project to include teen pregnancies as it believes that this vulnerable population could benefit from this model.

Heart attack, stroke, and other cardiovascular diseases are America's foremost cause of death and a leading cause of disability. Many of the 954,000 deaths each year from cardiovascular diseases are preventable, but most States lack the resources to implement broad-based, integrated efforts to prevent cardiovascular diseases. The Committee encourages CDC to launch a comprehensive national cardiovascular disease prevention and control program, with an emphasis on underserved populations, to educate the public about preventing cardiovascular diseases, track and monitor disease rates and risk factors, and help States implement community-based programs to promote physical activity and healthy diet.

The Committee is concerned about the public health hazard posed by volcanic emissions, especially in Hawaii, and, therefore, encourages CDC to work with NINR and NIEHS in determining the environmental, physical, and mental effects of volcanic emissions that might result in higher levels of cancer, asthma, and other serious illnesses.

The Committee remains supportive of the CDC's chronic fatigue and immune dysfunction syndrome [CFIDS] surveillance projects. The Committee encourages the CDC to include outreach to minority populations, adolescents, and children. Furthermore, the Committee encourages CDC to consider conducting education programs for health care professionals as well as initiating studies on rates of CFIDS among health care workers, family members of CFIDS patients, and pregnant women.

The Committee is aware of the success of persons with limb loss in returning to the workplace following traumatic amputation surgery and acknowledges the important role access to rehabilitation

information and services play in the amputation rehabilitation process. The Committee understands that existing information sources, however, are not equipped to handle the increasing demand for these services. The Committee recommendation includes sufficient funds for the CDC to provide one-time support for development of a National Limb Loss Information Center. Funds should be provided for the expansion of information dissemination capabilities and public education activities to improve upon the current system of amputation rehabilitative care delivery by affording consumers improved information regarding their care. The Committee intends that the CDC give priority consideration to an established national organization with experience in providing educational and support services to individuals with limb loss.

With the support of this Committee, CDC initiated an effort to advance early intervention in epilepsy, a chronic neurological condition afflicting 2.5 million people in the United States. The Committee understands that CDC, working with national physician and patient organizations in epilepsy, is planning a consensus conference on effective epilepsy treatment and on development of patient-based evaluation of treatment. The Committee encourages the CDC to maintain support for this important effort.

Although colorectal cancer is a common cause of ostomy surgery, the lack of reliable information in this area hampers the coordination of research and limits the effectiveness of patient outreach and education efforts. The Committee encourages the CDC to work with the National Patient Ostomy Organization to help establish a unified data base as part of CDC's colon cancer outreach and education activities in order to better direct Federal efforts to reduce the incidence of digestive disease.

Lead poisoning

The Committee's recommendation includes $36,188,000 for lead poisoning prevention activities, the same as the President's request, the House allowance, and the 1996 appropriation.

Since its inception in fiscal year 1990, the CDC program has expanded to about 31 project areas that encompass States, local areas, and numerous communities.

The Committee continues to place high priority on efforts to combat childhood lead poisoning, the No. 1 preventable cause of childhood disability. Over the past years, the Committee has provided significant increases to allow for an expansion of the CDC Childhood Lead Poisoning Prevention Program.

The Committee encourages support for the continued development of more effective and portable hand screening tools, and commends CDC for supporting the development of screening kits for professionals to use in the field that will allow an almost immediate reading, which makes possible immediate intervention and treatment.

Breast and cervical cancer mortality prevention

The Committee's recommendation includes $139,670,000 for breast and cervical cancer mortality prevention activities, $5,000,000 above the House allowance and $15,000,000 more than the 1996 appropriation.

The Committee views the Breast and Cervical Cancer Mortality Prevention Program as one of its highest priorities. While some progress has been made in reducing deaths from breast cancer, many women who develop these cancers and who are at highest risk for premature death from cancers of the breast and cervix are minorities and/or the economically disadvantaged. These populations of women have not showed reductions in deaths from breast cancer, in large measure due to not having access to preventive services such as screening mammograms and pap smears.

In fiscal year 1996, all 50 States and 13 American Indian tribal organizations will receive resources for comprehensive programs. When fully implemented, this program will ensure that all women have access to these preventive services, and that State programs: inform women of the value of early detection; educate physicians about recommended screening guidelines; ensure the quality of screening mammography and pap tests; and monitor program effectiveness through appropriate surveillance and evaluation activities. Priority for breast cancer screening should be given to postmenopausal, low-income, underinsured and uninsured women, and those women at high risk of breast cancer, such as minority women and women with a familial history of breast cancer.

A recent NIH consensus conference documented the link between cervical cancer and the sexually transmitted human papilloma virus [HPV]. It has been estimated that over 90 percent of cervical cancer cases result from this infection. The Committee encourages the breast and cervical cancer program, in collaboration with the CDC STD program, to develop a demonstration project on the link between HPV infection and cervical cancer. The project could examine how to identify and screen women at high risk of HPV infection and what surveillance strategies should be employed to assure early detection of cervical cancer in HPV-infected women.

Injury control

The recommendation by the Committee includes $40,598,000 for injury control efforts. This is $2,600,000 less then the President's request, the same as the House allowance, and $2,600,000 less than the fiscal year 1996 appropriation.

The Center 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 helmets, seatbelts, and baby seats; and other injuries. The national injury control program encompasses nonoccupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized both for intramural and extramural research as well as for assisting State and local health agencies in implementing injury prevention programs. The Committee recognizes the important role that CDC provides as a focal point for all Federal injury control activities.

The Committee concurs with the recommendation of the House that the CDC convene a study with the Institute of Medicine [IOM] on injury control and prevention. The study should: (1) reassess and characterize the problem of injury in the United States; (2) describe, assess, and evaluate the response of public and private

agencies, especially the CDC National Center for Injury Prevention and Control to the recommendations of the IOM's "Injury in America" and subsequent reports; and (3) make recommendations intended to further develop the field and to reduce the burden of injury in the Nation.

The Committee supports the extramural research program of the Center which funds research aimed at preventing and/or mitigating the effects of injuries. The program supports eight existing and two recently approved regional injury control research centers, individual investigator-initiated research projects, and the training of new workers in the injury control field. The Committee remains supportive of acute care training demonstrations at existing university-based injury control research centers and encourages CDC to make acute care training demonstrations a priority. In addition, the Committee is pleased with the ICRC's work, especially in regards to acute trauma care.

The Committee encourages the Center to maintain support for the existing regional injury control research centers and to give consideration to providing increased support for the two recently approved centers to levels more commensurate with the other regional centers.

Each year, approximately 300 bicyclists 17 years and younger are fatally injured, and over 150,000 are treated in hospital emergency rooms for bicycle-related head injuries. Research carried out at an NCIPC-supported center has shown that 85 percent of these head injuries can be prevented by the use of bicycle helmets. The Committee, therefore, encourages the NCIPC to expand support for comprehensive, community-based efforts throughout the country to promote the use of bicycle helmets. Such efforts should involve private and public partners, and include organizations interested in child health, safety, brain injury prevention, and cycling.

The Committee recognizes that the Center is best positioned to provide leadership on the development of trauma care systems which save lives, prevent disability, and reduce costs. The NCIPC has committed limited resources to trauma system development by conducting evaluation research and uniform data collection. The Committee commends the Center for this effort and encourages the Center to augment the effort with a strong technical assistance program for States interested in working on trauma system development.

The Committee understands that over 3 million children a year are victims of abuse and neglect and urges the Center to extend its focus on violence by supporting an initiative directed to the prevention of physical and emotional injuries associated with child maltreatment and neglect. Further, the Committee encourages the NCIPC to focus the initiative on establishing innovative training and service delivery models that prepare health professionals, including social workers, to work more effectively with abused and neglected children in a variety of settings. The Committee encourages the NCIPC to collaborate with relevant national organizations and with academic institutions, including schools of social work, in the development and implementation of this initiative.

The Committee supports the work of NCIPC-supported programs related to child safety issues, and has included sufficient funds to

continue funding for the child safety programs supported through the Center. The Committee is pleased with efforts to develop national guidelines for child safety, and encourages the Center to continue to support these efforts until guidelines are implemented nationally to provide improvements in safety guidelines for children across the Nation.

The Committee recommendation maintains the proviso included in the House bill prohibiting the use of funds to advocate or promote gun control.

The recommendation includes an additional $6,000,000 for domestic violence activities authorized by the Violence Against Women Act in the crime bill. This is the fully authorized level for fiscal year 1996. These funds will support community programs on domestic violence.

Occupational safety and health

The Committee's recommendation includes $136,584,000 for the National Institute for Occupational Safety and Health [NIOSH], the same as the President's request and $7,961,000 more than the House allowance and the 1996 appropriation.

The National Institute for Occupational Safety and Health [NIOSH] in CDC is charged with conducting a national program of occupational safety and health research and information dissemination to ensure safe and healthful working conditions for American working men and women. Occupational injuries occur at twice the rate of injuries in the home or in public places. Severe occupational trauma is second only to motor vehicle incidents as a cause of unintentional death in the United States. The majority of all of these deaths and injuries are preventable.

To prevent work-related hazards, NIOSH conducts applied research with a corps of occupational safety and health professionals operating in multidisciplinary teams comprised of engineers, epidemiologists, industrial hygienists, physicians, and toxicologists. Intramural efforts are complemented by grants, contracts, and cooperative agreements to form a comprehensive and integrated program consisting of four components: Identification of hazards; research on causes and prevention of occupational injuries and illnesses, dissemination of research findings and recommendations; and training of those involved in preventing disease and injury at work.

Funds above the 1996 level have been provided for NIOSH to support intramural research on work-related diseases at the laboratory in Morgantown and the Committee understands that sufficient FTE's are available within the Department to fully staff their research program.

The recommendation includes sufficient funds to continue the farm health and safety initiative at the fiscal year 1996 level. This important initiative, begun in fiscal year 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the 3.5 million agricultural workers in the United States. The Committee is particularly pleased with the research being undertaken by the agricultural research centers and expects that this program be maintained at not less than the level of funding provided in fiscal year 1996. The Committee also is

pleased to note that this program has led to educational campaigns to prevent such problems as work injuries and fatalities among farm children, toxic chemical exposures, and traumatic injury and deaths involving farm machinery.

Children as young as 5 years of age participate in farm work, and account for about 20 percent of the fatal injuries and 30 percent of nonfatal injuries associated with production agriculture. To address the complex issue of childhood agricultural injury prevention, the Committee understands that a group of agricultural community representatives formed the National Committee for Childhood Agricultural Injury Prevention. Through their efforts, a national plan for action to promote the health and safety of children exposed to agricultural hazards was developed. The Committee encourages NIOSH, with guidance provided by representatives of key Federal agencies, farm operator organizations, farmworker organizations, and agribusinesses, to build upon the work of this Committee, and implement a national action plan to promote childhood agricultural injury prevention.

The Committee is aware of concern over the lack of standards and certification of personal protective clothing and equipment used by firefighters and emergency response personnel. The Committee encourages NIOSH to review these concerns and be prepared to report to the Committee on the feasibility and cost of implementing testing, certification of personal protective clothing, and equipment for firefighters and emergency response personnel during the fiscal year 1998 budget hearing.

On June 8, 1995, NIOSH published a revised respirator certification standard, capping 12 years of development. The Committee understands that during that period, manufacturers invested millions of research and development dollars to produce new technology that is more protective, more efficient, and meets the standards of the new rule. To ensure prompt access to new, more protective technology, the Committee urges NIOSH to process certification applications within 90 days of submission.

NIOSH supports 14 university-based education resources centers. These centers are multidisciplinary university-based occupational health and research centers. Support also is provided to smaller, single-discipline training project grants for training in various occupational health therapies. The Committee encourages NIOSH to continue support for these important activities.

After more than 20 years of increasing rates of injuries in the building and construction trades industry, the Committee was very pleased to note from BLS statistics that the rate of injuries decreased by 28 percent in 1993. The Committee is impressed with the progress that has been made on construction safety and health during the last 5 years, and has included funds to continue the CDC initiative in this area at current levels.

Because of high injury rates in forestry and fishing, as well as farming, the Committee supports increased funding for an agricultural health and safety center in the Northwest that addresses these important economic sectors.

Concerns have been brought to the attention of the Committee regarding the design of a multiyear study, jointly funded by NIOSH and the National Cancer Institute, to examine the health

effects of diesel fumes on workers in underground noncarbon mines. The Committee believes this is an important area of inquiry, and urges the Director of NIOSH and of the National Cancer Institute to make certain that the study meets the highest standard of scientific peer review in order to ensure that it provides a definitive answer to the question of whether diesel exhaust adversely affects the health of workers.

Mine safety and health

The recommendation includes $32,000,000 to finalize the transfer of the former U.S. Bureau of Mines mine safety and health research activities to NIOSH as proposed by the President's budget. This is $32,000,000 above both the House allowance and the 1996 appropriation. The former Bureau of Mines research activities address a broad spectrum of issues which target worker safety, disaster prevention, and health in the mining industry.

While NIOSH has had responsibility for occupational safety and health research aimed at industry in general, the Committee understands that many mine safety and health research needs are either unique to mining or require mining-specific emphasis. The Committee, therefore, expects the NIOSH to preserve the integrity of the mine safety and health research unit of the Bureau so that the collective experience and expertise of that group can be maintained within NIOSH. To further ensure the maintenance of this unit and its mission, the Committee recommends that NIOSH move forward with establishing a new Associate Director for Mine Safety and Health Research who reports directly to the NIOSH Director.

The Committee understands that NIOSH plans to appoint an Acting Associate Director while launching a national search for a permanent Associate Director. The Committee believes that the Associate Director should be an individual whose education and experience relates to mine safety and health, such as mining engineering, and safety and health system design and implementation. The Committee urges the Director to move ahead expeditiously with the search process.

The Committee also understands that a transition of this kind naturally raises concerns from within industry and the mine worker community about the continuity and direction of the research program and urges NIOSH to quickly establish strong and effective communications and liaison with its constituents. To assist in carrying out its oversight function of NIOSH's newly acquired management responsibility for mine safety and health research, the Committee requests the Director prepare and submit a report detailing the completion of the transfer, the management structure, the number of FTE's, the current research portfolio, and future research plans prior to the fiscal year 1998 budget hearings.

Traumatic brain injury

Traumatic brain injury has become the No. 1 killer and cause of disability of young people in this country. The Committee has provided $3,000,000 to support the activities authorized by section 4(a)(1)(A) of Public Law 104–166, the Traumatic Brain Injury Act. Funds will be used to support studies in collaboration with State

and local health-related agencies to: (1) determine the incidence and prevalence of traumatic brain injury; and (2) develop a uniform reporting system under which States report incidents of traumatic brain injury. Funds also will be used to identify common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, and develop practice guidelines for the rehabilitation of traumatic brain injury at such time as appropriate scientific research becomes available.

Epidemic services

The Committee's recommendation includes $69,813,000 for epidemic services, $2,400,000 over the President's request and the House allowance and $2,403,000 over the 1996 appropriation.

The objectives of the epidemic services activity are to: provide for the investigation, prevention, or control of epidemics, develop, operate, and maintain surveillance systems, analyze data, and respond to public health problems when indicated; train public health epidemiologist [EIS]; carry out quarantine regulations; reduce the importation of disease from developing countries; publish the morbidity and mortality weekly report; develop, coordinate, and provide efficacious, effective, and economic prevention strategies; and assist in the improvement of State infrastructure.

Consistent with the decision of the Secretary of Health and Human Services, the Committee recommendation includes an increase of $2,400,000 for CDC to continue screening refugees entering the United States for conditions that may require treatment. CDC has carried out these public health responsibilities for the last 1½ decades as mandated by the Refugee Health Act of 1980 through the transfer of funds from the Office of Refugee Resettlement. The Committee agrees with the Secretary that CDC must provide refugee medical screening and other health services prior to resettlement in this country in order to help protect the United States against emerging and reemerging infectious diseases and has provided the appropriation directly to the CDC for fiscal year 1997.

The Committee notes the alarming health conditions that exist within our Nation's correctional facilities and encourages the CDC to work with not-for-profit organizations, like the National Commission on Correctional Health Care, that work with Federal, State, and local health care and corrections officials to evaluate and control the epidemiological risks associated with health care within correctional facilities.

Health statistics

Included in the recommendation of the Committee is $33,000,000 in Federal funds for health statistics. Also included is $53,063,000 to be provided from PHS 1 percent evaluation funds. This brings the total available to the CDC for health statistics to $86,063,000. This is $2,400,000 less than the President's request and the House allowance and $8,602,000 more than the fiscal year 1996 level.

CDC's National Center for Health Statistics [NCHS] is the Nation's principal health statistics agency, whose mission is to provide statistical information that will guide actions and policies to improve the health of the American people.

NCHS conducts a broad-based program of ongoing and special studies to meet the Nation's needs for high-quality health information, supported by programs to analyze, interpret, and disseminate data, and to advance statistical and survey methods. The recommendation provides for continued operation of major surveys and data systems. The recommendation also includes increased funds to implement the national health and nutrition examination survey [NHANES]. NHANES is the only national source of objectively measured health status data, and is essential to interpreting information from other survey components. The survey is an important part of national surveillance capability for infectious diseases, behavioral and environmental risk factors to health, undiagnosed preventable illnesses, nutritional status, and other critical issues. NHANES was most recently conducted from 1988–94, and the CDC plans to convert the survey to a continuous monitoring survey beginning in 1998.

Human immunodeficiency virus

The Committee recommendation includes $589,080,000 for HIV/AIDS activities, $10,000,000 less than the House allowance and $5,000,000 over the fiscal year 1996 appropriation. Since no action has been taken by the authorizing committee, funds have been provided under current law, instead of through an HIV partnership grant as proposed in the budget request.

The Committee commends CDC for it's reorganization and creation of the National Center for HIV, STD, and TB Prevention, which has strengthened and enhanced CDC's ability to prevent and control the spread of HIV, TB, and STD's. This reorganization consolidates CDC's HIV/AIDS scientific and prevention programs into a single division thereby strengthening the science base of CDC's prevention activities. The Committee expects the CDC to continue to strengthen the link between epidemiology/surveillance activities and the development and implementation of program activities. The Committee encourages CDC to provide greater technical assistance and support to State and local health departments and community-based organizations for more targeted and effective prevention programs.

The Committee continues to support CDC's strategy to develop community planning to direct resources to where the most critical needs are. It is the Committee's belief that community planning will have a greater impact on the prevention and transmission of HIV/AIDS.

The Committee is very supportive of the hemophilia consumer-based patient involvement programs that have been successful in HIV/AIDS risk reduction and in the prevention of the complications of hemophilia. The Committee has included funds to maintain and strengthen hemophilia and other hematologic program activities focused on preventing and reducing the crippling, debilitating complications, and death caused by such bleeding disorders. The Committee also requests that the CDC be prepared to report on steps taken to coordinate these efforts with the National Hemophilia Foundation during the fiscal year 1997 budget hearings.

The Committee is encouraged by the preliminary results from projects in Philadelphia and Baltimore where women at high risk

or already HIV positive are changing their risky behaviors. The Committee recommendation includes sufficient funds to continue these projects for 1 year and to produce materials necessary for the replication of these projects in other communities and other high-risk populations.

There is clear epidemiological data that several sexually transmitted diseases, most notably syphilis, dramatically increase the risk of transmission of HIV. Certainly, this has been the experience in the Southeastern region of the country, where extremely high syphilis rates have led to dramatic increase in AIDS cases. The Committee encourages the HIV and STD divisions to work collaboratively on a strategy to reduce both HIV and syphilis, and other STD rates, particularly in the Southeastern region of the United States.

The Committee understands the Department is continuing to support research, reviewing the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illegal drug use. The Committee requests that the Secretary provide a report by February 15, 1997, on the status of current research projects, an itemization of previously supported research, and the findings to date regarding the efficacy of needle exchange programs for reducing HIV transmission, and not encouraging illegal drug use.

Building and facilities

The Committee recommendation includes $7,553,000 for repair and renovation of CDC facilities, $800,000 below the President's request and the House allowance and $3,200,000 more than the fiscal year 1996 appropriation. The increase of $3,200,000 will be used to design and build a 15,000 net square foot biosafety level 3 laboratory to enable the CDC to begin the renovation of laboratories that are more than 35 years old. The new space is essential in order to avoid interruption of vital testing of pathogens for infectious disease programs during the renovation period.

Funds are provided for the most needed repair and improvement projects as facilities age and programs change.

Program management

For program management, the Committee recommends $2,637,000, the same as the President's request, the House allowance, and the fiscal year 1996 appropriation.

The "Program management" account primarily supports the activities of the Office of the Director of the CDC. The vast majority of administrative costs are captured throughout the program accounts within the CDC.

The recommendation includes bill language providing the Director with authority to transfer funds available from the sale of surplus vaccine from the vaccine stockpile to other activities within the jurisdiction of the Centers for Disease Control and Prevention. In the event the Director exercises this transfer authority, the Committee is to be notified immediately.

The Committee continues to be pleased with CDC's program activity and commitment to improving the health status of minority

and disadvantaged individuals, and urges continued expansion of these efforts.

Violent crime reduction trust fund

The Committee recommendation includes $41,000,000 from the violent crime reduction trust fund for activities authorized by the Violence Against Women Act in the crime bill. These programs are being funded at the fully authorized level. Included is $35,000,000 to augment rape prevention services supported by the States through the preventive health services block grant, and $6,000,000 for grants to public and private nonprofit organizations to support community programs to prevent domestic violence.

The $35,000,000 for rape prevention and services will be used by States to support rape crisis centers and State coalitions to support rape crisis hotlines, victim counseling, professional training of police officers and investigators, and education programs in colleges and secondary schools. The Committee urges CDC to ensure that States receiving funds from the grants for assistance to victims of sexual assault, as provided by the Violence Against Women Act, support State sexual assault coalitions and community-based rape crisis centers whose work is focused on ending sexual violence, operating hotlines for victims of sexual violence and their families, and those which provide crisis intervention, advocacy, and self-help services to victims. The Committee also urges that similar nongovernmental nonprofit agencies show a demonstrated effectiveness in carrying out work achieving these goals in order to receive funds. In addition, the Committee urges that CDC ensure that the States, pursuant to targeting education programs as required by the act, use at least 25 percent of the State's allocation for rape crisis centers and sexual assault coalitions to provide rape prevention and education for middle, junior, and high school-aged youth in both school and nonschool settings.

The Committee understands that CDC continues to support research on violence against women and commends these efforts. The Committee also understands that violence against women living in rural communities poses problems that are uniquely different from those experienced by women in urban communities. As CDC develops strategies to strengthen the research base on violence against women, the Committee encourages CDC to support research on violence against women in rural communities.

NATIONAL INSTITUTES OF HEALTH

The Federal investment in biomedical research at the National Institutes of Health continues to be regarded by the Committee as one of its highest priorities. The Committee has again worked hard to recommend funding for the NIH which reflects its strong commitment to medical research while also maintaining support for other essential primary and preventive health programs. The fiscal year 1997 recommendation for the 24 Institutes, centers, and divisions which comprise the National Institutes of Health totals $12,414,580,000 and, in the view of the Committee, is sufficient to provide the Federal support necessary to maintain a stable biomedical research enterprise in this Nation. The recommendation is

$487,018,000 over the 1996 level, $38,019,000 over the President's request, and $332,623,000 less than the House allowance.

The Committee commends the Director for steps the NIH has taken to streamline the agency's administrative practices. In particular, the Committee applauds steps taken by the NCI, NHLBI, NIAID, NIGMS, and NCHGR to reorganize and streamline both organizational and administrative functions. The Committee believes, however, that greater efficiencies can be identified and implemented in the administrative structure and management of the National Institutes of Health. The constraints on discretionary spending that will confront this Committee in the years ahead demand that an aggressive long-term strategy for streamlining agency organizational functions and reducing administrative costs be developed and implemented. Particular consideration should be given to the consolidation of functions across Institutes, such as personnel, legislation, planning and evaluation, contracting, grant administration, and public affairs.

The Committee is concerned about the future supply of the Nation's health researchers, and believes that NIH continue efforts to ensure a stable supply of highly qualified research scientists. The National Academy of Sciences, in its latest report, recommended that NIH increase the number of scientists in behavioral science, nursing research, health services research, and oral health research. The Committee encourages NIH to make a focused effort to train young scientists in these critical areas and to consider small grant programs to provide support to new investigators.

NATIONAL CANCER INSTITUTE

Appropriations, 1996	$2,248,000,000
Budget estimate, 1997	2,280,931,000
House allowance	2,385,741,000
Committee recommendation	2,326,096,000

The Committee recommends an appropriation of $2,326,096,000 for the National Cancer Institute [NCI]. This is $45,165,000 more than the administration's request, $78,096,000 more than the fiscal year 1996 appropriation, and $59,645,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

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

Cancer survival.—Improvements in prevention, early diagnosis and detection, and treatment have improved the overall cancer survival rate from 38 percent 25 years ago to over 50 percent today. Furthermore, exciting breakthroughs have been reported just within the last 2 years, such as the discovery of the BRCA1 breast can-

cer gene, the identification of a gene that suppresses the ability of prostate cancer cells to metastasize in animals, and the identification of the FHIT gene which is involved in cancers of the lung, esophagus, stomach, and colon.

Research agenda.—The Committee commends the NCI on its efforts to support a balanced cancer research agenda—one which includes basic, clinical, and translational research and which includes research in cancer prevention, control, and survivorship. The Committee also emphasizes that, within this balanced approach to cancer research, there should be flexibility in the use of these funds to address high priority initiatives and to fund quality research programs and their applications.

The Committee has reviewed the report of the NCI Director, "The Nation's Investment in Cancer Research," and is very pleased to provide additional funds to undertake some of the new and exciting approaches described in this document. The Committee agrees that new technologies will be needed to allow researchers, physicians, and patients to benefit from the vast amounts of information that are certain to be available in the near future as a result of our expanding knowledge of cancer genetics and molecular biology. The Committee encourages the NCI to develop and implement the strategies necessary to achieve investment opportunities and looks forward to hearing about progress in these areas at next year's hearing.

The NCI also is to be commended for efforts to direct special attention to novel proposals, particularly for patient-oriented research grants. Researchers are gaining tremendous insight into how cancer works, but this knowledge will not benefit the cancer patient unless researchers have the resources and skills to translate this information from the bench to the bedside. The decision to provide a second review of novel and patient-oriented grants within 10 points of the payline sends a positive message to both the patient and the research community.

Infrastructure reforms.—The Committee supports the NCI in its efforts to respond to and implement the reforms recommended by the Bishop-Calabresi report of the National Cancer Advisory Board. The Committee applauds the actions on the part of the NCI, and the NIH as a whole, to maximize the effective use of limited research dollars in our ongoing national effort to cure cancer.

Cancer centers program.—The Committee continues to strongly support the NCI-sponsored cancer centers program. This network is a national treasure and needs to continue to be strengthened and expanded.

Breast cancer.—While recent statistics show a drop in deaths between 1989 and 1992, still breast cancer is expected to strike over 180,000 American women this year. The Committee believes that breast cancer continues to require a significant devotion of NCI resources in order to decipher the complex mysteries of this disease. The Committee concurs with the decision of the NCI to place breast cancer research as a high priority and urges the Institute to continue to strengthen its budgetary commitment to breast cancer research.

The Committee understands that the San Francisco Bay, CA, area has one of the highest rates of breast cancer incidence in the

world and mortality rates significantly higher than State and national levels. Regional variations in cancer rates can provide important information about environmental contributions to breast cancer. Epidemiologic investigations are needed to identify novel risk factors, including environmental exposures, which may be contributing to the high incidence and mortality rates of breast cancer in these areas. The Committee encourages the Institute, in collaboration with the National Institute of Environmental Health Sciences, to support research on the risk factors for the high breast cancer incidence and mortality rates in the San Francisco Bay area, and explore the feasibility of mapping disease rates along with environmental exposure information.

In addition to the San Francisco Bay area, the Committee also recognizes that the incidence of breast cancer is significantly higher than the national average in the Northeastern States of Rhode Island, Pennsylvania, New Hampshire, and Maine. The mortality rate is approximately 12 percent higher for women with breast cancer living in these States than for women residing in the Midwestern and Western United States. For example, according to the Centers for Disease Control [CDC], New Hampshire has the ninth highest per capita mortality rate at 39.7 deaths per 100,000. This rate is disproportionately even higher in Coos County, NH; concern has been expressed that there may be an environmental cause related to this tragic problem. The Committee hopes that NCI will work with other agencies in a coordinated manner toward the goal of eliminating all causes of breast cancer.

In addition to the importance of studies of regional variations in cancer rates, the Committee appreciates that future advances in our knowledge about breast cancer will also result from a more complete understanding of the breast cancer genome. The Committee is supportive of the NCI's initiative to gather more complete information regarding genetic damage, cell signal pathways, and a number of other factors, and how these factors can lead to a greater understanding of environmental factors and their relationship to breast cancer.

The Committee requests that the NCI be prepared to provide an update of progress on research on the risk factors for high breast cancer incidence and mortality rates in the San Francisco Bay area, as well as the Institute's cancer genome anatomy project during the fiscal year 1998 budget hearings.

Over the past 3 years, breast cancer research has benefited from the increased involvement of lay breast cancer advocates who represent, are accountable to, and report to organizations representing the affected community. The involvement of these consumers at all levels of decisionmaking that affects their lives has helped foster new and innovative breast cancer research funding designs and research projects. While maintaining the highest quality assurance through peer review, consumer involvement has helped to ensure that all breast cancer research reflects the experiences and wisdom of individuals from the scientific and lay communities. The Committee encourages NCI to continue to give consideration to increasing the involvement of consumers in decisionmaking related to breast cancer research, and to be prepared to report to the Commit-

tee on progress that the Institute is making toward that goal at the fiscal year 1998 hearings.

Sufficient funds have been included to support the implementation of the national action plan on breast cancer at the fiscal year 1996 level. Leadership for the implementation of this multiagency initiative has been carried out by the Office of Women's Health in coordination with participating agencies.

Cancer prevention and control.—The Committee recognizes the important role of behavior in preventing cancer and reducing its effects. New scientific data indicates that psychosocial and complementary medicine interventions improve the quality of life and increase treatment compliance for cancer patients. The Committee urges the NCI conduct an inter-Institute initiative of basic and applied research on the psychosocial factors involved in treating cancer, AIDS, diabetes, heart disease, and other diseases with a behavioral component. The Committee intends that grants for such research be made to cancer centers which have personnel and facilities to conduct psychosocial and complementary medicine research projects on diverse ethnic and racial populations.

Behavioral research review.—The Committee is pleased that as part of a plan to refine its priorities, the NCI has undertaken a review of its behavioral research portfolio and solicited the advice of behavioral researchers about the most important areas for research support. The Committee looks forward to the report that will ensue from the National Cancer Advisory Board on this issue.

Clinical research.—The Committee remains concerned about the status of clinical research. The ability of physician researchers to conduct clinical investigations, and of patients to have access to state-of-the-art treatment in the context of clinical trials, is threatened by the refusal of third-party payers to cover the cost of routine patient care in such trials. In this regard, the Committee commends the NCI for taking an important first step toward correcting the problem of appropriate reimbursement for the care provided to patients enrolled in peer-reviewed clinical trials by negotiating an agreement with the Department of Defense [DOD]. The agreement provides coverage for patient care to enrollees in DOD health care programs participating in phase II or phase III clinical trials that have been approved by NCI, an NCI-funded cancer center, or one of NCI's cooperative groups.

The Committee understands that NCI is also in the process of negotiating similar arrangements with other Federal agencies involved in the support of health care services. In negotiating these agreements, the Committee urges the NCI to be mindful of other quality mechanisms outside NCI. For example, a number of trials involving leukemia have been approved by the National Heart, Lung, and Blood Institute. In addition, the review processes of the Food and Drug Administration, in granting investigational new drug exemptions, are second to none in their rigor. Finally, the Committee encourages the NCI to consider including phase I studies under the current, and future agreements with third-party payers.

Extramural construction.—The Committee recognizes that a key aspect of our national research capacity is our research infrastructure. Research facilities play an important role in supporting state-

of-the-art research initiatives, which enable rapid translation of research progress form the bench to the bedside. The Committee recommends that the NCI reserve $7,000,000 for meritorious extramural construction needs in cancer research.

The Committee urges that these funds be awarded to newly solicited grant applications with special priority given to applications devoted toward construction of new facilities to consolidate clinical research laboratory research activities in comprehensive cancer centers. Special priority should be given to comprehensive cancer centers with construction underway or facilities soon to be completed where awards from this appropriation will provide finished laboratory research space which could not otherwise be completed at this time within funds available. The Committee further expects that the awards made with these funds will be at least equivalent in amount to the standard awards for construction projects provided through the National Center for Research Resources.

Ataxia-telangiectasia.—The Committee continues to view research on this rare genetic disorder as a high priority, not only because of the severe impact of the disease on children, but also because of the relevance of A–T research to many fields, including breast cancer. The Committee is pleased with the intramural and extramural projects the Institute has supported, and the sharing of reagents and resources by the scientific community. The Committee encourages the NCI to support additional studies on A–T heterozygotes with increased emphasis on the development of A–T therapies.

Gynecologic cancers.—The Committee encourages NCI to continue to expand its efforts in basic and applied gynecologic cancer research, specifically the implementation of the recommendations from the NIH consensus conferences on ovarian and cervical cancer. The Committee also encourages the NCI to give consideration to utilizing the SPORE mechanism to support research on gynecologic cancers.

Prostate cancer.—According to the American Cancer Society, more than 314,000 new cases of prostate cancer will be diagnosed in 1996, making it the most commonly diagnosed cancer. Over 41,000 men will die from this disease this year. The Committee believes that prostate cancer research should be among the NCI's highest priorities in order to decipher the mysteries of this complex disease.

Neurofibromatosis.—Enormous advances in research on neurofibromatosis have recently occurred, including discovery of the NF1 and NF2 genes, developing animal models and a diagnostic blood test and prenatal testing for NF. NF also offers the potential for significant advances in broader areas, like tumor suppressor genes, and for other disorders, such as many of the most common cancers, brain tumors, and learning disabilities. Accordingly, the Committee encourages the National Cancer Institute [NCI] to continue to pursue an aggressive program in basic and clinical research in NF and urges the NCI to employ novel approaches in the clinical development of NF research, including the use of: requests for applications, as appropriate; the national cooperative drug discovery group program; and small business innovation research grants. The Committee requests that the NCI be prepared to report on the status

of its NF research program, including progress in implementing the recommendations in this and last year's Committee reports, at its hearings on the fiscal 1998 budget.

Bionutrition.—NCI continues to be a leader in the nutrition research area. Diet is second only to smoking in its association with cancer. The Committee encourages NCI to continue its leadership in nutrition research, particularly with regard to women's health issues including breast cancer. The Committee believes that clinical research units and general clinical research centers can provide an excellent focus for the intensive study of how nutrition can affect the tissues of human subjects to become less susceptible to cancer.

Cancer in minorities.—There remains an unacceptably high incidence of cancer among the native Hawaiian population. The Committee commends NCI for its recently released report which documents that native Hawaiians rank second in the Nation in cancer mortality rates. Hawaiian males are second only to African-American males in overall cancer death rates, while cancer-related mortality rates of Hawaiian women are equal to those of African-American women, ranked only behind Alaskan women. The Committee encourages continued research emphasis in these high-priority areas and expresses its gratitude for the work the Institute has done with the Hawaii Cancer Center.

Developing cancer centers.—The Committee urges the Institute with a portion of its increased funds to promote improved instrumentation and equipment at developing cancer centers in regions without existing comprehensive cancer centers, including giving consideration to issuing an RFP for equipment and instrumentation which is needed to measure levels of cancer causing chemicals in humans, and equipment needed to measure the activities of cancer genes in human breast tumors. It is critical that the physical as well as the grant resources be made available to compliment developing cancer centers. The NCI, in coordination with the NCRR should do everything feasible to encourage the continued development of cancer centers that serve rural and minority populations with a high incidence of cancer. The Committee expects that such programs will be discussed during the fiscal year 1998 hearings.

H.pylori infection.—The Committee urges the Institute to give consideration to joining in the trans-Institute research effort on *H.pylori* infection initiated by the NIDDK and the Office of Research on Minority Health. Further research is needed on the connection between this bacteria and gastric cancer.

DES.—The Committee continues to strongly support increased efforts to study and educate the public about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. NCI and other Institutes, along with the Office of Women's Health have developed a plan for expanded activities in this area. The Committee is pleased with the Institute's efforts in this area and expects NCI to continue its strong support for carrying out the recommendations of this plan.

Brain tumors.—The Committee continues its strong concern about the incidence of brain cancer. Malignant primary tumors in adults occur at a rate of more than 17,500 per year. The most common of these tumors are usually lethal within 12 months. The Committee reiterates its support for the NCI, in concert with the

NINDS, to fund up to five centers of excellence in brain tumor research. These centers will conduct basic, translational, and clinical research to determine the cause, mechanisms of development, diagnosis, and treatment of primary and secondary brain tumors. The Committee believes that there should be a maximum of information exchange and collaboration among the centers' investigators.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 1996	$1,354,946,000
Budget estimate, 1997	1,378,670,000
House allowance	1,438,265,000
Committee recommendation	1,403,557,000

The Committee recommendation includes $1,403,557,000 for the National Heart, Lung, and Blood Institute [NHLBI]. This is $24,887,000 more than the administration's request, $48,611,000 more than the fiscal year 1996 appropriation, and $34,708,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The National Heart, Lung, and Blood Institute provides leadership for a national research program in diseases of the heart, blood vessels, lungs, and blood, in transfusion medicine, and in sleep disorders through support of innovative basic, clinical, population-based, and health education research.

Cardiovascular diseases.—The Committee recognizes the seriousness of heart attack, stroke, and other cardiovascular diseases and is deeply concerned that, despite progress, cardiovascular diseases have remained America's No. 1 killer of men and women since 1919 and a major cause of disability. The Committee believes that additional cardiovascular research is critical and intends that within the funds provided for the Institute that high priority be given to research on cardiovascular diseases.

Heart failure.—Heart failure kills more than 45,000 of its victims each year and is the leading cause of hospitalization for Americans age 65 and older. Because current treatment only slows the course of the underlying diseases, the Committee encourages the Institute to expand research in cellular and molecular techniques that offer promise for new methods to restore heart function.

Nutrient supplements to prevent cardiovascular diseases.—Elevated levels of homocysteine, an amino acid normally found in the body, appear to increase the risk of heart attack, stroke, peripheral vascular disease, and other cardiovascular diseases. The Committee understands the Institute has under consideration a clinical trial to assess the effects of folic acid, vitamin B_6 and vitamin B_{12} in preventing cardiovascular diseases by reducing homocysteine levels, and is supportive of moving ahead in this area of inquiry.

Hemophilia.—Last year the Committee called upon NHLBI to strengthen its hemophilia research efforts in gene therapy and in seeking a cure for this serious bleeding disorder. The Committee also recommended the Institute conduct a study of the scope of hemophilia vulnerability to blood contaminants and specifically Creuzfeldt-Jakob disease [CJD]. In light of the results of the Insti-

tute of Medicine study calling attention to the importance of research support to ensure a safe blood supply, the Committee encourages the NHLBI to expand its hemophilia research activities, including the CJD study. The Committee also requests that NIH/NHLBI work collaboratively with CDC and FDA to address all hemophilia research, epidemiology, surveillance, and patient outreach aspects necessary to ensure maximum safety and integrity of the U.S. blood supply.

Bionutrition.—Diet is a major risk factor for heart disease, hypertension and stroke. The NHLBI has been a leader in research regarding nutrition as a prevention strategy for heart disease and hypertension. The Committee encourages the NHLBI to devote more attention to research and to educating the public on the relationship of obesity to hypertension since, according to data from the Framingham study, 70 percent of hypertension in men and 65 percent in women can be attributed primarily to obesity. Recently, NHLBI research has shown a relationship between homocysteine and heart disease and stroke. The Committee encourages further research by NHLBI on the role of folic acid; which affects homocysteine levels, to prevent heart disease and stroke.

Transfusion medicine.—The Committee is pleased to see that the NHLBI plans to establish a network of umbilical cord blood banks transplant centers. These facilities will provide a resource for research designed to determine whether transplants of stem and progenitor cells from umbilical cord blood are a clinically acceptable alternative therapy for patients suffering from leukemia, aplastic anemia, combined immune deficiency, and inborn errors of metabolism. The Institute has also demonstrated its commitment to a safer and more efficacious blood supply by funding three specialized centers of research in transfusion medicine. The Committee encourages the NHLBI to support research initiatives to improve the viability and function of transfused platelets. The Committee is pleased that the NHLBI is supporting the viral activation transfusion study [VATS] to determine if transfusion hastens the progression of HIV disease. The Committee also encourages the NHLBI to fund additional transfusion medicine initiatives to understand the basic aspects of immune responses following blood transfusion.

Primary pulmonary hypertension [PPH].—PPH is a progressive fatal disease whose mostly female victims are of all ages and races, involves deadly deterioration of the heart and lungs, and literally robs these people of their very life's breath. The Committee urges the Institute to expand its support of research devoted specifically to PPH gene therapy, basic research, and clinical trials of promising pharmaceuticals.

Asthma.—Children under the age of 18 and African-Americans suffer disproportionately from asthma. The NHLBI has taken a leading role in basic, clinical, and health education research on asthma. Model self-management approaches to asthma developed during the 1980's have demonstrated that patient education and involvement is crucial to achieve optimal control of asthma. The National Asthma Education and Prevention Program has proven to be an effective program for controlling asthma and to disseminating information about management approaches. Asthma preva-

lence, mortality, and hospitalization rates have increased in recent years, and minority populations are disproportionately affected. Although the reasons for the racial disparity are not fully known, access to health care services undoubtedly plays a role. The school setting, therefore, offers an opportunity to assist children who are not reached through the health care system. The Committee supports development and evaluation of innovative model school programs to increase identification and appropriate referral of children with uncontrolled asthma, reduce exposure to known allergens and irritants, increase participation of students with asthma in all school activities, improve support to students for following their asthma management plans, and enhance communication between school and home. An example of this is the Open Airways for Schools Program supported by NHLBI.

The Committee understands that five centers are in the final phase of an NHLBI-sponsored study to develop, implement, and evaluate interventions to control asthma morbidity among African-American and Hispanic children. Intermediate findings suggest that it is possible to develop a pattern of preventive and continuing care for a population which has traditionally been difficult to reach with preventive public health programs. If this intervention is found to reduce emergency room utilization and hospitalization rates, its widespread application could greatly reduce the economic burden of asthma.

The Committee urges the Institute to continue to make minority and children-related research a priority, and it requests that the Director be prepared to provide an update on these efforts at next year's hearings.

Specialized centers of research.—An impressive array of scientific opportunities in the areas of fibrotic lung disease, asthma, and lung development can be expected to lead to translation of basic science into clinical applications. The Committee recognizes that the NHLBI has made significant contributions to clinical research through its specialized centers of research programs. The Committee, therefore, encourages the NHLBI to support as many specialized centers of research in these areas as possible.

National Center on Sleep Disorders Research.—The Committee notes the continued development of the National Center on Sleep Disorders Research and the expansion of the Center's research portfolio. The Committee is pleased with demonstrated progress in the sleep disorders education campaign and urges continued development of this important campaign. The Committee recommends continued development of a plan for scientific collaboration among the National Center and other NIH Institutes through the implementation of the recently approved national sleep disorders research plan. Continued development of the National Center's research portfolio is expected through the issuance of request for applications, joint programs, and multiinstitute collaboration as outlined in the national sleep disorders research plan.

Sarcoidosis.—Sarcoidosis is an inflammatory disease that can lead to fibrosis, or scarring, of the lung. It occurs in about 40 to 100,000 American blacks compared with about 5 in 100,000 whites, and black women are especially vulnerable. Although the disease has been recognized for over 100 years, information on its inci-

dence, prevalence, risk factors, and natural history remains limited. Geographic and racial variations in the occurrence of sarcoidosis suggest that it may be caused by environmental factors of a combination of environmental factors and a susceptible host. The Committee, therefore, encourages the Institute to explore environmental and genetic causes of sarcoidosis as an essential step toward identifying risk factors and improving treatment and prevention of the disease.

Creutzfeldt-Jakob disease.—The recent outbreak of Creutzfeldt-Jakob disease [CJD], better known as mad cow disease has brought this disorder to the public forefront. The handling of this potential health hazard is complex since the identity of the transmissible agent is not known and many basic facts regarding the pathogenesis of CJD are poorly understood due primarily to the lack of an adequate experimental animal model. The Committee understands that the squirrel monkey is presently considered to be the best experimental animal model for CJD and encourages the Institute to expand support for CJD research into early diagnostic techniques, preventive strategies, and therapeutic interventions.

Cooley's anemia.—The Committee continues to strongly support the research efforts of NHLBI in the areas of Cooley's anemia. Hepatitis is a major concern of Cooley's anemia patients and the problem warrants further research into hepatitis C and other strains aimed at developing vaccines. The Committee has learned that hormonal therapy as a medical treatment is becoming recognized as more and more of a necessity for patients who are now living through their teens. The Committee requests that the Institute give consideration to convening a workshop of experts in the field to develop plans for research into the long-term effects of this therapy.

Fanconi anemia.—The identification and cloning of a gene responsible for Fanconi anemia represents a major advance that may improve understanding of the underlying biochemical defect and constitute an important first step in developing gene replacement therapy. The Committee supports the NHLBI in encouraging basic research on the genetic, molecular, and cellular pathophysiology of this diseases, as well as clinical research aimed at prevention and treatment of its hematological consequences.

NATIONAL INSTITUTE OF DENTAL RESEARCH

Appropriations, 1996	$182,293,000
Budget estimate, 1997	186,781,000
House allowance	195,596,000
Committee recommendation	190,184,000

The Committee recommendation includes $190,184,000 for the National Institute of Dental Research [NIDR]. This is $3,403,000 more than the administration's request, $7,261,000 more than the fiscal year 1996 appropriation, and $5,412,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NIDR supports research and research training to improve the oral health of the American people. The Institute emphasizes ways to prevent disease in high-risk groups, including the elderly, minority populations, and people with medical conditions and medications that compromise oral health. The research agenda includes studies of craniofacial genes and birth defects; bone and joint diseases; AIDS, other infections, and immunity; oral cancer; chronic pain; epidemiology; biomaterials; and diagnostic systems.

Temporomandibular joint disorders [TMJ].—The Committee continues its strong interest in research on temporomandibular joint disorders. The Committee remains concerned about the need for greater consensus regarding the number of people impacted by TMJ, and on the most appropriate treatment modalities for TMJ. The Committee is aware of the findings and recommendations of the NIH Technology Assessment Conference statement on the management of temporomandibular disorders issued this past spring. The Committee encourages the NIDR to take the necessary steps needed to carry out the recommendations of the conference and urges the Institute to work with the relevant Institutes of the NIH, the Office of Women's Health, and AHCPR in developing a short- and long-term research plan into TMJ.

Bone disorders.—The Committee is pleased with the growth of research on osteoporosis, Paget's disease, and osteogenesis imperfecta and encourages the Institute to consider using a portion of the increased funding for fiscal year 1997 to further expand and intensify its research programs on these bone diseases which effect over 30 million women, men, and children.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 1996	$770,582,000
Budget estimate, 1997	784,923,000
House allowance	819,224,000
Committee recommendation	799,582,000

The Committee recommends an appropriation of $799,582,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is $14,659,000 more than the administration's request, $29,000,000 more than the fiscal year 1996 appropriation, and $19,642,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

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

Diabetes.—Diabetes takes the lives of more than 400,000 Americans each year. The number of Americans with diabetes has increased at the alarming rate of 50 percent since 1983. African-Americans are twice as vulnerable, and native Americans and Hispanics are disproportionately affected by diabetes. Given the enormous economic and personal costs of diabetes, the Committee urges the NIH to review the growth rate in diabetes research funding over the past few years to assess whether this field is receiving appropriate support. The Committee expects the NIH and the NIDDK to be prepared to discuss this issue during the fiscal year 1998 hearings.

The Committee is aware that an array of research possibilities were outlined by the National Diabetes Research Coalition [NDRC] in its document entitled "Diabetes Research: A National Opportunity—The Blueprint for the Cure." The Committee believes that a significant investment in this research now could materially alleviate, delay, and prevent diabetes and its complications and urges the NIDDK to redouble its efforts on all facets of diabetes research.

The Committee urges the Institute to support an aggressive research program directed at the development of engineered biomaterials for diabetes management.

The Committee continues to be concerned about the high incidence of diabetes among native Americans, native Hawaiians, and Pacific islanders, particularly residents of the Commonwealth of the Northern Marianas Islands where about 50 percent of the population has diabetes. The Committee urges the Director to develop specific interventions, using a multidisciplinary approach, to target these high-risk populations.

The Committee believes that the NIDDK should pay particular attention to the inordinately high prevalence of diabetes in the Hispanic population and the native American population. The Committee understands Hispanics develop diabetes 3 to 5 times more often than the general population, and native Americans develop diabetes 10 times more often. The Committee believes that the Hispanic and native American populations constitute one of the highest priorities in diabetes research, and stresses the need for expanded NIDDK research activities in these areas.

Liver disease.—The Committee is aware that liver diseases affects 25 million people. Therefore, the Committee is pleased that NIDDK and NIAID will sponsor a consensus conference on chronic hepatitis C in 1997. The Committee encourages other efforts by NIDDK to prevent, treat, and cure liver diseases, including convening a national scientific meeting to review the research agenda developed by the American Liver Foundation and produce an action plan for a well-focused liver research program for 1997 and beyond. The action plan should include to the extent possible all Institutes now conducting liver disease research.

Cooley's anemia.—The Committee has long supported research in the area of Cooley's anemia. Due to the red blood cell transfusions the patients must undergo, iron builds up in the major organs. The effective removal of this iron chelating drug requires an assessment of the iron overload. Therefore, the Committee urges NIDDK to move forward in an effort to develop an accurate, noninvasive test for iron overload that can be utilized for Cooley's anemia patients,

as well as for patients with conditions such as hemachromatosis and iron deficiency anemia. The Committee has also long supported research aimed at developing an iron chelator that patients could take orally. The Committee continues to strongly support the ongoing toxicity research.

Bionutrition.—The Committee is encouraged by the leadership of NIDDK in the nutrition and obesity research areas. The cloning of genes involved in animal obesity opens the way for the study of molecular genetics in human obesity, which the Committee hopes will remain a high priority of the NIDDK. The Committee encourages the Institute to expand its work on pharmacology and obesity management. Furthermore, the Committee was encouraged by the NIDDK cosponsorship of a research conference on the current role of nutrition support and encourages NIDDK to take steps implementing the research agenda developed by the conference including the use of nutrient pharmacology and the role of anabolic treatments, such as human growth hormones, in the treatment of wasting diseases such as critical illness, AIDS, and cancer.

Urological diseases.—The Committee continues to be pleased with the growth of research on urological diseases which are a significant health burden. The Committee encourages the NIDDK to increase support for new research grants in the basic science of the prostate, including growth factors and their influence on prostate cancer and benign prostatic hypertrophy, and prostatitis. The Committee is concerned that no progress has been reported on the development of a urological disease data base. Such a data base could be a valuable tool for establishing research priorities. The Committee also urges the Institute to expand its activities in the area of women's urological health by working collaboratively with the Office of Research on Women's Health, in particular by placing special emphasis on grants related to interstitial cystitis, urinary incontinence, and urinary tract infections. Finally, the Committee is concerned about the heavy impact of prostate disease on minority populations and urges the NIDDK to expand support for research in this area.

Interstitial cystitis.—The Committee has a strong interest in research into interstitial cystitis, a very painful and disabling bladder disease. It is pleased that in fiscal year 1996 the NIDDK funded individual research grants focusing in interstitial cystitis, and also encouraged that the interstitial cystitis data base continues to progress and expand the understanding of the disease. The Committee encourages the Institute to utilize a portion of the increased funds to support further interstitial cystitis research as well as to expand the next phase of the national interstitial cystitis data base. The Committee also requests that the NIH continue to address the problem of the lack of urological expertise on the NIH study sections which review urological grants including interstitial cystitis.

Polycystic kidney disease.—Polycystic kidney disease [PKD] affects some 600,000 Americans and is the third leading cause of kidney failure, annually generating more than 2,000 additional cases of end stage renal disease. Rapid research progress in recent years has resulted in identification and complete sequencing of the gene that causes 90 percent of PKD and its protein product has also

been discovered. The Committee understands that scientists worldwide agree that PKD science is mature and that discoveries leading to a treatment and ultimately a cure are now forseeable. The Committee, therefore, urges the NIDDK to increase support for PKD research, including giving consideration to the establishment of up to four interdisciplinary basic research centers on progressive renal failure with emphasis on polycystic kidney disease.

Prostatitis.—The Committee understands that symptomatic prostatitis will affect 50 percent of American men during their lifetimes. It also is the cause of over 1.8 million physician visits per year. While reasonable theories exist as to why prostatitis might be causing benign prostatic hypertrophy or prostate cancer, additional research is required. The Committee urges NIDDK to increase support for prostatitis and has provided sufficient funds within the recommendation to expand support for research on the various forms of prostatitis.

Cystic fibrosis.—The Committee is encouraged by the progress being made to develop gene therapy for cystic fibrosis [CF]. To date, more than 90 patients have been treated with this innovative therapy. The knowledge learned from these first studies has clearly provided scientists with critical information to pave the way to curing fatal illnesses. The Committee applauds both the NIDDK and the NHLBI for announcing the recent research program initiative in CF. The overwhelming response to this initiative reflects the wealth of scientific opportunities that are available in CF research. Funds have been made available in fiscal year 1997 to assure maximal support of meritorious applications. In addition, the Committee encourages both Institutes to continue to seek opportunities to expand the centers and programs of excellence in CF. The scientific advances being made in these centers are writing an outstanding success story of a partnership between the NIH and the Cystic Fibrosis Foundation.

Digestive diseases.—Diseases of the digestive system continue to affect more than one-half of all Americans at some time in their lives. Serious disorders such as colon cancer, inflammatory bowel disease, cirrhosis of the liver, irritable bowel syndrome, and celiac disease contribute to a significant toll in human suffering, chronic illness, and mortality. The Committee is encouraged about the scientific and treatment progress made to treat peptic ulcers through the use of antimicrobial agents and antisecretory agents to combat the *H.pylori* bacterium. Further progress is being made to enlist liver directed gene therapy to treat liver metabolic disease, and identify the genes responsible for Wilson's disease and hemochromatosis. The Committee encourages the NIDDK to continue its efforts to develop the appropriate balance between conducting basic studies on digestive diseases and bringing this critical knowledge gained, to the bedside to improve patient care. Clinical research opportunities that exist include transjugular intralepaitic portal-systemic shunts [TIPS] for variceal bleeding, treatment and prevention of recurrence of *H.pylori*, bleeding ulcers, and hepatic assist devices for fulminant hepatic failure.

The Committee continues to be concerned about the prevalence of inflammatory bowel diseases, including Crohn's disease and ulcerative colitis, as well as with irritable bowel syndrome. These ex-

tremely complex disorders represent the major cause of morbidity from intestinal illness. The Committee recommends that the Institute continue its investigations into the genetic structure of IBD as well as the roles played by environmental factors and the immune system in the development of the disease. Additionally, the Committee recommends that the NIDDK maintain adequate support for irritable bowel syndrome/functional bowel disorders research and give priority consideration to funding IBS education/scientific symposiums.

H.pylori eradication.—Twenty-five million Americans suffer from ulcer disease. The Committee is aware of the 1994 Consensus Development Conference which concluded that the bacterium *Helobacter pylori* causes most ulcers, not stress or diet as previously believed, and that most ulcers can be cost-effectively cured by eradicating *H.pylori*.

The Committee commends the NIDDK/NIAID/ORMH for joining in a trans-Institute initiative for further study of *H.pylori* infection and its relationship to peptic ulcer disease and gastric cancer. Further research in this area offers exciting possibilities for more progress in understanding and treating these disorders. Additionally, the Committee commends the Institute for attracting the American Digestive Health Foundation as a partner in this important effort.

Bone diseases.—The Committee is pleased with the growth of research on osteoporosis, Pagent's disease, and osteogenesis imperfecta and encourages the NIDDK to further expand and intensify its research programs on these bone diseases.

Kidney disease.—The number of patients with end stage renal disease [ESRD] now exceeds 300,000 in this country, and the number of increases by 8 percent per year. The most common cause of ESRD are diabetes, hypertension, and glomerulonephritis. Recent advances in basic and clinical research have led to treatments which slow the progression of kidney disease. The Committee encourages the Institute to continue and expand its research programs in the basic and clinical sciences to further elucidate the mechanisms which cause progressive kidney disease and to define new ways to treat or prevent these diseases.

Human tissues.—Last year the conferees stated their support for the creation of a multi-Institute initiative to expand access to alternative resources to the use of animals in research, particularly through ensuring access to human tissues and organs. The Committee understands that human tissues are particularly important to researchers studying diabetes, and other diseases under the purview of the Institute. Accordingly, the Committee urges the NIDDK to give consideration to supporting programs that provide human tissues and organs to researchers.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 1996	$680,902,000
Budget estimate, 1997	695,098,000
House allowance	725,478,000
Committee recommendation	707,959,000

The Committee recommends an appropriation of $707,959,000 for the National Institute of Neurological Disorders and Stroke

[NINDS]. This is $12,861,000 more than the administration's request, $27,057,000 more than the fiscal year 1996 appropriation, and $17,519,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NINDS conducts and supports a broad range of research and research training on the normal function of the brain, spinal cord, and peripheral nerves, and on neurological and neuromuscular disorders. Neurological research includes epidemiology studies to identify risk factors for disease; laboratory studies to examine the structure and function of nerve cells; and brain imaging studies to understand how the brain is affected by disease and how it operates to carry out tasks such as learning and memory. New approaches for the diagnosis, treatment, and prevention of brain disorders are evaluated in studies with patients and people at risk for brain disorders.

Parkinson's disease.—The Committee continues to urge the Institute to intensify its efforts to identify the factors contributing to the development of Parkinson's disease and to develop new methods of treating, delaying, or preventing this devastating illness. Last year's international workshop, sponsored by NINDS in collaboration with NIA, NIEHS, and NIMH, identified several high priority areas for future study. The Committee is pleased with the followup to date to this workshop, which includes program announcements inviting research grant applications in genetic factors and cell death and injury, a collaborative intramural effort focusing on genetics, and efforts to confirm and extend current criteria for diagnosis of Parkinson's disease for use in research studies. The Committee notes, however, that the workshop also documented other areas of promising research, the pressing need for new ideas in Parkinson's research, and the importance of stimulating investigators in different, but related, fields to focus on Parkinson's disease.

The Committee expects the Institute to continue its efforts to advance understanding of Parkinson's disease, and improve the outlook for patients and their families. The Committee urges the NINDS to give consideration to the sponsorship of workshops on specific topics, including those areas identified in the Parkinson's disease research planning workshop. The Committee also encourages the Institute to consider the use of new funding mechanisms to recognize innovative approaches and attract new investigators into the field. One such mechanism could be extended funding of selected investigators working in Parkinson's disease. Additionally, the Committee urges the NINDS to give consideration to utilizing the centers mechanism as a means of stimulating research progress on this disorder. The Committee requests the NIH submit a progress report on these efforts prior to the fiscal year 1998 hearings.

Neurofibromatosis.—Enormous advances in research on neurofibromatosis have recently occurred, including discovery of the NF1 and NF2 genes, developing animal models and a diagnostic blood test and prenatal testing for NF. NF also offers the potential for

significant advances in broader areas, like tumor suppressor genes, and for other disorders, such as many of the most common cancers, brain tumors, and learning disabilities. Accordingly, the Committee encourages the Institute to continue to pursue an aggressive program in basic and clinical research in NF and urges the NINDS to employ novel approaches in the clinical development of NF research, including the use of: requests for applications, as appropriate; the national cooperative drug discovery group program; and small business innovation research grants. The Committee requests that the Institute be prepared to report on the status of its NF research program, including progress in implementing the recommendations in this and last year's Committee reports, and at its hearings on the fiscal 1998 budget.

Stroke.—Stroke remains America's No. 3 killer, the leading cause of serious disability and a major contributor to late-life dementia. Stroke will cost the United States an estimated $23,000,000,000 to $30,000,000,000 in medical expenses and lost productivity in 1996. The Committee believes the Institute should view stroke research as one of its highest priorities and supports the expansion of its stroke education program and the initiation of innovative approaches to improve stroke diagnosis, treatment, rehabilitation and prevention as identified by the National Advisory Neurological Disorders Stroke Council in "Progress and Promise 1992: Status Report of the Decade of the Brain."

Lou Gehrig's disease.—Amytrophic lateral sclerosis [ALS], commonly referred to as Lou Gehrig's disease, is a progressive, fatal, neurological disease for which no cure exists. The first real clue to a cause of the disease recently occurred with the identification of a gene defect linked to some cases of familial ALS. The Committee understands that recent clinical research resulted in the first compound to alter the course of the disease, but that much more needs to be done to capitalize on these recent developments to treat and cure this disease. To sustain this momentum, the Committee encourages NINDS to increase support for brain research relevant to ALS.

Batten disease.—The Committee continues to be concerned with the pace of research in Batten disease. The Committee believes that the Institute should actively solicit and encourage quality grant applications for Batten disease and that it continue to take the steps necessary to assure that a vigorous research program is sustained and expanded.

Dystonia.—The Committee continues to be pleased with NINDS efforts to encourage extramural initiatives in dystonia-specific research, including a recent NINDS-sponsored workshop on dystonia research opportunities. The Committee encourages NINDS to work closely with other organizations having an interest in dystonia research to collaborate on joint research programs encouraging investigators to study dystonia.

Neurodegenerative disorders.—The Committee encourages the Institute to continue research to determine the role of neurotransmitters in neurodegenerative disorders.

Alzheimer's disease.—Alzheimer's disease is a bewildering, frightening, and costly degenerative brain disease that strikes almost 10 percent of the population over 65 years old. The Committee strong-

ly encourages the Institute to expand its research on understanding, preventing, and treating of Alzheimer's disease.

Movement disorders.—The Committee has become increasingly aware of debilitating movement disorders such as Parkinson's disease, Huntington's disease, various forms of dystonia, progressive supranuclear palsy, and others that have traditionally not been in the mainstream scientific investigation. To reverse this trend, the Committee is recommending that the Institute give consideration to the establishment of a NINDS program of research centers dedicated to movement disorders which would focus on, but not be limited to, the various disorders described above.

Behavioral research.—The Committee is pleased to learn that NINDS supports a wide range of basic and applied behavioral research through all four of its extramural divisions. The Committee believes that such research is central to the Institute's mission and strongly encourages the Institute to expand its efforts to better understand the role of behavior in preventing and treating diseases and injuries of the brain. While the Committee is impressed by the advances that have been achieved in brain imaging technology, the Committee believes that similar advances must be achieved in behavioral research in order to reduce the devastating public health toll taken by brain injuries and disorders.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 1996	$1,168,483,000
Budget estimate, 1997	1,208,730,000
House allowance	1,256,149,000
Committee recommendation	1,229,009,000

The Committee recommends an appropriation of $1,229,009,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is $20,279,000 more than the administration's request, $60,526,000 more than the fiscal year 1996 appropriation, and $27,140,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, including AIDS, and diseases caused by, or associated with, disorders of the immune system. The NIAID is the lead NIH Institute charged with developing new and improved vaccines and supporting research on acquired immunodeficiency syndrome, tuberculosis, sexually transmitted diseases, and tropical diseases. The NIAID's research goal is to improve the health and quality of life of people by improving diagnosis, treatment, and prevention of diseases.

Tuberculosis.—NIAID's support for tuberculosis research is critical in developing improved diagnostic tests, and treatments in response to the reemergence of tuberculosis in the United States. NIAID-supported researchers have begun to understand multidrug-resistant tuberculosis and hope to develop methods to quickly determine which drug therapy is appropriate for MDRTB strains, so a patient can begin an appropriate treatment therapy immediately,

thus reducing the risk of transmitting the disease to others. The Committee urges the NIAID to increase its already diligent efforts to diagnose, prevent, and treat this disease.

Asthma.—NIAID has aggressively pursued the complex and growing problem of asthma through the national cooperative inner-city asthma study and through the Asthma, Allergic, and Immunologic Diseases Cooperative Research Centers Program. Each program contributes to the base of knowledge needed to intervene appropriately. It is hoped that better intervention strategies will lead to reduced emergency room visits, reduced hospitalizations, and less days absent from school.

Liver disease.—The Committee understands that last year the CDC revised its estimate of the number of people infected with hepatitis C by 11 percent or from 3.5 to 3.9 million people. The Committee is, therefore, pleased that the NIAID and the NIDDK will sponsor a consensus development conference on chronic hepatitis C in 1997 and urges the involvement of other NIH institutes, as appropriate. In view of the rapid growth of hepatitis C, the Committee urges that hepatitis C be made a research priority as an emerging infectious disease and that the NIAID give consideration to supporting additional hepatitis C cooperative research centers.

Hemophilia.—The Committee is pleased with the efforts of the NIAID to maximize funding of the HIV/AIDS clinical trials for persons with hemophilia through the treatment centers network and expects that this program will continue to provide access to the newly available drugs including protenhase inhibitors.

Chronic fatigue and immune dysfunction syndrome [CFIDS].—The National Institute of Allergy and Infectious Diseases is the lead Institute on CFIDS research. The Committee again expresses support for a vigorous CFIDS research program and urges NIH to appoint a CFIDS coordinator to provide leadership on CFIDS and cultivate the interest of institutes not currently engaged in the study of CFIDS.

Primary immune deficiency diseases.—While science has made great progress against AIDS in the last 15 years, the Committee has heard persuasive testimony that there is a need to attain a more thorough understanding of the basic biology of the immune system. The Committee notes that the recent "Report of the NIH AIDS Research Program Evaluation Working Group of the Office of AIDS Research Advisory Council" supports this approach and encourages the NIH to increase support for research on the human immune system.

The Committee also notes that, in addition to AIDS, this research holds great promise for success against many of the primary immune deficiencies, genetic disorders that affect up to 1 million people, mostly children, in the United States.

Scientists have long recognized that understanding how the immune system is compromised and the biology of immunocompetent cells will directly benefit those suffering from many other infectious and genetic diseases, as well. The Committee supports assertively following this path to encourage a more cohesive research agenda, stretching Federal research dollars, and reducing duplication through joint collaborations with the scientific community, foundations, and associations.

Creutzfeldt-Jakob disease.—The recent outbreak of Creutzfeldt-Jakob disease [CJD], better known as mad cow disease has brought this disorder to the public forefront. The handling of this potential health hazard is complex since the identity of the transmissible agent is not known and many basic facts regarding the pathogenesis of CJD are poorly understood due primarily to the lack of an adequate experimental animal model. The Committee understands that the squirrel monkey is presently considered to be the best experimental animal model for CJD and encourages the Institute to expand support for CJD research into early diagnostic techniques, preventive strategies, and therapeutic interventions.

H.pylori infection.—The Committee commends the NIAID/NIDDK/ORMH for joining in a trans-Institute initiative for further study of *H.pylori* infection and its relationship to peptic ulcer disease and gastric cancer. Further research in this area offers exciting possibilities for more progress in understanding and treating these disorders. Additionally, the Committee commends the Institute for attracting the American Digestive Health Foundation as a partner in this important effort.

New and emerging infections.—The Committee believes that it is essential that the national strategy to address the threat of new and reemerging diseases be broad based, incorporating research as well as surveillance activities. Biomedical research supported by the NIH/NIAID forms the foundation upon which surveillance and response are ultimately based, providing the basic research tools (diagnostics, vaccines, and therapies) necessary to detect and limit the impact of new and reemerging infections. Ongoing research support also contributes to the scientific training infrastructure required to maintain the capability to identify and control new diseases, both nationally and internationally.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 1996	$946,896,000
Budget estimate, 1997	963,623,000
House allowance	1,003,722,000
Committee recommendation	980,622,000

The Committee recommendation includes $980,622,000 for the National Institute of General Medical Sciences [NIGMS]. This is $16,999,000 more than the administration's request, $33,726,000 more than the fiscal year 1996 appropriation, and $23,100,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

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

the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia to maintain U.S. leadership in biomedical science.

Training.—The Committee encourages the Institute to continue its leadership in increasing the number and capabilities of underrepresented minority individuals engaged in biomedical research. Through the minority access to research careers [MARC] and the minority biomedical research support [MBRS], the Institute encourages more minority students to pursue training for scientific careers and the enhancement of the science curricula at institutions with substantial minority enrollments.

Trauma.—The Committee recognizes that injury is a leading public health problem: the leading cause of death for Americans under age 45, and the fourth leading cause of death overall. In recognition of this fact and the chronic shortage of basic and clinical investigators in trauma research, the Committee encourages the Institute to preserve and augment existing trauma and burn research training grants.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT
[NICHD]

Appropriations, 1996	$594,547,000
Budget estimate, 1997	603,650,000
House allowance	631,989,000
Committee recommendation	615,244,000

The Committee recommends an appropriation of $615,244,000 for the National Institute of Child Health and Human Development [NICHD]. This is $11,594,000 more than the administration's request, $20,697,000 more than the fiscal year 1996 appropriation, and $16,745,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

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

Sudden infant death syndrome [SIDS].—SIDS, the leading cause of death for infants under 1 year of age, continues to be a concern of the Committee. The Committee is pleased to learn that the Institute's back to sleep campaign, convincing parents to put babies to sleep on their backs or sides, rather than on their stomachs, has reduced the number of SIDS deaths in the Nation. This campaign has played a major role in the 4 percent decline in infant mortality in 1993–94, to an alltime low of 7.9 per 1,000 live births. To continue this progress, the Committee has urges the NICHD to make

funding available for the third year of the second SIDS 5-year research plan. These plans, developed in collaboration with the SIDS scientific and advocacy community, have provided guidance, structure, and support to the NICHD SIDS research program.

This back to sleep campaign also illustrates the value of behavioral and social science research: meta-analyses of SIDS studies revealed the role of sleeping position in infant deaths; the concept of changing parents' behavior toward their babies and changing what pediatricians tell parents is based on the social psychology of attitude change research and persuasive communication; and the intervention itself—changing sleeping position—is a behavioral one. The Committee encourages NICHD to continue its efforts to reach all populations to reduce SIDS deaths.

Demographic research.—The Committee commends NICHD for the sustained excellence of its demographic research program. Recent initiatives have contributed to knowledge about the role of fathers in families, the effects of family change on children, the causes of spiraling out-of-wedlock childbearing, and the determinants and consequences of immigration. The objective information derived from these studies and from innovative survey data supported by NICHD is essential to policymakers faced with hard choices about social policies and programs. The Committee urges the Institute to continue to give high priority to demographic research and data.

National Center for Medical Rehabilitation Research [NCMRR].—NCMRR continues to take advantage of remarkable advances in bioengineering in its application to the development of new, improved orthotic and prosthetic devices. These and other assistive devices enhance the mobility, independence, and quality of life of persons with physical disabilities. The Committee recognizes the importance of assistive technology research and development in the lives of people with physical disabilities and urges the Director to dedicate a portion of the fiscal year 1997 increase in the NIH-wide small business innovation research [SBIR] grant program to such research and development. The Committee expects that such funding should be coordinated by the NCMRR within the National Institute of Child Health and Human Development.

Traumatic brain injury and rehabilitation.—The Committee notes the enactment of Public Law 104–166, legislation to provide for expanded studies and the establishment of innovative programs with respect to traumatic brain injury. Sufficient funds have been included for the NCMRR to conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns as authorized by section 4(b) of Public Law 104–166.

Training.—As part of its effort to ensure the future supply of essential research personnel, the Committee encourages the NICHD to support an initiative such as B/START (behavioral science track awards for rapid transition), aimed at younger behavioral science researchers.

Learning disabilities.—The Committee is pleased to recognize the important discoveries NICHD has made in identifying the causes of and best interventions for reading disabilities. The Committee commends this research, and encourages its dissemination, includ-

ing working with the Department of Education to utilize the information dissemination networks of the Department.

Low birth weight infants.—Each year in the United States over 50,000 babies are born weighing less than 3 pounds. Most of these infants require breathing assistance with a respirator for at least several days. The Committee understands that a relatively new form of respirator called high-frequency oscillatory ventilation has been used to care for low birth weight infants with respiratory problems. Many investigators believe this will decrease the incidence of pulmonary complications; however, the research evidence to date is split on whether this form of therapy is superior to conventional respirator therapy. The Committee understands that a large study group, consisting of intensive care nurseries in the United States, Canada, and the United Kingdom, are developing a proposal to test these two therapies and encourages the NICHD to give strong consideration to supporting this research.

The second decade of life.—The Committee urges NICHD to increase its support for basic research on the second decade of life, a period that is associated with the documented rise in psychosocial disorders over the past 50 years, including crime, alcohol and drug abuse, depression, anorexia and bulimia, and suicide. The Committee encourages NICHD to collaborate with NIMH, NINR, and other institutes on this research.

Behavioral and social science.—The Committee commends NICHD for its support of research on behavioral and psychological development. Three areas are particularly notable: biobehavioral research, which focuses on the interactions between biological factors and behavioral factors in development; learning disabilities, which is yielding information to advance early diagnosis and treatment of these conditions; and child care. The Committee encourages NICHD to continue to place a high priority on behavioral research, particularly regarding elements of child care that enhance healthy development.

H.pylori infection.—The Committee urges the Institute to give consideration to joining in the trans-Institute research effort on *H.pylori* infection initiated by the NIDDK and the Office of Research on Minority Health. Further research is needed on the connection on *H.pylori* transmission in childhood and the pathogenesis of *H.pylori* infection in children.

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

Autism research.—Autism effects 400,000 persons with associated costs of $13,000,000,000 annually. Given the enormous cost to society of caring for an autistic person and the tremendous hardships it imposes on families, the Committee strongly supports an aggressive Autism Research Program. Further the Committee encourages NIH to expand support for research on this severe disorder, including funding more basic and patient-oriented research, and giving consideration to establishing a collaborative genetic resource that could enable more scientists to work in the field. The

Committee understands that there is an existing coordinating resource, the human biological data exchange, and urges that consideration be given to funding this resource. The Committee recognizes that the recent NICHD/NIDCD neurology and genetics RFA was an important step forward. Finally, the Committee recommends that consideration be given to the NICHD establishing an autism research coordinating committee comprised of the Institutes of the NIH presently supporting autism research. This committee would set a research agenda, eliminate redundancy, promote the field, and collaborate with the family volunteer organizations concerned with autism.

NATIONAL EYE INSTITUTE

Appropriations, 1996	$313,933,000
Budget estimate, 1997	319,207,000
House allowance	333,131,000
Committee recommendation	325,152,000

The Committee recommends an appropriation of $325,152,000 for the National Eye Institute [NEI]. This is $5,945,000 more than the administration's request, $11,219,000 more than the fiscal year 1996 appropriation, and $7,979,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

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

The NEI has made great progress in developing measurements of vision function and quality of life for the major causes of blindness and visual disability. The Institute is encouraged to extend this work into areas of refractive error in order to measure the effectiveness of interventions in this area from the patient's perspective. Because millions of people suffer from various degrees of visual impairment, sensitive research measures to assess functional gains or losses is extremely important to adequately addressing these problems in the future.

The Institute has made progress in obtaining information on the impact of eye disease and visual impairment in the U.S. population. Most serious eye diseases occur in the elderly and with a doubling of this population expected by the year 2020, it is extremely important that the Institute quantify the impact of vision-related problems in more detail. This information is important in the development of strategies to address this increasing need and so that research to address these problems can be focused more precisely. These data provide a means for establishing a baseline on the effectiveness of eye care interventions that have resulted

from NEI-supported research, and for assessing the impact of future research advances.

Age-related macular degeneration [AMD].—Age-related macular degeneration is the leading cause of severe visual impairment and blindness in the United States. The Institute has made great progress in this area through advances in cell and molecular biology. Additionally, genetics research and advances in the development of growth factors hold great promise for new treatments for this disease. The NEI is urged to accelerate and encourage research in this area, and to report the status of research in age-related macular degeneration and prospects for the future to the Committee.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 1996	$288,378,000
Budget estimate, 1997	295,142,000
House allowance	308,258,000
Committee recommendation	300,853,000

The Committee recommends an appropriation of $300,853,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is $5,711,000 more than the administration's request, $12,475,000 more than the fiscal year 1996 appropriation, and $7,405,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The mission of the NIEHS is to define how environmental exposures affect our health, how individuals differ in their susceptibility to these effects, and how these susceptibilities change with time. This knowledge, coupled with prevention and communication programs, can lead to a reduction in environmentally associated diseases and dysfunctions.

Parkinson's disease.—The Committee is supportive of the Institute of the work the NIEHS has initiated on the link between toxic exposures and Parkinson's disease and other neurological disorders, and encourages the NIEHS to build upon this initiative by supporting further research in the area.

Research centers.—The Committee notes the outstanding work of the NIEHS-supported environmental health sciences research centers. Clearly, the sound scientific data that is generated at the NIEHS-supported centers helps provide the information on which the best public policy decisions are made. The Committee also continues to support the international environmental health initiative, begun last year by the Fogarty International Center, and urges continued NIEHS support.

Volcanic emissions.— The Committee continues to be concerned about the public health aspects of volcanic emissions [VOG] in Hawaii and urges the Institute to continue to collaborate with NINR in a multidisciplinary approach to this problem. The Committee appreciates the initial efforts of NIEHS to work with the University of Hawaii.

Superfund Basic Research Program.—The Committee supports this program whose funding is passed through the Environmental

Protection Agency [EPA] to the National Institute of Environmental Health Sciences [NIEHS] as established in section 311 of the Superfund Amendments and Reauthorization Act [SARA] of 1986. The NIEHS administers the Superfund Hazardous Substance Basic Research Program which supports university and medical school research to understand the public health consequences of local hazardous waste sites, as well as to develop better methods for remediation. The primary purpose of the program are to: provide the science base needed to make accurate assessments of the human health risks; determine which contaminated sites must be cleaned up first and to what extent cleanup is needed; and, cleanup contaminated sites in the most cost-effective manner. This is the only university-based research program that brings together biomedical and engineering scientists for this purpose and we commend the EPA and the NIEHS for their cooperative efforts.

National Toxicology Program [NTP].—The NTP was established to provide information to health, regulatory and research agencies, and the general public about potentially toxic chemicals, as well as to strengthen the science base of toxicology. In recent years, the NTP has made great strides toward incorporating more information on dose-response relationships and mechanisms that are so critical for improved risk assessment. Strengthening the science base of risk assessment decisions has been the crux of risk assessment legislation in the 104th Congress. Risk assessment is the cornerstone of environmental decisionmaking. In toxicology, where human health is at stake, a sound research base is essential in guiding public policy, improving public health, and effectively addressing environmentally related diseases.

Environmental disparities.—There has been an increased recognition in the scientific and public health community that minority and disadvantaged populations are disproportionately subjected to a variety of health hazards, including air pollution. Its relationship to asthma and other pulmonary disorders is beginning to be well documented. To help examine these problems, NIEHS is encouraged to convene a national scientific summit on air quality issues faced by the Nation's urban communities, and working closely with the public health and scientific community.

Asthma.—Asthma is one of the most prevalent chronic diseases of children, yet neither the cause nor cure for this disease is close to discovery. The relationship between asthma and environmental factors is beginning to emerge as a critical link in understanding this complex disorder. NIEHS is encouraged to continue its leadership role in studying environmental aspects of asthma and is also encouraged to continue to forge scientific collaboration with NIAID and NHLBI on this important health problem.

Marine toxin standards.—In fiscal year 1994, Congress recognized the need to establish standards for marine food safety; and in fiscal year 1995 the Committee recommended that NIEHS support research to evaluate natural marine toxins and their effect upon human health. The Committee encourages NIEHS to expand this important research by establishing disease-related environmental health science centers. Such centers should integrate aspects of basic science focusing upon molecular structures of marine toxins and applied science focusing upon safety assessment of food

sources and clinical diagnosis. This information should be disseminated to domestic and international public health officials as well as consumers.

NATIONAL INSTITUTE ON AGING

Appropriations, 1996	$453,541,000
Budget estimate, 1997	463,365,000
House allowance	484,375,000
Committee recommendation	472,074,000

The Committee recommendation includes $472,074,000 for the National Institute on Aging [NIA]. This is $8,709,000 more than the administration's request, $18,533,000 more than the fiscal year 1996 appropriation, and $12,301,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease. Several diseases and conditions stand out as particularly burdensome for older Americans, including Alzheimer's disease, physical frailty, et cetera.

Alzheimer's disease.—The Committee continues its strong interest in expanding support for research on Alzheimer's disease. Much progress has been made over the last decade through the aggressive Alzheimer's Disease Research Program undertaken by the NIH, and the strong leadership provided by the NIA. The Committee urges the Institute to maintain that leadership and expects that research on Alzheimer's disease will continue to be the Institute's top priority.

Behavioral and demographic research.—The aging and retirement of the baby boom generation, when coupled with increasing life expectancy at older ages, will be transforming demographic and economic watershed for this country. National Institute on Aging studies, such as the health and retirement study, asset and health dynamics survey, and the national long-term care survey, provide important data for monitoring and understanding this demographic transformation including the impact on the Social Security, Medicaid, and Medicare systems. The Committee expects the NIA to: support its demographic research program, support analyses of its various data sets, and to play a leadership role across other Federal agencies in preparing for the sweeping demographic transition of the aging baby boom.

Cardiovascular aging research.—Heart attack, congestive heart failure, stroke, and other cardiovascular diseases remain America's No. 1 killer of older men and women and a main cause of disability. The Committee commends the Institute for convening a cardiovascular aging panel to identify high-priority research areas related to aging and cardiovascular function. Within the increase pro-

vided, the Committee encourages the NIA to expand support for high-priority research identified by the special panel.

Training.—As part of its effort to ensure the future supply of essential research personnel, the Committee encourages the NIH to support an initiative such as B/START (behavioral science track awards for rapid transition), aimed at younger behavioral science researchers.

Applied gerontology centers.—The Committee encourages NIA's commitment to the Edward R. Roybal applied gerontology centers, where research critical to the functional independence of our elderly citizens is being conducted, as recommended in the NIA human capital initiative report, "Vitality for Life." Scientists in these centers are involved in such topics as developing ways to help older citizens use medications correctly, training older workers in technology-driven work environments, training older adults to use computers generally, and developing visual screening tasks for older drivers along with training techniques to improve attention and prevent accidents. The Roybal centers represent the important translation of many years of basic NIH research into applications that improve the lives of older Americans.

Nutrition and the elderly.—Diet and nutrition are risk factors regarding many conditions of the elderly including osteoporosis, frailty, and sarcopenia. The Committee urges the Institute to continue and expand efforts related to malnutrition among the elderly and on the role of caloric restriction on conditions of the elderly.

Bone diseases.—The Committee notes the growth of research on osteoporosis, Paget's disease, and osteogenesis imperfecta and encourages the Institute to consider further expansion and intensification of its research programs on these bone diseases.

Alzheimers disease research centers.—The NIA's Alzheimers Disease Research Centers Program has yielded important contributions to improving understanding of the disease. The centers mechanism can provide unique opportunities for investigators from diverse disciplines to collaborate on investigations, yielding fresh ideas for study and new knowledge. The Committee is aware of a proposal by Rockefeller University to establish an Alzheimers disease research center and urges the NIA to give strong consideration to adding Rockefeller University to its network of Alzheimers disease research centers, subject to its proposal meeting the scientific and technical requirements of peer-review.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 1996	$242,655,000
Budget estimate, 1997	247,141,000
House allowance	257,637,000
Committee recommendation	251,760,000

The Committee recommends an appropriation of $251,760,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is $4,619,000 more than the administration's request, $9,105,000 more than the fiscal year 1996 appropriation, and $5,877,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of

AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—The NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of the NIAMS includes many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care and lost productivity. The research activities of this Institute serve the concerns of many different special populations; these include women, minorities, children, and the elderly.

Osteoporosis.—The Committee is pleased with the important strides that have been made with the establishment of an osteoporosis and related bone disease national resource center under the Musculoskeletal Disease Program. The purpose of the center is to expand the awareness, knowledge, and understanding of the prevention, early detection, and treatment of osteoporosis, Paget's disease, osteogenesis imperfecta, and related bone diseases and to broaden the knowledge base to enhance primary prevention of these diseases. The Committee urges the NIAMS to build upon this initiative by expanding support for the resource center's activities in order to allow the center to continue to broaden its information services.

The Committee also notes the growth of research on osteoporosis, Paget's disease, and osteogenesis imperfecta and encourage the Institute to further expand and intensify its research programs on these bone diseases.

Fibromyalgia.—Fibromyalgia syndrome [FMS] is a clinically diagnosed disorder which is poorly understood and difficult to treat. Epidemiology studies have shown FMS to affect more than 5 million Americans, 90 percent of them women. It is a syndrome of debilitating, chronic, widespread pain, fatigue, sleep disturbance, and other associated disorders. Recent research has disclosed biochemical abnormalities not present in healthy controls. What is not known is how these abnormalities relate to the origin of the illness or even if they are unique or critical to the disease process. The Committee commends the Institute for its collaborative role in helping to set up the expanded special emphasis panel for chronic fatigue syndrome so that it will also include expert reviewers in the overlapping field of fibromyalgia syndrome. The Committee also commends GNOMES for taking the initiative to host a second scientific workshop. Now that an official grant review process is in place, the Committee urges the Institute to aggressively solicit researchers in the field of FMS and related pain disorders to submit applications to the newly expanded special emphasis panel. Collaboration with other Institutes is recommended to help fund research on FMS and related disorders.

Epidermolysis bullosa [EB].—The Committee is aware of progress in identifying the genes associated with EB and urges the Institute to continue to support an accelerated research program on EB.

Repetitive motion injuries.—The Committee has learned that the national rate of reported cases of repetitive motion injuries has increased dramatically. However, there still exists an inadequate science base to effectively address this problem. The Institute is encouraged to pursue the research opportunities identified at the 1994 workshop.

Scleroderma research.—Scleroderma, a chronic, degenerative autoimmune disorder that leads to the overproduction of collagen which hardens the connective tissue and damages the organs involved, is estimated to affect 500,000 people in the United States. The Committee urges the NIAMS to support an aggressive basic and clinical research program on scleroderma, including working collaboratively with the Scleroderma Research Foundation to expand support and maximize research opportunities supported by the public and private sectors. The Committee also believes the NIAMS should give strong consideration to establishing a national scleroderma patient registry through building upon the existing regional registry.

Musculoskeletal tumors.—The Institute is encouraged to expand existing research in the area of musculoskeletal tumors, particularly in the development of allografts and other tissues as substitutes for removed limbs destroyed by tumors or lost as a consequence of trauma.

Trauma.—Of the 61 million injuries that occur each year, 33 million are musculoskeletal in nature. The tremendous costs of lost productivity and emergency medical care for musculoskeletal trauma, and our inability to totally prevent disability from injury warrant research in this area. The Committee encourages the NIAMS to increase its emphasis on musculoskeletal trauma in order to advance our understanding of injuries to muscles, tendons, and ligaments and will lead to advances in the healing and repair of damaged bone and tissue.

Growth plate injuries.—The Committee understands that 15 percent of all children's fractures involve the growing part of the bone. Damage to the growth plate results in deformities and shortened limbs. The Institute is urged to support research directed toward controlling and understanding bone growth and the damage to the growing bone, and treatment modalities, such as leg lengthening. The Committee also encourages the NIAMS and the NICHD to disseminate information to parents regarding the possibility of damage to the growth plate as a result of injury.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 1996	$176,383,000
Budget estimate, 1997	180,816,000
House allowance	189,243,000
Committee recommendation	184,437,000

The Committee recommends an appropriation of $184,437,000 for the National Institute on Deafness and Other Communication Dis-

orders [NIDCD]. This is $3,621,000 more than the administration's request, $8,054,000 more than the fiscal year 1996 appropriation, and $4,806,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NIDCD funds and conducts research and research training in the normal and disordered processes of human communication, specifically in the areas of hearing, balance, smell, taste, voice, speech, and language. The Institute addresses the special biomedical and behavioral problems of people who have communication impairments or disorders, is actively involved in health promotion and disease prevention, and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

Spasmodic dysphonia.—Spasmodic dysphonia is a voice disorder that affects women predominantly, and usually renders a person difficult to understand because of uncontrolled voice and pitch breaks. The Committee is pleased with continued NIDCD intramural and extramural study into spasmodic dysphonia and encourages continued aggressive effort in this promising scientific area.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 1996	$55,814,000
Budget estimate, 1997	56,966,000
House allowance	59,715,000
Committee recommendation	58,014,000

The Committee recommends an appropriation of $58,014,000 for the National Institute of Nursing Research [NINR]. This is $1,048,000 less than the administration's request, $2,200,000 more than the fiscal year 1996 appropriation, and $1,701,000 more than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NINR supports research and training in the biological and behavioral aspects of critical national health problems. Research seeks to reduce the burden of illness and disability by understanding and easing the effects of acute and chronic illness; to improve quality of life by preventing or delaying the onset of disease or slowing its progression; to establish better approaches to promoting health and preventing disease; and to improve clinical environments by testing interventions that influence patient health outcomes and reduce costs and demand for care.

Cognitive impairment.—The Committee believes cognitive impairment is a serious public health problem urgently requiring increased research attention. This harmful symptom frequently accompanies many disorders, such as AIDS, Alzheimer's disease, and stroke. Cognitive impairment adds substantially to the devastating effects of illness suffered by individuals and families, and contributes significantly to escalating health care costs. The Committee is pleased that the NINR plans to provide increased emphasis on

brain research, especially on preventing or delaying cognitive impairment, and on aiding family caregivers as they cope with their relatives' maladies and their own changed life circumstances. The Committee recommends continued multidisciplinary research collaboration with the National Institute on Aging.

Genetic screening.—Genetic screening for a variety of disorders is already available, including for diseases with no known treatment or cure. These genetic advances urgently necessitate interpretive research to reveal how to use this new knowledge effectively and ethically. The Committee supports NINR's plans for an aggressive research focus on genetic screening, including interventions to help individuals make decisions about participation in screening that include considerations of the social, ethical, and financial consequences. The Committee believes more information is needed about the efficacy of lifestyle changes to forestall or prevent disease expression. Interventions must be developed to help individuals make these adjustments to improve their chances for prolonged good health. The Committee strongly urges the NINR to continue close collaboration with the National Center of Human Genome Research on these critical issues.

Managing pain.—Pain is costly for individuals and our society, accounting for millions of dollars each year in lost productivity and health care expenses. It also can interfere significantly with recovery from illness. The Committee commends NINR for taking the lead in a major NIH-wide initiative to combat pain, and appreciates NINR's focus on determining pain levels in infants, children, and others who cannot express themselves effectively. The complexity of this condition compels a multidisciplinary research approach to better understand such factors as pain control mechanisms, the effect of genetic, neuroendocrine, and neuroimmune changes on how people experience pain, and prevention strategies to keep painful sensations from becoming permanently established.

Minority health—The Committee understands that malama, the innovative and culturally sensitive community partnership program developed for rural Hawaii, has been very successful, however, replication in additional community sites is necessary from a research perspective to establish the potential cost benefits of this type of program statewide. The Committee encourages the Institute to extend this program using a multidisciplinary approach to further validate this model.

Volcanic emissions.—Significant health problems appear to be related to VOG. The Committee strongly encourages the Institute to collaborate with the NIEHS to address research issues involving public health concerns using an interdisciplinary approach.

Treatment issues.—The Committee notes that some treatments can be as detrimental to recovery as disease conditions. The Committee recommends that NINR continue basic and clinical research activities to ease harmful side effects of treatment, such as nausea, depression, and fatigue, that can impede or halt the return to improved health. Another problematic treatment issue involves patients who avoid treatment regimens, which can result in serious consequences for their own health and others. The Committee believes it is imperative that strategies be developed through nursing research to curtail noncompliance with recommended treatments.

Prevention and treatment of chronic wounds.—Pressure sores and chronic wounds, which can result in serious systemic infection, affect up to 15 percent of all hospitalized patients and up to 35 percent of nursing home patients. The Committee is pleased that the NINR continues to actively address this major health care problem and encourages further study on prevention and management of chronic wounds, including the exploration of the cellular and biochemical processes associated with these conditions.

Older people and exercise.—Many studies have shown that physical activity is important to the health of people of all ages. Yet the impact of regular exercise on older adults, who often are not physically fit, needs to be better understood. The Committee appreciates NINR's commitment to determining the relationship between regular physical activity and improved health and more independent, injury-free living for elderly persons. It is encouraging that other nursing research is uncovering other benefits of exercise, such as a possible reduction in risk of a future stroke for stroke patients who exercise regularly.

Adolescents and young adults.—The Committee notes that the second decade of life is accompanied by higher rates of psychosocial disorders than later years, and encourages NINR to cooperate with NICHD, NIMH, and other relevant Institutes on research about adolescents and young adults.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 1996	$198,401,000
Budget estimate, 1997	202,614,000
House allowance	212,079,000
Committee recommendation	206,341,000

The Committee recommends an appropriation of $206,341,000 for the National Institute on Alcohol Abuse and Alcoholism. This is $3,727,000 more than the administration's request, $7,940,000 more than the fiscal year 1996 appropriation, and $5,738,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome [FAS], genetics, and moderate drinking.

Fetal alcohol syndrome.—Fetal alcohol syndrome is the leading known cause of mental retardation in the United States. Research funded by NIAAA has led to important discoveries on the molecular mechanisms underlying alcohol-induced birth defects, the effects of

moderate drinking during pregnancy on the intelligence and behavior in offspring, and strategies for the prevention of drinking during pregnancy. The Committee recommends that funds be made available to implement the recommendations of the recently published Institute of Medicine report to increase research on fetal alcohol syndrome.

Training.—Since behavioral factors are integral to alcoholism and alcohol abuse, the Committee encourages NIAAA to begin an initiative to support newer behavioral researchers, such as B/START (behavioral science track awards for rapid transition).

Behavioral research.—The Committee is interested to learn that Project MATCH, the Institute's clinical trial of patient-treatment matching and treatment effectiveness, is approaching completion, and requests that the NIAAA be prepared to report the results of this important research during the fiscal year 1998 budget hearings.

Rural research.—Sufficient funding is provided to continue research on alcohol use in rural areas and to continue funding for a family focused research program on rural alcohol use.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 1996	$458,112,000
Budget estimate, 1997	466,325,000
House allowance	487,341,000
Committee recommendation	474,136,000

The Committee recommends an appropriation of $474,136,000 for the National Institute on Drug Abuse [NIDA]. This is $7,811,000 more than the administration's request, $16,024,000 more than the fiscal year 1996 appropriation, and $13,205,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and addiction is a treatable disease of the brain. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce drug dependence and contributes to understanding how the brain works. In addition, NIDA research identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA's mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings.

Research supported by the National Institute on Drug Abuse [NIDA] continues to provide the scientific bases for the development of effective biomedical, behavioral, and psychosocial approaches to the prevention and treatment of drug abuse. NIDA con-

tinues to make extraordinary progress building upon the scientific advances of the past two decades.

Neuroscience.—The Committee applauds NIDA for its recent breakthroughs in research on drug abuse and addiction. The Committee recognizes that neuroscience research has fundamentally changed our understanding of addiction and that this understanding provides the foundation for new kinds of treatments. Research supported by NIDA has made tremendous progress in identifying the neurobiological bases of all aspects of addiction, including craving, which is one of the major factors that can precipitate relapse. Among the most remarkable accomplishments of the past year was the successful immunization of animals against the psychostimulant effects of cocaine. NIDA-supported researchers have also made substantial progress that is critical in directing their efforts to identify potential anticocaine medications. The Committee expects that neuroscience research to continue to be a top priority and encourages NIDA to continue its research efforts in this area.

Medications.—As a result of NIDA's research program, basic research now has progressed to the point where at least six molecular targets have been identified, now allowing NIDA to strategically focus its research on antiaddiction medications. The Committee commends NIDA for progress in medications development and urges NIDA to continue research aimed at developing effective medications for the treatment of addictions, particularly for cocaine. The Committee is pleased to note that NIDA has issued a program announcement to encourage expedited transition of ground-breaking research from advanced preclinical findings to applied clinical applications. The Committee recognizes this is an extremely valuable tool in advancing the discovery and development of medications for cocaine addiction.

Methamphetamine.—Methamphetamine represent the most commonly used synthetic drug in the United States. The Committee is concerned that there is mounting evidence of a growing methamphetamine epidemic, which bears the potential of becoming a truly national epidemic. The Committee recognizes NIDA's strong history of funding research on amphetamines and methamphetamine; however, there is a urgent need at present for attention to treatments of human populations, particularly those in the Western United States, including rural populations, and those who have been infected with HIV. A most pressing priority is the development of effective pharmacological treatments for methamphetamine abusers, in conjunction with behavioral treatments and prevention efforts. The Committee encourages NIDA to continue this critical research area as well as develop new mechanisms to expedite research on methamphetamine.

Research centers.—The Committee commends NIDA for encouraging applications for comprehensive research center grants to support research training, continuing education for health care professionals, dissemination of information to the public, and conduct of both basic and clinical research. The Committee notes that in fiscal year 1996, NIDA supported two new research centers and looks forward to NIDA's continuing commitment to this approach.

The Committee strongly encourages NIDA to support multidisciplinary comprehensive approaches to underserved populations in-

cluding minorities, rural populations, children, women, and those already infected with HIV and at an elevated risk for HIV. The Committee hopes that such centers will be representative of the varying regional epidemiological profiles of drug problems in the United States; including consideration of methamphetamine abuse in at least some of the centers.

Behavioral research.—The Committee understands that behavioral research is essential to solving problems of drug abuse and addiction, and that behavioral and psychosocial interventions are the most frequently administered treatments for drug addiction and in some cases, are the only available treatment. The Committee commends NIDA for expanding both its basic and clinical behavioral science activities in order to better identify who may be at risk for falling victim to drugs, and to develop effective approaches for breaking the cycle of addiction. Of particular interest are NIDA's behavioral therapies development program, which applies the same controlled evaluation process as is used in evaluating new medications to the assessment of behavioral therapies. The Committee also commends NIDA's initiatives in the fight against AIDS/HIV because of the increasing link between HIV infection and drug use and related behaviors.

The Committee understands that NIDA is in the process of expanding innovative community-based epidemiological and ethnographic research in relation to HIV transmission and prevention. The Committee encourages NIDA to continue to place high priority in this area of research, particularly with regard to documentation of the growing methamphetamine epidemic in the West, Midwest, and South.

The Committee notes that NIDA has initiated the B/START program to increase the supply of young investigators in behavioral science. The Committee is pleased to see that NIDA has initiated this program, which invites newly independent investigators to submit applications for small scale pilot research projects related to the behavioral science mission.

Treatment and prevention.—Drug abuse treatment and prevention techniques must be grounded in research in order to be effective with patients, providers, and insurers. The Committee urges NIDA to continue its efforts to strengthen the scientific basis for treatment and prevention interventions, and recommends that NIDA conduct research on ways to prevent drug use, interrupt the progression of drug abuse, reduce the likelihood of relapse, and lessen the adverse health and social consequences of drug abuse.

Social work services.—The Committee commends NIDA's support for research on families and drug abuse, behavioral and psychosocial treatment research, and health services. The Committee also applauds NIDA for its initial effort to increase the number of social work researchers conducting drug abuse research, and encourages NIDA to expand these efforts in fiscal year 1997.

Information dissemination.—The Committee believes that disseminating research findings in a timely manner is essential to the mission of NIH. Therefore, the Committee commends NIDA for hosting a series of town meetings with educators, health care providers, State and local antidrug coalitions, and civic organizations to disseminate research findings and foster information exchange.

Advanced instrumentation.—The Committee understands that magnetic resonance imaging hold great promise for enhancing our understanding of mental illness. The Committee encourages the Institute to support advanced instrumentation projects related to the study, diagnosis, and treatment of mental disorders.

Medical applications of marijuana.—During the fiscal year 1997 budget hearings, the Committee received testimony regarding the possible therapeutic applications of marijuana on certain medical conditions. Furthermore, the Committee was advised that while research on the therapeutic use of marijuana has been conducted on disorders, such as HIV wasting syndrome, multiple sclerosis, glaucoma, and on relieving the side effects of chemotherapy, further research is needed to conclusively answer questions of efficacy, particularly in comparison with existing conventional therapies.

The Committee understands that the NIH currently is supporting studies on the effects of marijuana on human performance and health. However, no studies are being supported, or marijuana provided, for trials examining its possible therapeutic benefit. The Committee encourages the Institute to review its policy with regard to support of studies examining possible medical benefits of marijuana, which have Food and Drug Administration approval to ensure that the scientific questions of the medical applications can be investigated and resolved.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 1996	$660,514,000
Budget estimate, 1997	671,205,000
House allowance	701,247,000
Committee recommendation	683,375,000

The Committee recommends an appropriation of $683,375,000 for the National Institute of Mental Health [NIMH]. This is $12,170,000 more than the administration's request, $22,861,000 more than fiscal year 1996 appropriation, and $17,872,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—The research programs of NIMH lead the Federal effort to identify the causes of—and the most effective treatments for—mental illnesses, which afflict more than one in five Americans. Severe mental illnesses affect 2.8 percent of the U.S. adult population annually, approximately 5 million people. These individuals suffer from disorders such as schizophrenia, manic-depressive illness, major depression, panic disorder, and obsessive-compulsive disorder. One result of the Federal research investment has been a growing awareness that undiagnosed and untreated mental illness, in all its forms and with all of its consequences, is as damaging as physical illness is to the Nation's well-being.

The Committee notes that the NIMH is celebrating the 50th anniversary of the act authorizing its creation. President Harry Truman signed the National Mental Health Act on July 3, 1946, and in so doing began the fundamental research efforts that have led to a virtual revolution in understanding mental illnesses as brain

disorders. This, in turn, has provided the foundation for painstaking, yet steady, progress toward reversing the pattern of stigma, discrimination, and neglect that contributed to human suffering. Thanks to the research supported by the NIMH, the scientific base of knowledge has been developed and has led to the development of effective treatments for even the most severe mental disorders. The Committee is encouraged that basic biomedical and behavioral scientific research continues to yield unprecedented amounts of information about the human brain and its role in mental disorders.

Research reviews.—The Committee encourages the new Director of NIMH in his efforts to scrutinize the Institute's research portfolio as part of his commitment to reconsider the Institute's priorities and overall direction. The Committee expects to be briefed on the results of his review.

The Committee believes it is important that the Institute continue its mission with regard to basic clinical, scientific, and services research for individuals suffering from severe, biologically based mental illnesses such as schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder, and panic disorder. The Committee believes the new Director should pay particular attention to updating the four research plans relevant to these brain disorders: the national plan for schizophrenia research, national plan for research on children and adolescent mental disorders, approaching the 21st century: opportunities for NIMH neuroscience research, and caring for people with severe mental disorders: a national plan of research to improve services. The Committee expects to be briefed on the results of his review.

Equity study.—The Committee notes with great interest the testimony of the Director of NIMH regarding the provision of equitable insurance coverage for individuals with a mental illness, and is encouraged by his assertion that: "There is * * * no biomedical justification for policies that judge mental disorders as being in any way less real or less deserving of treatment"—an assertion based on dramatic research advances in our understanding of the biological bases of these unfairly stigmatized brain disorders. The Committee is most interested in the potential costs and savings to be generated by providing parity in health insurance coverage for individuals with a mental illness, particularly those that are severe and clearly identifiable, diagnosable, and treatable. The Committee requests that the Institute to request its National Advisory Mental Health Council to report what is known about the costs of providing such equitable coverage for these illnesses, and on the Institute's current research efforts to investigate managed care arrangements as they pertain to mental health, and submit the report under the authority of section 406(g) of the Public Health Service Act.

Emergency medical services for children.—The Committee remains supportive of EMS–C projects that address the mental health component of emergency health services in conjunction with the physical care aspects of EMS–C, and encourages NIMH to collaborate with various professional organizations, such as the American Academy of Pediatrics, to develop comprehensive EMS–C care standards that support the family.

Clinical experiences.—The Committee appreciates that a great deal of basic behavioral research that can be brought to bear on the most serious of mental disorders and encourages NIMH to develop mechanisms to build a generation of basic behavioral researchers who are sensitive to clinical issues. For example, the Committee encourages the Institute to give consideration to allowing nonclinical graduate students in psychology and other behavioral sciences to have research experiences on NIMH grants in medical settings. Similarly, for clinical psychology programs, particularly those housed outside of medical schools, the Committee encourages NIMH to provide student support for research in settings in which severe mental disorders are the focus.

Research plans.—The Committee is pleased that NIMH supported the development of a behavioral science research plan aimed at reducing depression, schizophrenia, and other severe mood and anxiety disorders. The plan, reducing mental disorders: a behavioral science research plan for psychopathology, was developed under the auspices of the human capital initiative and has been endorsed by an impressive range of scientific organizations. The Committee urges NIMH to use the plan in determining its research priorities, and requests the Institute to be prepared to report on how it intends to use this plan during the fiscal year 1988 hearings. Finally, the Committee reiterates its support for the National Advisory Mental Health Council's report, "Basic Behavioral Science Research for Mental Health: A National Investment." In particular, the Committee supports recommendations to fund more investigator-initiated behavioral research, provide new funding mechanisms for longitudinal behavioral research, and expand study sections for the best possible review of behavioral science.

Social work research.—The Committee commends NIMH for funding its fourth social work research development center, and urges NIMH to give consideration to expanding the number of centers. The Committee also requests that NIMH be prepared to report on the implementation of the recommendations of the 1991 NIMH task force report on "Social Work Research" at its fiscal year 1998 budget hearings.

The second decade of life.—The Committee notes that the incidence of psychosocial disorders is higher among individuals in their second decade of life than in older people. Accordingly, the Committee urges NIMH to join with NICHD, NINR, and other Institutes to support basic research on this period of the lifespan.

Rural mental health.—The Committee is pleased with the work of the rural mental health research centers and encourages the NIMH to continue the initiative in rural mental health.

Victims of torture.—The Committee is aware that within the United States there is a significant number of persons who have been tortured by foreign governments. The Committee encourages NIMH to support research in methods of treating victims of torture and give consideration to supporting a systematic study of the torture victim population in the United States.

Advanced instrumentation.—The Committee understands that magnetic resonance imaging hold great promise for enhancing our understanding of mental illness. The Committee encourages the In-

stitute to support advanced instrumentation projects related to the study, diagnosis, and treatment of mental disorders.

Brain banks.—It has been brought to the Committee's attention that brain banks play an important role in enhancing the understanding of mental illness. The Committee encourages NIMH to give consideration to increasing storage capabilities and to the establishment of a national consortium data bank.

Suicide and the elderly.—The NIMH is to be congratulated for its research on the underlying causes of elderly suicide, especially efforts which address the impact of late life depression on suicidal behavior. With growing evidence suggesting that the suicide rate among the elderly is on the rise, the Committee is encouraged by this ongoing effort and welcomes continued activity on this area of research.

NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 1996	$390,298,000
Budget estimate, 1997	377,599,000
House allowance	416,523,000
Committee recommendation	395,852,000

The Committee recommends an appropriation of $395,852,000 for the National Center for Research Resources [NCRR]. This is $18,253,000 more than the administration's request, $5,554,000 more than the fiscal year 1996 appropriation, and $20,671,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin research to maintain and improve the health of our Nation's people. The NCRR programs develop a variety of research resources; provide biomaterial and resources for complex biotechnologies, clinical research, and specialized primate research; develop research capacity in minority institutions; and enhance the science education of precollege students and the general public.

The Committee commends the NCRR for its efforts to streamline extramural programs into biomedical technology, clinical research, comparative medicine, and research infrastructure. The Committee is concerned that the reduction in science education, construction, and minority programs in the fiscal year 1997 President's budget does not allow the Center to maintain the balance in the Center's programs necessary to meet the needs of the research community. Therefore, the Committee urges NCRR to allocate resources more equitably across the Center's extramural programs in fiscal year 1997.

Shared resources.—The Committee is aware of the recent positive review of the Center's Shared Instrumentation Grants Program and encourages the NCRR to expand its support for shared resources. These resources provide a cost-effective means for NIH-supported researchers to conduct a variety of research programs, without the need for direct grant support by the Institute or Center.

Minority programs.—The Committee continues to be committed to programs for enhancement of minority participation in research. The Committee expects the NCRR to work closely with centers of excellence to improve the research infrastructure of minority institutions capable of improving the disparity in the health status of the minority populations they serve.

Extramural facilities.—The Committee has included $10,000,000 for extramural biomedical facility renovation and construction, $27,000,000 less than recommended by the House and $10,000,000 above the amount requested by the administration. These funds are to be awarded on a competitive basis consistent with sections 481(A) and 481(B) of the Public Health Service Act.

Human genetics research is one of the fastest growing areas in biomedical science. In recent years, the Committee has expanded dramatically support for genetic research supported by the NIH. However, the Committee understands that extraordinary cost of state-of-the-art facilities has slowed the ability of many academic medical to conduct genetic research. The Committee, therefore, urges the NCRR to give priority in the review and award process to extramural construction proposals in genetic research facilities from institutions with demonstrated expertise in human genetics. The Committee also urges that priority consideration be given to construction proposals located at a medical center with demonstrated expertise in human genetics and which has also been recognized as a Center for Health Promotion and Disease Prevention. The Committee further believes that an excellent site for such a center would be at the Howell Heflin Human Genetics Center at the University of Alabama at Birmingham.

The Committee is aware of a proposal from the Medical College of Virginia/Virginia Commonwealth University to construct a center for the study of intractable epilepsy research building and that the school of pharmacy at the University of Montana is proposing to expand its biomedical research facilities. The Committee urges the Director to give full and fair consideration proposals from these institutions.

The Committee also is aware of the work of institutions located in federally designated empowerment zones, such as the Cancer Center of Southern New Jersey at Cooper Hospital/University Medical Center, who are making efforts to provide expanded access for minorities to clinical trials for the treatment of cancers that impact on minority populations, particularly breast, lung, and colorectal cancers. The Committee urges the Director to give full and fair consideration to proposals from these institutions.

Finally, the Committee is aware of the high-quality research in environmental health, cancer, and infectious disease proposed to be housed at Columbia University's Center for Disease Prevention. The Committee urges the NCRR to give full and fair consideration to a proposal from Columbia University for completion of the Center for Disease Prevention.

The Committee has again reserved $2,500,000 of the amounts available for extramural construction for the renovation and construction requirements of regional primate centers as authorized by section 481(B) of the Public Health Service Act.

The Committee notes with great concern that the NCRR has, notwithstanding the availability of quality applications, failed to fulfill the requirement under section 481(A) of the Public Health Service Act that 25 percent of total funding appropriated under the section be directed to National Centers of Emerging Excellence. The Committee expects the NCRR to take a more proactive role in fulfilling this important statutory requirement.

Biological models and materials.—The Committee strongly supports the NCRR's biological models and materials research program activity of exploring and developing alternatives to the use of animals in biomedical research, and, therefore, directs the NCRR to fund such alternatives as part of a comprehensive Federal strategy to maintain our position as the world's biomedical research leader. The Committee is aware of one such alternative, the National Disease Research Interchange [NDRI], whose mission is to ensure regular access to human tissues and organs for biomedical researchers throughout the country. Breakthroughs in the treatment and cure of many diseases can be expected through the use of human tissues and organs for research. Accordingly, the Committee urges the NCRR to work with the NDRI to assure the maintenance of this important research resource.

IDeA grants.—The Committee has provided $2,600,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is $500,000 over both fiscal year 1996 and the budget request. The program is intended to broaden the geographic distribution of NIH funding of biomedical research through enhancing the competitiveness of institutions that conduct biomedical and behavioral research which historically have had low rates of success in obtaining funding.

National High Magnetic Field Laboratory.—The Committee is aware of a major Federal interagency investment in the National High Magnetic Field Laboratory in Tallahassee, FL, which has tremendous potential for biomedical research, training and treatment in magnetic resonance imaging [MRI], cellular and structural biology, and a broad range of other research possibilities. The laboratory is currently funded by the Department of Energy, the National Science Foundation, and other sources. The Committee encourages the NCRR to enter into an interagency financial and research participation agreement with the Florida-based National High Magnetic Field Laboratory so the benefits of this important research may be more fully shared and applied to the research needs of NIH.

Clinical research.—The Committee is deeply interested in addressing all facets of the challenges confronting our Nation's clinical research effort. Toward that end, the Committee provides funds within the "Buildings and facilities" account of the NIH to begin the replacement of the aging intramural clinical research center on the NIH campus. The Committee is no less concerned about the need to strengthen the extramural clinical research infrastructure. The general clinical research centers around the country serve as locally accessible research centers for investigators and patients. The Committee recommendation includes $5,000,000 over the President's request for the general clinical research centers and their important training programs.

Cancer centers.—The Committee urges NCRR to work closely with NCI to examine the physical needs of cancers centers, especially those centers that serve rural and minority populations with a high incidence of cancer.

NATIONAL CENTER FOR HUMAN GENOME RESEARCH

Appropriations, 1996	$169,768,000
Budget estimate, 1997	179,875,000
House allowance	189,267,000
Committee recommendation	181,837,000

The Committee recommendation includes $181,837,000 for the National Center for Human Genome Research [NCHGR]. This is $1,962,000 more than the administration's request, $12,069,000 more than the fiscal year 1996 appropriation, and $7,430,000 less than the House allowance. The comparable numbers for the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—The NCHGR coordinates extramural research and research training for the NIH component of the human genome project, an international effort to determine the location and sequence of the estimated 100,000 genes which constitute the human genome. The Division of Extramural Research supports research in genetic and physical mapping, DNA sequencing and technology development, data base management and analysis, and studies of the ethical, legal, and social implications of human genome research. The Division of Intramural Research [DIR] focuses on applying the tools and technologies of the human genome project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene therapies. Since its establishment in 1993, the DIR has developed a strong research program and forged collaborative ties with several of the NIH research institutes to unravel the complexities of genetic diseases such as diabetes, breast and colon cancer, and melanoma.

Genetic discrimination.—The Committee commends the NCHGR for its leadership in research and policy development related to the important ethical, legal, and social implications of the human genome project and human genetics research. The Committee is particularly pleased with the attention to genetic discrimination in health insurance and the development of concise, cogent policy recommendations. The Committee supports the NCHGR's of ongoing efforts to examine many of the other important issues related to human genetics research and its consequences including: the appropriate use of genetic tests; the use of genetic information in the workplace; human subjects concerns, such as informed consent in genetic research; the education of health professionals about genetics and its application in health care; and the protection of genetic privacy. The Committee also supports efforts to include a diverse group of interested parties in all of its research and policy development activities.

Primary immune deficiency diseases.—More than 70 primary immune deficiency diseases have been identified by researchers to date. Research into the human genome has resulted in the discov-

ery of the genetic defects that result in 17 of these 70 diseases, in which the body is incapable of fighting off infection. Discovering the defective genes that cause each disease is a critical step toward early and accurate diagnosis and treatment, which can relieve great suffering, and eventually toward prevention and cure. With 500,000 diagnosed cases and another 500,000 estimated as undiagnosed, the Committee notes the advances that have occurred in research into primary immune deficiency diseases as a clear example of the prospects that result from the research of NCHGR and strongly encourages the Center to continue to focus on the identification and sequencing of genes that cause genetic-based illnesses.

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

Appropriations, 1996	$25,327,000
Budget estimate, 1997	25,547,000
House allowance	26,707,000
Committee recommendation	26,707,000

The Committee recommends an appropriation of $26,707,000 for the Fogarty International Center [FIC]. This is $1,160,000 more than the administration's request, $1,380,000 more than the fiscal year 1996 appropriation, and the same as the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

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

The Committee notes the significant accomplishments recorded by FIC programs and the important new initiatives identified in the Center's long-range plan. These timely efforts focus on new and reemerging infectious diseases, reproductive health, and environmental threats to health of Americans arising from beyond our borders. In pursuing these issues, especially developing these efforts in collaboration with other NIH and Federal components, the Center plays a uniquely important role among health agencies. The Committee is pleased with the Center's response to last year's Committee report directing the Center to give increased priority to developing a program to deal with the global problem of new and reemerging infectious diseases, and is pleased with the Center's initiation of an international training and research program on new and reemerging infectious diseases.

TB and lung disease.—The Committee notes the increased collaboration of the Fogarty International Center with the International Union Against Tuberculosis and Lung Disease [IUATLD]. The Fogarty International Center's support for the IUATLD-spon-

sored meeting of national laboratories from around the world is a positive step forward. The Committee encourages FIC to develop research and training programs, in collaboration with the IUATLD, to combat the growing global TB epidemic.

Infectious diseases.—The recent reemergence of the Ebola virus, drug-resistant malaria, tuberculosis, and other infectious diseases, demonstrates the continuing need for international efforts to detect and contain diseases before they become global epidemics. The Committee encourages the Center to devote additional funding for the furtherance of this important initiative.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 1996	$140,936,000
Budget estimate, 1997	146,579,000
House allowance	150,093,000
Committee recommendation	145,164,000

The Committee recommends an appropriation of $145,164,000 for the National Library of Medicine [NLM]. This is $1,415,000 less than the administration's request, $4,228,000 more than the 1996 appropriation, and $4,929,000 less than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include a direct appropriation for the Office of AIDS Research.

Mission.—The National Library of Medicine is the Federal institution that for more than 150 years has collected, organized, preserved, and disseminated the world's output of biomedical literature in all forms. As a result of this activity the library is the world's largest library of the health sciences, its holdings numbering more than 5 million items. The NLM, as part of the National Institutes of Health, has pioneered in creating innovative methods to disseminate bibliographic information. Basic to the mission of the NLM is a wide-ranging research program to improve how medical information is communicated. This responsibility is aided by a grants program and by specialized services in toxicology, environmental health, and biotechnology.

Health information infrastructure.—The Committee is impressed with the library's efforts to use the national information infrastructure as a means for improving biomedical communication for health care, clinical research, medical education, and public health. Since fiscal year 1993 the NLM has been a leader in developing and demonstrating the utility of technologies related to the high-performance computing and communications initiative. A number of major projects have been initiated and the Committee commends the library for plans to enhance these projects selectively and to support several new technology-based projects. The Committee also looks forward to the completion of the Institute of Medicine study designed to identify key criteria for evaluating the impact of telemedicine on cost, quality, and access to health care.

Outreach.—The NLM sponsors outreach initiatives that successfully reach American health professionals in a variety of work settings, particularly settings in hard to reach rural and minority communities. The new health information infrastructure, including

the internet, now makes it possible for the NLM to deliver more information, to more users, and at lower cost, than ever before. The Committee urges that, with additional funds, the library expand support for these important outreach activities to health professionals working in medically underserved communities with the goal of making NLM's services readily available to all who can benefit from them, at the least possible cost to the user.

The Committee is pleased to see that NLM is experimenting with the linkage of Medline references and abstracts to medical publishers via the worldwide web. This and other innovations will expand the library's mandate and provide even more comprehensive health information services to medical investigators, educators, practitioners, and the general public.

OFFICE OF THE DIRECTOR

Appropriations, 1996	$260,072,000
Budget estimate, 1997	251,513,000
House allowance	275,423,000
Committee recommendation	276,625,000

The Committee recommends an appropriation of $276,625,000 for the Office of the Director [OD]. This is $25,112,000 more than administration's request, $16,553,000 more than the fiscal year 1996 appropriation, and $1,202,000 more than the House allowance. The comparable numbers for the budget estimate and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The fiscal year 1996 appropriation and the House allowance did not include an appropriation for the Office of AIDS Research.

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

The Office of Research on Women's Health.—The Office of Research on Women's Health [ORWH] works to coordinate, refine, and expand the programs and activities of the NIH to address the inclusion of women in clinical research and to promote biomedical careers for women. In addition, the ORWH is charged with developing new collaborative initiatives to address continuing gaps in knowledge about women's health which affect both mortality and morbidity. The Committee commends the ORWH for cosponsoring the July 1996 scientific workshop on fibromyalgia syndrome [FMS]. The Committee encourages the ORWH to develop a strategy to address chronic pain syndromes in women that tend to overlap, such as fibromyalgia syndrome, chronic fatigue syndrome, irritable bowel syndrome, chronic headaches, interstitial cystitis, irritable bladder, mitral valve prolapse syndrome, and multiple chemical sensitivities.

Women's health initiative.—This initiative is a large cross Institute study regarding the prevention of conditions afflicting a large number of women, such as, breast cancer, heart disease, and

osteoporosis. There are three components of the study: a clinical trial; an observational study; and a community prevention study. In fiscal year 1997, funds will be used to support continued activities in the coordinating center and the 40 clinical centers.

Office of Research on Minority Health.—The Office of Research on Minority Health [ORMH] is the coordinating office for minority health research and research training efforts at the NIH. ORMH programs strive to improve the health status of all minorities across the lifespan and to increase the numbers of minorities pursuing careers in the biomedical sciences. Additional activities of the ORMH include providing supplemental support to ICD projects, developing programs to increase minority participation in clinical trials, initiating and supporting infrastructure development projects at minority institutions, and developing programs to increase the competitiveness of grant applications submitted by minority researchers.

The poor health outcomes of minority populations, particularly those who are low income, is well documented. To improve the health outcomes of all minorities, the Committee urges the ORMH to work collaboratively with individual NIH Institutes and outside organizations to advance research on psychosocial care and intervention among lower socioeconomic minority groups and to support research training opportunities for minority social work researchers.

The Committee commends the ORMH/NIDDK/NIAID for joining in a trans-Institute initiative for further study of *H.pylori* infection and its relationship to peptic ulcer disease and gastric cancer. Further research in this area offers exciting possibilities for more progress in understanding and treating these disorders. Additionally, the Committee commends the Office for attracting the American Digestive Health Foundation as a partner in this important effort.

The Committee commends NIH for sponsoring a recent research conference on Pacific islander (including native Hawaiian) health care research needs. The Committee notes the multitude of health care needs facing Pacific islanders, including the high prevalence of chronic illnesses among Pacific islanders and the extraordinarily high rates of cancer-related mortality among native Hawaiians (ranked second highest in the Nation). Therefore, the Committee urges the Director to ensure that research projects involving native Hawaiians, Asians, and Pacific islanders, be given full and fair consideration by the NIH and that they be appropriately incorporated into projects supported by the minority health initiative.

Minority health initiative.—The minority health initiative [MHI] is tailored to improve the overall health of minorities through expanded research and to provide training to more minority biomedical researchers. The goals of the MHI include continuing initiatives in collaboration with several institutes, addressing newly emerging areas of research such as: health and behavioral effects of lead exposure in childhood in inner-city neighborhoods and the health of minority women. In addition, MHI funds will support all minority research training efforts.

Office of Behavioral and Social Sciences Research [OBSSR].—The Committee is pleased that the OBSSR has established a research

training task force. The Committee encourages the Office to work with NIH Institutes to develop small grants programs for young investigators, such as the B/START program. The Committee believes that funds for such programs should not be allocated from within existing behavioral science research funds.

The Committee applauds the Office of Behavioral and Social Sciences Research for its leadership in promoting social and behavioral science research throughout NIH. In particular, the Committee recognizes OBSSR's support for the symposium on psychosocial treatments and interventions: social work's contribution to a trans-NIH research agenda, and the research initiative on violence against women and violence within the family. This research initiative is an excellent example of a coordinated, trans-NIH initiative that allows for a comprehensive interdisciplinary research effort.

National research service awards.—The Committee notes that the National Academy of Sciences recommended in its most recent assessment of the Nation's need for biomedical and behavioral researchers that NIH increase the number of NRSA awards in behavioral science, nursing research, health services research, and oral health research, while keeping the number of NRSA awards in the basic biomedical sciences at fiscal year 1993 levels. The Committee requests that the Director report to the Committee on NIH's response to the recommendations, progress in implementation, and timetable for completion prior to the fiscal year 1998 hearings.

Office of Rare Disease Research.—The recommendation includes increased funding over the President's request for the Office of Rare Disease Research. Funds above the request are provided to facilitate the availability of the clinical research data base, to establish the rare and genetic disorders information center, to provide support for scientific workshops and symposia, to finalize action on the report on plans to coordinate rare disease research activities, and for the operational activities of the Office.

The Committee is pleased with the development of the Rare Disease Clinical Research Database and anticipates the implementation and availability of information from this database to match potential research participants with current clinical research projects. The Committee also recognizes the important collaborative efforts of the Office, the NCI, the DRG, and the GCRC program in developing information for this data base. Continued cooperation will be required in the future to maintain the high quality of information provided in this database. The Committee expects the Office to be prepared to provide an update on the implementation of the data base during the fiscal year 1998 hearings.

The Committee is supportive of the Office of Rare Diseases and the National Center for Human Genome Research planning efforts to develop an information center to respond to inquiries about rare and genetic disorders. The Committee is pleased with the breadth and scope of scientific workshops and symposia supported by the Office to stimulate rare disease research by identifying research opportunities across a broad spectrum of rare diseases and conditions. The Committee recommends the Office monitor the impact of these meetings and provide a report on the outcomes before the end of fiscal year 1997.

Clinical research.—Two key objectives drive the engine of biomedical research: the first is to expand fundamental knowledge about how living systems exist and function; and the second is to apply that fundamental knowledge to the prevention, treatment, and cure of disease. The second objective is commonly known as clinical, or patient-oriented research. Both objectives are essential components of the Federal biomedical research effort. The Committee has been concerned for some time about a growing crisis in clinical research. The Committee was pleased to learn during its hearing on April 11, 1996, regarding clinical research that the Director's panel on clinical research was constituted to develop action items, and not simply conduct another review of the clinical research programs of NIH. The Committee understands that the panel has come to some preliminary recommendations and urges the NIH to act expeditiously to implement action items identified by the panel.

Pediatric research.—In its fiscal year 1996 report, the Committee expressed its interest in assuring that optimum attention and resources are devoted to pediatric research conducted and supported by the NIH. The Committee appreciates the work of the NIH in preparing its April 1996 "Report on NIH Pediatric Research." The report's description of the current pediatric research portfolio and efforts to assess the appropriate participation of children in research were particularly instructive. The Committee is encouraged by the recognition of the importance of a strong commitment to pediatric research across Institutes and expects the NIH to continue to strengthen its pediatric biomedical research portfolio.

The Committee recognizes that the opportunity for scientific progress in combating and preventing illnesses and diseases affecting children has never been greater. To assist the NIH in strengthening its pediatric research effort, the Committee recommendation includes $5,000,000 within the Office of the Director for a pediatric biomedical research initiative. The purpose of the initiative is to encourage increased funding and collaborative efforts across Institutes in high priority pediatric research to assure that expanding opportunities for advancement in scientific investigations and care for children are realized. The Committee intends the Director to have wide discretion in the allocation of the pediatric research initiative funding, provided that research support is directly related to the needs of children. The Committee encourages the Director to allocate funds in consultation with the Institutes, Centers and Divisions of the NIH currently supporting pediatric research and to maximize support for the initiative through leveraging additional funding from participating Institutes.

Bionutrition.—Nutrition research is a trans-NIH activity which the Committee continues to highlight. We are encouraged by the testimony of the Director as to the success of the obesity research initiative. The National Science and Technology Council has also recently indicated that we are experiencing a major epidemic of obesity. The Committee urges NIH to expand the focus on obesity research and particularly on its clinical aspects.

Chronic fatigue and immune dysfunction syndrome.—The Committee reiterates its support of the NIAID's advisory council's recommendation in 1995 that CFIDS research continue in a multi-

disciplinary manner and encourages the NIH to appoint a CFIDS coordinator with crosscutting authority to provide leadership on CFIDS research and cultivate the interests of other appropriate Institutes not currently engaged in research on this disorder. Furthermore, the Committee encourages the CFIDS coordinator to make recommendations for the inclusion of CFIDS representatives on appropriate NIH advisory councils.

Office of Dietary Supplements.—The Committee believes that the Office of Dietary Supplements [ODS] has made excellent progress during its first year. Accordingly, the Committee urges the Director to maintain level support for the ODS. Furthermore, the Committee encourages the ODS to evaluate the potential effects of supplements such as glutamine, antioxidants, arginine, and anabolic factors to positively affect the immune system of pre- and postsurgical patients and thereby reduce infection and inflammation

Office of Alternative Medicine.—The Committee continues to strongly support the work of the Office of Alternative Medicine and has included increased funds to support the Office above its fiscal year 1996 level so that alternative therapies can be rigorously reviewed to determine their effectiveness. The Committee continues to believe the central mission of the OAM is to provide consumers with sound and reliable information about alternative therapies which will expand access to effective therapies and to protect consumers from false or misleading claims about ineffective therapies. Despite the fact that more and more Americans are seeking care from alternative providers, the resources and infrastructure needed to conduct research on complementary and alternative treatments continue to be inadequate.

The Committee is interested in research on complementary methods such as chiropractic care to treat low back pain. A report released by the Agency for Health Care Policy and Research estimates that the total annual societal costs of back pain range from $20,000,000,000 to $50,000,000,000. Recent research also indicates that spinal manipulation is an effective form of initial treatment for acute low back problems. The recommendation includes sufficient funds for the Office of Alternative Medicine to establish a center for research on chiropractic health care and manipulative methods within a major chiropractic training institution.

Child abuse and neglect research.—The Committee recognizes the magnitude and significance of the problem of child abuse and neglect. An excellent report done in 1993 by the National Research Council [NRC] on understanding child abuse and neglect examines the current state of research in this area and recommends a research agenda designed to address the problems and gaps that currently exist. In order to facilitate collaborative and cooperative efforts in this important area, the Committee urges NIH to convene a working group made up of representatives of its component organizations currently supporting research on child abuse and neglect. The Committee further encourages the working group to hold a conference on child abuse and neglect to assess the state-of-the-art science and make recommendations for a research agenda in this field, and include in this conference relevant outside organizations and experts in the field. The Committee requests that this working group be prepared to report on current NIH efforts in this area, the

accomplishments of that research, and on plans for future coordinated efforts at the NIH at the fiscal year 1998 hearings.

Neurodegenerative and brain disorders initiative.—This area of research extends to studies which seek to understand the development of the normal brain and the changes in development which may underlie brain disorders. Over 50 million Americans have a permanent, neurological disability that limits their daily activities. One in three Americans will experience some form of mental disorder at some point in their lives, and more people are hospitalized with neuropsychiatric disorders than any other disease. Many other brain-related disorders and ailments, such as pain, addiction, neurodegenerative disease, diseases of the aging brain, such as Alzheimer's and Parkinson's, inflict untold misery on millions of Americans.

The Committee has received compelling testimony on the promise of intensified research on Parkinson's disease and related disorders. Recent scientific findings on the cause, pathogenesis, and treatment of Parkinson's, as evidenced in the 1995 NIH-sponsored workshop, support a strategy of expanded focus in basic and clinical research in this area. The Committee acknowledges substantial bipartisan support for such an expanded Parkinson's Disease Research Program, as evidenced by the majority cosponsorship in both Houses of Congress of the Morris K. Udall bill.

The Committee is pleased the NIH has identified the biology of brain disorders as an area of scientific emphasis and was supportive of the implementation of the neurodegenerative disorders initiative begun by the Committee in fiscal year 1996. Due to the significance of this area of research, both in human and fiscal terms, the Committee has again reserved $8,000,000 within the Director's Office to build upon this initiative. The Committee expects that the initiative will involve both basic and patient-oriented research involving brain disorders, and that particular emphasis will again be given to expanding support for innovative research related to neurodegenerative disorders.

Clinical Research Center.—The Committee supports the NIH request for authority to allow the Clinical Research Center to bill third-party insurers for nonresearch-related patient services. In a report issued last October, the HHS inspector general also encouraged NIH to modify its accounting system to collect the full costs of treating patients at NIH; separate research costs from nonresearch costs; collect insurance and financial information from patients; and develop a plan for implementing the new billing policies in consultation with insurance companies. The Committee requests a status report on how NIH is responding to the above recommendations and the expected savings expected from implementing direct billing in fiscal year 1997 and in future years.

Sleep disorders.—The Committee is supportive of the work of the NIH, particularly the NHLBI, to establish the National Center on Sleep Disorders Research. However, no mechanism has been formally established to encourage grant collaboration between the National Center and other NIH Institutes that have an interest in and a portfolio of sleep research activity, as statutorily authorized. The Committee is hopeful that the recently approved national sleep disorders research plan will serve as the focal point for this impor-

tant activity, and that the Director's Office will help facilitate implementation of this plan and the necessary cross Institute collaboration.

The Committee also views the continued implementation of the National Sleep Disorders education campaign as a very high priority and urges the NIH Director to help facilitate this initiative through the NHLBI and other relevant Institutes.

Paget's disease.—The Committee has been pleased with the collaborative efforts demonstrated by various Institutes to address aspects of Paget's disease. The Committee encourages the NIH to continue and expand these initiatives in fiscal year 1997, particularly within ongoing NIH center and laboratory programs.

Cancer and minorities.—The Committee understands that cancer will soon be the leading cause of death in the United States. Cancer crosses all groups in America, but often takes the deadliest toll among minorities and the medically underserved. For instance, Hispanic women are nearly twice as likely as the general population to develop cervical cancer and native Americans are only one-half as likely as the general population to survive lung cancer. Furthermore, African-American men are 36 percent more likely to develop prostate cancer, giving them the highest prostate cancer incidence in the world.

It has been 5 years since the establishment of the Office of Research on Minority Health and the minority health initiative at the NIH. While there is evidence of improvement in NIH support for research, training, recruitment, and information dissemination regarding minority health issues, disproportionately higher risks of cancer continue for African-Americans, other minorities, and the medically underserved. The Committee believes that the gravity of this issue demands that every appropriate effort be taken to ensure that the programs and activities of the Nation's chief medical research institution produce long-term gains against cancer that will benefit all Americans. Toward that end, the Committee has included sufficient funds for the Institute of Medicine to conduct a one-time review of the status of research into cancer among minorities and the medically underserved at the National Institutes of Health.

The Committee expects the study will evaluate the status of cancer research relative to minorities at the various Institutes, centers, and divisions of the NIH to include, but not limited to, factors such as: the relative share of NIH resources allocated to cancers disproportionately afflicting minorities and the medically underserved; breast, cervical, and other cancers that have a higher mortality among many minority women; minority scientists' involvement in decisionmaking on research priorities; whether NIH has a sufficient overview of cancer among minorities to prioritize a research agenda dealing with multiple, contributing factors such as genetics, environment, behavioral factors, including diet and smoking, socioeconomic factors, and access to health care; how well NIH research findings are being externally communicated and applied to cancer prevention and treatment in communities with the highest cancer incidence; whether there is an adequate understanding of survivorship issues that uniquely impact minorities and the medically underserved; whether NIH procedures offer equitable op-

portunities for minority scientists and researchers to propose research; the success of minority recruitment and retention in clinical trials; and the creation of an annual reporting mechanism on the status of cancer research among minorities and the medically underserved at the NIH.

Genetic research.—Genetics has become a critical component of all biomedical research, and as such, is central to the contemporary mission of the NIH. Human genetic research and its applications have raised, and will continue to raise, significant ethical, social and legal issues. If left unaddressed, these issues could jeopardize progress in understanding human genetics and/or the use of newly developed diagnostic and therapeutic tools. The Committee urges the Director to bring a coordinated effort at the NIH to these critical legal, ethical, and social issues, which pertain to many diseases and disorders, affecting millions of Americans.

One issue in particular is the concern among the general public about the privacy of information, and especially, of genetic information, that may be obtained during the course of medical care, and recorded in the medical record. Some of these concerns are now focused on archival collections of human tissue samples that have been collected for clinical purposes and accrued for generations in academic medical centers, where they have provided a rich and irreplaceable resource for research on human diseases. The status, accessibility, and use of stored tissue samples raise important issues that require the careful balancing of considerations of patient autonomy and privacy with society's compelling interest in encouraging opportunities for biomedical discoveries, and the improvement of human health. The Committee urges the Director to study these issues and recommend appropriate policies and procedures that will protect the rights of research subjects and assure the continuing availability and accessibility of the human tissue archive.

Perrine primate facility.—The Committee commends the NIH for its recent action in approving the excessing of the Miami-based Perrine primate facility. The Committee continues to believe the best use of the facility is for the continuation of important primate and animal model research. The current licensee/management operator structure is the optimal way to achieve the continuation of this important research. The Committee urges the NIH to conclude the actions necessary to deem this facility as excess, so it can be transferred to the best use operator, consistent with prior Federal investment strategies.

Chimpanzee research retirement.—The Committee recognizes that the issue of long-term care for chimpanzees used in research has received increasing attention during the last several years. The Committee understands that the NIH has funded a study by the National Academy of Sciences [NAS] to develop specific recommendations on the biomedical research community's chimpanzee requirements and the national long-term care and support of the chimpanzee population. Specifically, the NAS has been asked to look at the specific options for achieving cost-effective long-term care of chimpanzees. The Committee looks forward to the results of the NAS study, particularly with regard to an evaluation of the establishment of a program that provides for annual resources to a national research retirement sanctuary system and the potential

savings realized from such an approach. The Committee expects the NIH to be prepared to discuss the results of the study, a comparison of costs associated with the current system for covering long-term care costs of the chimpanzee population, and the costs associated with options identified by the NAS study committee, during the fiscal year 1998 hearings.

Bioengineering research.—The Committee is aware of the report entitled, "Support for Bioengineering Research" submitted to the Congress last August. The Committee requests that the Director prepare and submit a report to the Committee, and to the appropriate authorizing committee, regarding the plans and timeframes for implementation of the recommendations of the report. The report should be submitted prior to the fiscal year 1998 hearings.

National Bioethics Advisory Commission.—The Committee was pleased to learn of the recent appointment of members for the National Bioethics Advisory Commission. Given the current debate regarding genetic privacy and discrimination; the need to examine the ethics involved with research involving human subjects; and the pace of biomedical breakthroughs, a standing commission at the national level to discuss the ethical ramifications of these issues is critical. The Committee urges the Commission to move expeditiously on the development of an agenda and the date, places, and times of its public hearings. The Committee applauds the Secretary for providing the core administrative support for the Commission. The Committee urges the Secretary to work with other agencies with an investment in issues of relevance to the Commission, to obtain the complete support necessary for the successful implementation and operation of NBA in fiscal year 1997.

Pain research.—The Committee is pleased that pain research is becoming an increasing part of the NIH research agenda, and remains interested in the level of its overall growth and the need for better coordination. Pain is a major public health problem afflicting or disabling nearly 50 million Americans. The Committee encourages the NIH to quickly advance interdisciplinary coordination and support of the complex issues involved in pain research, including collaboration with chiropractic colleges and schools of nursing. The Committee is aware of the December 1995 NIH-sponsored workshop on pain research, and requests the Director be prepared to report on the implementation of the workshop's recommendations during the fiscal year 1998 budget hearing.

Spinal cord injury research.—The Committee was pleased to learn that the Director has scheduled an NIH-sponsored workshop later this month. The Committee views the workshop as providing an important opportunity to discuss the current state of research and to chart the future course for an invigorated Spinal Cord Injury Research Program. The Committee requests that the Director be prepared to report on the recommendations of the scientific workshop, the status of their implementation, and the level of support of spinal cord injury research during the fiscal year 1998 budget hearing.

BUILDINGS AND FACILITIES

Appropriations, 1996	$146,151,000
Budget estimate, 1997	390,261,000
House allowance	200,000,000
Committee recommendation	180,000,000

The Committee recommends an appropriation of $180,000,000 for buildings and facilities [B&F]. This is $210,261,000 less than the administration's request, $33,849,000 more than the fiscal year 1996 appropriation, and $20,000,000 less than the House allowance.

Mission.—The buildings and facilities appropriation provides for the NIH construction programs including design, construction, and repair and improvement of the clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. This program maintains physical plants at Bethesda, Poolesville, Baltimore, and Frederick, MD; Research Triangle Park, North Carolina; Hamilton, MT; Perrine, FL; New Iberia, LA; and Sabana Seca, PR.

Clinical research center.—The Committee concurs with the judgment of the House and the President's request that the NIH should move ahead with the construction of a new clinical research center to replace the existing 43-year-old structure. Maintaining a facility to focus intramural investigators on the clinical applications of basic research supported by the NIH is essential to ensuring a balanced research program, both intramurally and extramurally. The new clinical research center will have 250 beds, as recommended by the Marks-Cassel intramural research review panel. The new center will enable the NIH to address the serious structural impediments and environmental safety problems that currently confront the existing facility.

The President's budget had requested $310,000,000 for the clinical research center, a level represented as the full amount necessary for design and construction of the facility. The Committee recommendation includes $70,000,000, $20,000,000 less than the House amount and $240,000,000 below the request. The Committee concurs with the House in intending to provide the full cost of the project over the next several years in a manner that does not disrupt its construction timetable or unnecessarily add to its total costs. Additionally, the recommendation maintains language in the bill permitting NIH to contract for the entire scope of the project in the first year, subject to the availability of appropriations. This should allow NIH to avoid the delays and added costs associated with letting separate contacts for each annual appropriation of funds.

While the Committee fully supports the clinical research center, it believes that the cost and size of a project of this magnitude requires careful oversight. The Committee, therefore, directs NIH to establish an independent committee to review the program, timetable, and cost estimates at the design development stage of the project (approximately 50 percent stage of design). This independent committee and NIH should report to the Committee at the completion of the design development stage, and at important subsequent milestones, the project costs, their reasonableness, and the projected project timetable. The Committee does not intend that this additional oversight delay the construction timetable, but be-

lieves it is important to continue to have outside oversight as construction commitments are being undertaken.

OFFICE OF AIDS RESEARCH

Appropriations, 1996	.....
Budget estimate, 1997	$1,431,908,000
House allowance	.....
Committee recommendation	1,460,312,000

The Committee recommends an appropriation of $1,460,312,000 for Office of AIDS Research [OAR]. This is $28,404,000 more than the administration's request. The fiscal year 1996 appropriation and the House allowance did not provide a direct appropriation to the Office of AIDS Research.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

The AIDS research program evaluation working group, chaired by Dr. Arthur Levine, recently conducted a rigorous review of the NIH AIDS program. The report from the working group emphasized the importance of the OAR as an institute without walls, and the need for a strong OAR to provide the overall scientific leadership and coordination of the NIH AIDS research program. The Committee concurs with the working group's conclusion that authority to develop and implement the annual AIDS research plan and budget is essential.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 1996	$1,883,100,000
Budget estimate, 1997	2,089,011,000
House allowance	1,849,235,000
Committee recommendation	1,873,943,000

The Committee recommends $1,873,943,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 1997. In addition, $50,000,000 was provided for substance abuse treatment in Public Law 104–121, which brings the total for SAMHSA to $1,923,943,000. This is $40,843,000 more than the fiscal year 1996 level. SAMHSA is responsible for supporting mental health, alcohol abuse, and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

The Committee believes that SAMHSA's three centers should remain separate authorities. The Committee has provided funding for the Knowledge, Development, and Application Program to each of the three authorities: mental health, substance abuse treatment, and substance abuse prevention. Separate funding is provided for the Children's Mental Health Program, the PATH formula grant, the Protection and Advocacy Formula Grant Program, and for the two block grant programs.

The Committee notes in SAMHSA's strategic plan that populations in remote, medically underserved areas; ethnic/racial com-

munities; women, children, and elderly individuals; homeless individuals; and people affected by HIV/AIDS have not been well served by the mainstream systems of care. These populations are best served through special modalities that take into account unique sets of circumstances such as culture and language preference, socioeconomic factors, and geographic environment. However, the Committee is concerned by the disproportionate cuts to programs in rural and native communities in fiscal year 1996. Substance abuse is a major problem in many rural areas, particularly for American Indian and Alaska Native communities. The Committee believes that funds for prevention and treatment programs must be equitably distributed and should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds over fiscal year 1996 to fund projects to increase knowledge about effective ways to deliver services to rural and native communities. Within the funds reserved for rural programs, the Committee intends that $3,000,000 be reserved for CSAT grants, and $2,000,000 be reserved for CSAP grants.

CENTER FOR MENTAL HEALTH SERVICES

Mental health, knowledge, development, and application

The Committee recommends $38,032,000 for the mental health, knowledge, development, and application program [KDA] the same as the comparable fiscal year 1996 amount and the House allowance and $24,101,000 less than the President's request. The following programs are included in the mental health center KDA: Community Support Program [CSP]; homeless and AIDS demonstrations; and training and AIDS training programs.

The Committee believes mental health and substance abuse services are essential elements of primary care, is concerned about the impact of managed care on access to mental health services, and supports training of behavioral and mental health professionals for work in managed care settings, particularly in rural and underserved communities. The Committee commends CMHS for its support of the managed care and work force training project to identify training needs in managed care. The Committee concurs with the House and urges the Secretary to develop standards and guidelines for the delivery of mental health services in managed care entities, including guidelines for cultural competencies, work force diversity, and collaboration among primary care disciplines. The Committee urges SAMHSA to collaborate with HRSA on this effort. The Committee also supports special projects to design curricula and training models that prepare behavioral and mental health professionals to work in managed care systems and other interdisciplinary primary health care settings.

The Committee is pleased that the center for mental health funds state-of-the-art, peer-run programs that help people with mental illnesses live successfully in the community. These low-cost services have an impressive record of assisting people with mental disorders decrease their dependence on expensive social services and avoid psychiatric hospitalization. Having proved effective, they have been replicated in numerous communities with State and local funding. The Center has also funded two national technical

assistance centers that provide training and information to help these groups grow. The Committee has included sufficient funds to continue to support these two clearinghouses.

The Committee understands that SAMHSA has supported projects which provide outreach and counseling services in rural areas to displaced coal miners, farmworkers, their families, and encourages SAMHSA to consider funding such projects in the future.

Clinical and AIDS training

The Committee is aware of the need for more trained health providers to work with people suffering from HIV/AIDS. To the extent that funds are available, the Committee encourages SAMHSA to continue funding existing grants and contracts approved by SAMHSA under the current AIDS Training Program.

The Clinical Training Program trains mental health personnel to deliver services to designated underserved populations in exchange for a repayment through service to underserved or priority populations, including severely mentally ill adults, children and adolescents with serious emotional disorders, and the elderly. The AIDS Training Program provides training for mental health providers to address the neuropsychiatric aspects of HIV spectrum infection.

AIDS demonstrations

This program provides 4 year grants to public and nonprofit private organizations to provide innovative mental health services to individuals who are experiencing severe psychological distress and other psychological sequelae as a result of infection with HIV. One coordinating center is supported to independently evaluate the quality and effectiveness of these services. The Committee commends CMS for its leadership in working cooperatively in demonstrating the efficacy of delivering mental health services to individuals affected by and living with HIV/AIDS. The Committee encourages the Secretary to maintain these agencies' support for this program.

Mental health block grant

The Committee recommends $275,420,000 for the mental health block grant, the same as the fiscal year 1996 amount, the President's request, and the House allowance. States use these funds to support the development and implementation of innovative community-based services and maintain continuity of community programs. Funds are allocated to States by formula.

Children's mental health

The Committee recommends $59,927,000 for the Children's Mental Health Program, the same as the fiscal year 1996 level, $31,000 less than the President's request, and the same as the House allowance. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. States must provide matching funds, and services must involve the educational, juvenile justice, and health systems. The Committee has provided sufficient funding to continue all 22 demonstration projects in fiscal year 1997.

Projects for assistance in transition from homelessness [PATH]

The Committee recommends $20,000,000 for the PATH Program, the same as the fiscal year 1996 amount and the House allowance.

PATH is a critical program which provides outreach, mental health and case management services and other assistance to persons who are homeless and have serious mental illnesses. Congress has continued to show strong support for PATH, providing $29,000,000 in fiscal year 1995 and $20,000,000 in the most recent fiscal year 1996 appropriation. The PATH program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

Protection and advocacy

The Committee recommends $21,957,000, for protection and advocacy, $2,107,000 more than the fiscal year 1996 amount and the same as both the President's request and the House allowance. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities and for 90 days following their discharge. Funds are allocated to States according to a formula based on population and relative per capita income.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Substance abuse treatment knowledge, development, and application

The Committee recommends $110,000,000 for the substance abuse treatment knowledge, development, and application program [KDA]. This amount is $20,223,000 more than the comparable fiscal year 1996 amount, $66,043,000 less than the President's request, and $8,667,000 more than the House allowance.

The Committee has provided sufficient funding and expects that the final year of the target cities projects will be fully funded through completion. The target cities initiative is a series of intergovernmental cooperative agreements designed to improve treatment systems in metropolitan areas to link and integrate alcohol and other drug services with disease prevention, primary health, mental health, labor, education, and the justice system.

The Committee has provided sufficient funds to continue all 13 residential women and children grants that were discontinued in 1996, and expects these projects will be fully funded through completion.

The Committee is concerned about the disproportionate cuts to programs in rural and native communities, and has included $3,000,000 for rural CSAT programs. The Committee acknowledges that there is a severe shortage of services in the State of Alaska and that there is a pressing need to continue support of Alaska

programs and to develop knowledge about effective techniques for treating and preventing substance abuse in native populations, and, therefore, expects that the programs in Alaska will be continued.

Substance abuse block grant

The Committee recommends $1,184,107,000 for the substance abuse block grant. In combination with the $50,000,000 provided for the block grant in Public Law 104–121, $1,234,107,000 is provided for the block grant, the same as the comparable fiscal year 1996 level.

The substance abuse block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Substance abuse prevention, knowledge, development, and application

The Committee has provided $110,000,000 for the substance abuse prevention, knowledge, development, and application program, $20,201,000 more than the comparable fiscal year 1996 amount, $66,043,000 less than the President's request, and $16,041,000 more than the House allowance.

Within the total recommended, the Committee has included $7,000,000 for community partnership grants and $4,000,000 for high-risk youth school-based grants, or one-half of the amount needed to fully fund the continuation of all grants. The Committee expects that these programs will continue in fiscal year 1997 at reduced rates, so that these programs can provide prevention services and can transition to other sources of funding. The Committee expects that these projects will be funded at reduced rates through their current grant cycle.

The Committee is concerned about the disproportionate cuts to programs in rural and native communities, and has included $2,000,000 for CSAP programs which serve rural communities.

The Committee expects that funding for those PPWI programs which provide services to low-income women and their children throughout urban, suburban, and rural regions of a State will be fully restored. These programs must provide the following services: a residential living setting, an educational center, and must operate a free medical clinic.

The Committee believes that prevention programs need to start when children are young, and need to continue to help children make successful transitions. The Committee has included sufficient funds for evaluations of established school-based early prevention and transition programs. The evaluations should focus on the experiences of students involved in established year-round elementary education and prevention service programs which teach decision-making, problem-solving, and communication skills necessary to decrease substance abuse or the precursors of substance abuse. The Corporate Alliance for Drug Education [CADE] has been operating a program providing education and prevention services to 120,000

elementary school-aged children in Philadelphia serving in 22 elementary schools and community recreation, religious, and civic organizations. CADE would be especially suited to an evaluation such as the one described above.

Within the funds available, the Committee urges CSAP to continue the national effort to provide alcohol and substance abuse prevention and education to children of native Americans with alcoholism.

The Committee encourages CSAP to give consideration to proposals for computer-assisted self-help therapy programs for adolescents at risk for alcohol or drug abuse.

The Committee commends SAMHSA for taking initiatives for developing oversight and new working groups such as the knowledge development application [KDA] workgroup on emerging trends in HIV/AIDS. The Committee recognizes the need for ongoing development of small scale demonstration projects, particularly those targeted to newly emerging problems such as methamphetamines.

The Committee remains concerned that CSAP may have adopted an informal policy of funding only grantees which have not received funding from sources within the alcohol and tobacco industries, and directs that SAMHSA discontinue any such policy.

PROGRAM MANAGEMENT

The Committee recommends $54,500,000 for program management activities of the agency, $1,688,000 less than the 1996 level and the same as both the President's request and the House allowance.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer the programs.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 1996	$166,925,000
Budget estimate, 1997	176,392,000
House allowance	176,392,000
Committee recommendation	176,392,000

The Committee provides an estimated $176,392,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the administration request and the House allowance and is $9,467,000 over the estimated payments for fiscal year 1996.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

Appropriations, 1996	$125,169,000
Budget estimate, 1997	143,780,000
House allowance	125,169,000
Committee recommendation	143,587,000

The Committee recommends $83,463,000 in Federal funds for the Agency for Health Care Policy and Research [AHCPR]. In addition, the Committee provides transfers of $60,124,000 from funds available under section 241 of the Public Health Service Act. Total funding provided for the Agency is $143,587,000, which is $18,418,000 more than both fiscal year 1996 funding and the House allowance and $193,000 less than the administration's request.

The Agency for Health Care Policy and Research was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHCPR is the only Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHCPR provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

The Committee is supportive of AHCPR's efforts to establish a children's health services research agenda. To the extent that resources permit, the Committee encourages AHCPR to consider sponsoring a national conference on developing a national research agenda on quality, effectiveness, and outcomes measures in children's health care. The Committee further encourages the Agency to work with the Emergency Medical Services for Children Program at HRSA to evaluate the potential impact of managed care on children's access to emergency services.

HEALTH CARE SYSTEMS COST AND ACCESS

The Committee provides $48,416,000 for research on health care systems cost and access, which is the same as the administration request and $3,727,000 below the 1996 level. Of the $48,416,000 provided, $25,424,000 is derived from the section 241, 1-percent evaluation set-aside, which is $6,140,000 above the administration request. The House did not provide set-aside funding for this activity.

Research on health care systems cost and access programs, develop analyses on ways to enhance efficiencies in the health care system by: identifying the most effective means in health care service delivery; determining how the structural and financial aspects of the health care system affects utilization, quality, and costs; and helps translate relevant research findings for the use of the major participants in the health care system.

Rural health services research

The Committee reiterates its support of the Agency's work in the area of rural health services research, and expects that AHCPR continue to fund five specialized centers for rural health managed

care services demonstrations. Many recent health care innovations such as managed care are available in metropolitan areas but are frequently unavailable to rural populations. The centers will conduct demonstrations of innovations in the delivery of health care services in rural areas. The Committee notes that sufficient funding has been provided to continue the rural managed care pilot projects.

HEALTH INSURANCE AND EXPENDITURE SURVEYS

The Committee provides $44,700,000 for health insurance and expenditure surveys, which is the same as the administration request and the House allowance and $29,700,000 above the 1996 level. Of the $44,700,000 provided, $34,700,000 is derived from the section 241, 1-percent evaluation set-aside, which is the same as the administration request and the House allowance.

The health insurance and expenditure surveys obtain information necessary to develop timely national estimates of health care use and expenditures, private and public health insurance coverage, and the extent and costs of private health insurance benefits. The surveys also analyze changes in health care use, expenditures, and insurance coverage resulting from changes in market forces or government policy. To accomplish these functions, AHCPR employs medical expenditure panel surveys [MEPS], an interrelated series of surveys that replace the national medical expenditure survey. The Committee provides the full administration request for MEPS and urges continued efforts by the Agency to identify appropriate savings within MEPS that could be used for other agency research priorities, including health services research.

HEALTH CARE OUTCOMES AND QUALITY

The Committee provides $48,241,000 for research on health care outcomes and quality, which is the same as the administration request, $9,241,000 above the House allowance, and $7,555,000 below the 1996 level. The Committee has not included transfers from Medicare trust funds for this activity, which is $5,796,000 below the administration request. The House did not include Medicare trust funds for this activity.

The health care outcomes and quality programs fund activities to ascertain what works best in medical care by enhancing cost effectiveness and appropriateness of clinical practice; developing tools to measure and evaluate health outcomes, quality of care, and consumer satisfaction; and facilitating translation of information into practical uses through data bases, information technology and provider-to-patient education.

Minority and underserved populations

The Committee continues to be supportive of the agency working with Hawaii, its unique health insurance plan, and its culturally diverse population.

Social workers are important care providers within the health and mental health care delivery system, especially in minority and underserved communities. Social workers are well-positioned to provide cost-effective prevention, primary care, and recovery and rehabilitation services. The Committee is aware of the lack of data

on types, effectiveness, and cost-efficiency studies of social work services delivered among different populations and encourages the agency to develop initiatives to train social work researchers to conduct such studies, consistent with the Agency's overall mission and priorities.

Advance directives

In fiscal year 1995, the agency initiated a 2-year study to test methods to improve completion rates for advance directives among the general public, in accordance with the Patient Self-Determination Act of 1990. The Committee believes that advance directives are important tools in protecting personal rights by allowing patients to make treatment preferences known in case of serious illness or injury. The Committee recommends expansion of the study's activities at existing sites to the extent practicable and has provided sufficient funds within the Agency's appropriation for continuation of the project for an additional year at the current rate.

The Committee is aware of a proposal by a coalition of researchers and provider groups entitled "Supportive Care of the Dying: A Coalition for Compassionate Care." This proposal would conduct research on the needs of persons, families, and communities confronted with life-threatening illness and to assess the current abilities of our health care system to meet those needs, to be followed by the development and dissemination of appropriate health care delivery models and protocols. The Committee encourages AHCPR to give full and fair consideration to the coalition's proposal.

Program support

The Committee recommends $2,230,000 for program support. This amount is the same as the 1996 level and the House allowance, and $193,000 below the administration request. This activity supports the overall management of the Agency for Health Care Policy and Research.

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

Appropriations, 1996	$55,094,355,000
Budget estimate, 1997	75,056,618,000
House allowance	75,056,618,000
Committee recommendation	75,056,618,000

The Committee recommends $75,056,618,000 for grants to States for Medicaid. This amount is $19,962,263,000 more than the fiscal year 1996 appropriation and the same as both the administration request and the House allowance. This amount excludes $26,155,350,000 in fiscal year 1996 advance appropriations for fiscal year 1997. In addition, $27,988,993,000 is provided for the first quarter of fiscal year 1998, as requested by the administration and the House.

The Medicaid Program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula which determines the appropriate

Federal matching rate for State program costs. This matching rate, which may range from 50 to 90 percent, is based upon the State's average per capita income relative to the national average.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 1996	$63,313,000,000
Budget estimate, 1997	60,079,000,000
House allowance	60,079,000,000
Committee recommendation	60,079,000,000

The Committee recommends $60,079,000,000 for Federal payments to the Medicare trust funds. This amount is the same as both the administration request and the House allowance and is a decrease of $3,234,000,000 from the fiscal year 1996 appropriation.

This entitlement account includes the general fund subsidy to the supplementary medical insurance trust fund (Medicare part B), plus other reimbursements to the hospital insurance trust fund (Medicare part A), for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions.

The Committee has provided $59,456,000,000 for the Federal payment to the supplementary medical insurance trust fund. This payment provides matching funds for premiums paid by Medicare part B enrollees. This amount is the same as both the administration request and the House allowance, and is $4,071,000 more than the fiscal year 1996 amount.

The recommendation also includes $405,000,000 for hospital insurance for the uninsured. This amount is the same as both the administration request and the House allowance, and is $47,000 more than the 1996 amount.

The Committee also recommends $76,000,000 for the Federal uninsured benefit payment. This payment reimburses the hospital insurance trust fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as both the administration request and the House allowance, and is $13,000 more than the fiscal year 1996 appropriation.

The Committee recommendation includes $142,000,000 to be transferred to the hospital insurance trust fund as the general fund share of HCFA's program management administrative expenses. This amount is the same as both the administration request and the House allowance, and is $3,000,000 less than the fiscal year 1996 level.

PROGRAM MANAGEMENT

Appropriations, 1996	$2,124,281,000
Budget estimate, 1997	2,193,152,000
House allowance	1,733,125,000
Committee recommendation	1,729,584,000

The Committee recommends $1,729,584,000 for HCFA program management. This is $3,541,000 less than the House allowance, $463,568,000 less than the budget request, and $394,697,000 less than the fiscal year 1996 enacted level.

Research, demonstrations, and evaluation

The Committee recommends $45,000,000 for research, demonstration, and evaluation activities. This amount is $3,000,000 more than the House allowance, $5,810,000 more than the budget request, and $5,000,000 more than the amount provided in fiscal year 1996.

HCFA research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decisionmaking. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decisionmaking, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment settings, and to develop alternative strategies for reimbursement, coverage, and program management.

The recommended funding level of $45,000,000 for the regular research and demonstration program will provide for continuation of current activities including telemedicine demonstration projects, which should remain a high priority. It will also fund new initiatives. Priority areas for HCFA research include access to high-quality health care, health service delivery systems, and provider payment systems.

The General Accounting Office [GAO] estimates that as much as 10 percent of Medicare costs are lost every year to waste and abuse. Senior citizens are also our best front line defense against these losses. Yet often they don't have the information and expertise needed to appropriately assess their Medicare bills and statements. As a result, abuses go unreported and some cases which are not abusive are reported incorrectly. There are thousands of retired accountants, health professionals, investigators, teachers, and others who, with appropriate training, could serve as volunteer expert resources and educators for seniors in their communities. This would substantially increase our efforts to curb losses to Medicare. Accordingly, the Committee has included $2,000,000 to fund the testing of different models designed to train retirees in local communities to both serve as volunteer resources and educators for other area Medicare beneficiaries to assist in the detection and reporting of Medicare waste and abuse. These funds are to be transferred to the Administration on Aging to facilitate the involvement of the aging network (area agencies on aging) in the project. The demonstration should include at least 10 sites throughout the Nation, including rural and urban areas. Since many seniors get information through the aging network, at least one-half of the tests should be run through local senior centers. Others could be done through insurance counseling programs and other senior advocacy efforts. The Administration on Aging should consult with the Office of Inspector General and the GAO to assure appropriate expertise in designing and implementing the pilots. The project should also include the development of outcome measures to demonstrate the effectiveness of different models tested. And, in order to assure that the project is timely, the Committee strongly urges that grants be awarded no later than February 1, 1997.

Within available funds, the Committee has provided sufficient funds for the first year of a 3-year project to develop a comprehensive health care information managed system that will link patient

care across the full range of health care, with special priority for projects involving a private sector partner.

The Committee recommendation includes sufficient funds for a project that explores new approaches to meet the needs of vulnerable populations in an urban, low-income setting. The Committee encourages HCFA to give full and fair consideration for such a demonstration grant at Misericordia Hospital in Philadelphia. The Committee is aware of Misericordia Hospital's efforts to date in serving vulnerable populations in an urban low-income setting.

The Committee urges the Secretary to conduct a demonstration program designed to integrate acute and long-term care under the Medicare and Medicaid programs. The demonstrations would operate for 5 years and in up to 10 States. The demonstrations would explore integration of preventive, acute, and long-term care services by integrated systems of care [ISC]. ISC's would employ case management and interventions intended to avoid functional deterioration and unnecessary institutionalization. The Secretary and a State (or organization of States) would enter into an agreement to conduct a demonstration project within the State. Beneficiary participation in the demonstration would be voluntary. Individuals eligible for both Medicare and Medicaid and within the service area of an ISC would have the option to enroll in the ISC for services otherwise covered by these programs. The ISC's would be responsible for contracting with providers directly for all covered services. The ISC's would be paid on a fully or partially capitated basis and would bear risk in accord with applicable Federal and State laws and regulations. The Secretary would make the Medicare payment directly to the ISC's.

The Committee has noted that HCFA has issued a notice to cease reimbursement for the only antibiotic currently covered in the home care setting. The Committee recommends that HCFA conduct a demonstration project to evaluate the cost effectiveness of reimbursing alternative antibiotics, including injectable and infused antibiotics, to vancomycin (which is currently covered until September 1, 1996) in the home care setting. HCFA should evaluate the savings associated with patients being treated in home care setting versus in the hospital or inpatient setting. The Committee recommends that the Secretary select two DMERC's to conduct the demonstration. The DMERC's should convene an expert panel of clinicians to select several alternatives to vancomycin for the demonstration. The Committee requests that the study be completed by September 30, 1997, and the results communicated by report to the Committee by November 1, 1997.

Within the funds provided, the Committee also urges the Administrator to give full and fair consideration of a proposal from the Rhode Island Department of Elderly Affairs to establish an integrated health assessment system. The Committee understands that this system would serve as a single assessment for case management services under State home- and community-based care programs and demonstrate an innovative means of improving the coordination of health care services for low-income elderly patients.

The Committee recognizes that congestive heart failure [CHF] is the leading cause of morbidity and mortality among Medicare beneficiaries and is also the most costly diagnosis for Medicare. The

Committee, therefore, recommends that HCFA undertake a project to develop and implement improvements in the quality and cost effectiveness of the diagnosis and treatment of CHF which would benefit patient outcomes while optimizing Medicare and other health expenditures. In this regard, the Committee is aware of a proposal from the University Cardiovascular Care Consortium, an association of 10 academic medical centers, to collaborate to develop strategies. The Committee urges HCFA to give full and fair consideration to this group's proposal.

The Committee has serious concerns about the Medicare choices and the Medicare managed care competitive pricing demonstration projects being considered by HCFA and urges HCFA to carefully examine its implementation of these projects. HCFA is strongly urged to consult and collaborate with the beneficiaries, health plans, and providers in any areas under consideration for these projects. The Committee is concerned that implementing these demonstrations prematurely could adversely affect beneficiaries and may cause damage to the Medicare risk contract program in the demonstration areas.

Health care represents one of the largest areas of expenditure for the Federal Government. Most of that money is spent in hospitals, long-term care facilities, skilled-nursing facilities, and clinics. Because of the Committee's interest in containing health care expenditures while providing the highest quality service, the Committee expects HCFA to review the training requirements for administrators of health care facilities, systems, and networks and report to the Committee at next year's appropriations hearings what steps should be taken to improve that training.

Medicare contractors

The Committee recommends a program level of $1,642,200,000 for Medicare contractors, of which $1,157,813,000 is for contractor operations. This overall amount is $28,000,000 more than the administration request, the same as the House allowance, and $44,558,000 more than comparable fiscal year 1996 appropriation. The amount for contractor operations is $25,613,000 more than the House allowance. This includes funding of payment safeguards at $435,000,000 as part of recently enacted health insurance reform legislation, which converts funding to a mandatory basis.

The Committee notes that the budget request and House allowance provide an increase from $20,000,000 in fiscal year 1996 to $75,000,000 in fiscal year 1997 for the Medicare transaction system [MTS], while reducing funding for claims processing activities by $49,242,000. The Committee recommends shifting a portion of the increase budgeted for MTS, in order to restore claims processing funding to 98 percent of last year's level, consistent with action taken throughout this bill on administrative activities. This will provide $1,157,813,000 for contractor operations, compared to the House allowance of $1,132,200,000.

The Committee agrees that contracts with States for health advisory services programs for Medicare beneficiaries is an allowable activity under the Medicare contractor beneficiary services budget. These contracts would provide assistance, counseling, and information activities relating to Medicare matters as well as Medicare

supplemental policies, long-term care insurance, and other health insurance benefit information.

Medicare contractors, who are usually insurance companies, are responsible for reimbursing Medicare beneficiaries and providers in a timely fashion and a fiscally responsible manner. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

State survey and certification

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. Onsite surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

The Committee recommends $158,000,000 for Medicare State survey and certification activities. This is the same as the House allowance, $5,800,000 less than the request, and $10,375,000 more than the 1996 enacted level.

The fiscal year 1996 appropriations bill included language which extended the intervals for surveying Medicare-certified home health agencies. According to the Congressional Budget Office, this amendment increased the funds available for Medicare survey and certification by $8,000,000 in fiscal year 1997. Therefore, the total amount of funds available for these activities is $164,000,000.

The Congress acted to extend the survey intervals on assurances from the Health Care Financing Agency that quality of critical Medicare home care services would not decline as HCFA took steps to focus survey activities on problem agencies. The Committee would like a report on the status of efforts to focus survey activities within the first 6 months of fiscal year 1997. The Committee notes that recent General Accounting Office reports have indicated that management controls on payment for Medicare home care services and quality assurance are very poor. In light of the rapid growth in payment for Medicare home health services, the Committee is very concerned about these reports and directs HCFA to make recommendations on actions to address these problems.

Federal administration

The Committee recommends a total of $319,384,000 for Federal administrative costs. This is $6,541,000 less than the House allowance, $40,458,000 less than the administration request, and $6,541,000 less than the fiscal year 1996 appropriation. This amount represents 98 percent of the 1996 enacted level, consistent with action taken throughout this bill on administrative activities.

The Committee remains extremely concerned with the amount of money lost every year to fraud, waste, and abuse in the Medicare program. The Committee has held many hearings and taken other corrective actions over an 8-year period to expose and reduce these losses. The Committee is pleased that HCFA, at the Committee's urging, has begun the process of utilizing its inherent reasonableness authority to assure that Medicare is not paying unreasonably high prices for numerous types of supplies and equipment. The Committee expects to be updated by HCFA on this effort in the coming months.

The Committee has for 6 years raised its concern with the excessive paperwork burden placed by the Medicare program on beneficiaries and providers, and has previously directed HCFA to reduce paperwork by no less than 20 percent. HCFA has been slow to address this problem, but the Committee is pleased that important first steps have been taken to reduce Medicare paperwork. The Committee expects HCFA to take further significant steps to reduce paperwork and meet our previous directive to lower it by 20 percent.

The Committee remains concerned that the Department is not utilizing the most sophisticated computer technology to reduce wasteful and abusive billings to Medicare. A recent report by the GAO found that billions of dollars could be saved if Medicare carriers utilized commercially available software to detect and stop billing abuse. HCFA has not complied with the Committee's directive last year to implement such cost saving technology. The Committee again directs HCFA to take this step to modernize technology.

The Committee wishes to express its concern over the manner of implementation by the Health Care Financing Administration [HCFA] of the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991. That legislation was intended to establish a framework for continued use by States of provider taxes if a State chooses to use the means of revenue generation. It adopted standards that would prevent recurrence of certain abusive situations that had arisen in the past. It provided for waivers so that provider tax programs not strictly meeting the standards could be implemented without penalty as long as the programs were consistent with the overall statutory policies. The Committee is concerned about the strictness of HCFA's waiver rules and their application, about the cramped interpretation of HCFA's interpretations of the statute, and about HCFA's delay in acting on waiver applications. These positions place in jeopardy substantial amounts of Federal Medicaid payments to States even though the States proceeded in good faith to develop provider tax programs that satisfied the intention of the 1991. The Committee expects HCFA to apply the law, its regulations, and the waiver standards in a manner consistent with the congressional purpose of permitting use of provider taxes that do not present the abusive situations involved in some of the prior programs, and to act expeditiously and favorably on state waiver applications relating to such taxes.

The Committee concurs with the House report language on lung volume reduction surgery, and has, in addition, included bill language requiring the Department of Health and Human Services to submit a report on this matter no later than January 1, 1997.

The Committee expects the Health Care Financing Administration to review Medicare reimbursement regulations with respect to physical therapist in independent practice [PTIP] or occupational therapist in independent practice [OTIP]. Concerns have been expressed to the Committee that it should not be necessary for the PTIP or OTIP to be on the premises in order for those services to be reimbursed as Medicare services. The Committee expects the Secretary of HHS to be prepared to address this issue at next

year's appropriations hearings, including recommended regulatory or instructional changes.

The Committee expects that no funds be used for the implementation of or planning for future implementation of the Medicare/Medicaid data bank.

It has come to the Committee's attention that the Medicaid rebate statutory formula has resulted in an unintended and inequitable consequence due to an anomaly in the calculation of the rebate.

The purpose of the Medicaid rebate statute was to guarantee that Medicaid receive the benefit of the best price for which a manufacturer sells a prescription drug to any purchaser. However, in some cases the rebate claimed by Medicaid has far exceeded the price Medicaid paid for the drug and significantly exceeded the manufacturer's sales revenue for the drug. This has eliminated any incentive and amounted to an egregious penalty for participating in the Medicaid program in these cases.

The Committee is concerned that this result, which runs counter to reason and fundamental fairness, was not contemplated by the statute. The Committee urges both HCFA and the authorizing committees to reexamine the problem to find a fair and equitable resolution of this situation.

It is the Committee's understanding that HCFA has indicated that it will move forward with a new coverage rule which codifies many of the advisory criteria it now uses to make coverage decisions. The Committee strongly urges HCFA to carefully follow the requirements of the Administrative Procedures Act [APA] as it proceeds with this regulation. Specifically, the Committee feels that HCFA should publish this rule as a notice of proposed rulemaking [NPR] in order to obtain appropriate, timely public comment prior to issuing a final regulation. The health care environment has changed dramatically since HCFA published its last NPR on this subject in 1989.

The Committee feels that it would not be appropriate to move to a final regulation status based on comments that are now more than 7 years old. Any new rule on coverage will certainly be significantly different in enough ways that this action warrants a new period of notice and comment. While the Committee is supportive of issuance of a final coverage regulation, it believes that the interim action of an NPR will keep HCFA within the requirements of the APA and will, therefore, result in a final regulation that appropriately addresses the concerns of all impacted parties.

ADMINISTRATION FOR CHILDREN AND FAMILIES

FAMILY SUPPORT PAYMENTS TO STATES

Appropriations, 1996	$18,014,307,000
Budget estimate, 1997	18,101,000,000
House allowance	18,101,000,000
Committee recommendation	18,101,000,000

The Committee recommends an appropriation of $18,101,000,000 for family support payments to States, which is in addition to $4,800,000,000 appropriated in fiscal year 1996 as an advance for the first quarter of 1997. This appropriation is the same as the ad-

ministration's request and the House allowance, and $86,693,000 more than the fiscal year 1996 comparable appropriation level.

The recent enactment of Public Law 104–193 (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) eliminates the AFDC and related programs, creating in their place the new temporary assistance for needy families [TANF] block grant. However, Public Law 104–193 provides States with a period to transition from the AFDC programs into the new TANF program. In accordance with this transition, the Committee recommendation continued to appropriate funds in fiscal year 1997 for AFDC and related programs. The amount needed for AFDC programs during this transition is unclear because it is not known when, within the year (before July 1997), States will begin implementing their new program. States will also have prior-year claims from the AFDC programs. Therefore, the Committee recommendation retains the existing appropriations accounts for fiscal year 1997, for both family support payments to States and payments to States for jobs.

Under the old program, funding supports grants to States for the Federal share of public assistance for the needy and for child support enforcement and child care activities. Aid to families with dependent children [AFDC] is the largest of the assistance programs in this account. These dollars support children in need who have been deprived of parental support by the death, disability, or continued absence of a parent from the home, or the unemployment of the principal wage earner.

Funds are also provided to cover the costs of child care for welfare recipients who need this service to participate in State job opportunities and basic skills [JOBS] training programs, to provide transitional child care for welfare recipients who leave the rolls because of increased earnings, and for low-income families who need such care to work, or would otherwise be at risk of becoming eligible for AFDC. Unless child care is provided as necessary to JOBS participants, States cannot require their participation.

This appropriation also funds several other types of assistance, including emergency assistance, assistance to destitute or ill Americans who have been repatriated, and assistance to adults in Puerto Rico and the territories.

In addition to assistance payments, the appropriation funds the Child Support Enforcement Program, which assists families by locating absent parents, establishing paternity, and enforcing support obligations to ensure that children are financially supported by both parents. Grants made under this account also include funds for the Federal share of the costs States incur in administering these programs.

The Committee's recommendation is the same as the President's estimates of the amounts needed for these entitlement programs. The Committee recommendation includes net funding of $11,713,000,000 for benefit payments under the Aid to Families With Dependent Children Program and $25,000,000 for payments to the territories. For emergency assistance, the Committee has provided the amount recommended by the President, $1,867,000,000. The Committee recommendation also includes $1,000,000 for repatriation and $1,875,000,000 for State and local

welfare administrative costs. Finally, the Committee recommendation includes $879,405,000 for the costs of AFDC/JOBS child care, $267,595,000 for transitional child care, and $300,000,000 for the At-risk Child Care Program.

For child support enforcement, $2,132,000,000 is included for State and local administration. These costs are offset by the Federal share of collections, estimated at $1,366,000,000. In addition, Federal incentive payments of $459,000,000, an increase of $20,000,000 over fiscal year 1996, are provided.

The Committee recommendation deletes the requested first quarter advance for fiscal year 1998; this advance is no longer necessary, due to enactment of welfare reform legislation.

PAYMENTS TO STATES FOR JOBS

Appropriations, 1996	$990,000,000
Budget estimate, 1997	1,000,000,000
House allowance	1,000,000,000
Committee recommendation	1,000,000,000

The Committee recommends $1,000,000,000 for payments to States for AFDC work programs, the same as the House allowance and the President's budget request.

This appropriation will support job opportunities and basic skills [JOBS] training programs in all States. JOBS programs were created as part of the Family Support Act of 1988 and are intended to assure that needy families with children obtain the education, training, and employment they need to avoid long-term welfare dependence. As stated under the previous account, this program will undergo a period of transition in fiscal year 1997 due to enactment of welfare reform legislation. Since it is unclear how much will be needed for prior-year claims, the recommendation retains the current request level.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 1996	$900,000,000
Budget estimate,1996	1,000,000,000
House allowance	900,000,000
Committee recommendation	1,000,000,000

The Committee recommends that $1,000,000,000 be made available in fiscal year 1997 for the Low-Income Home Energy Assistance Program [LIHEAP], $100,000,000 more than the regular appropriation for fiscal year 1996; this is the same as the budget request and $100,000,000 more than the House allowance.

The Committee recommendation also includes a $1,000,000,000 advance appropriation for fiscal year 1998, the same as the budget request, but which was not included by the House. The advance appropriation, as authorized by law, gives States greater opportunity for effective program planning, including sound allocation of resources among the various components of the program.

LIHEAP grants are awarded to the States, territories, and Indian tribes to assist low-income households in meeting the costs of home energy. States receive great flexibility in how they provide assistance, including direct payments to individuals and vendors and direct provision of fuel. LIHEAP grants are distributed by a

formula defined by statute, based in part on each State's share of home energy expenditures by low-income households nationwide.

The Committee recommendation includes an emergency allocation of up to $300,000,000 to be made available, only upon submission of a formal request designating the need for the funds as an emergency as defined by the Budget Enforcement Act. In addition to the $120,000,000 remaining available from previous appropriations actions, this would make available up to a total of $420,000,000 in emergency funds. Together with regular appropriations of $1,000,000,000, the Committee recommendation makes available a total of $1,420,000,000 for LIHEAP in fiscal year 1997.

The Committee intends that up to $25,000,000 of the amounts appropriated for LIHEAP for fiscal year 1997 be used for the leveraging incentive fund, which will provide a percentage match to States for private or non-Federal public resources allocated to low-income energy benefits. Of the fiscal year 1998 advance appropriation, up to $25,000,000 is also for the leveraging fund.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 1996	$402,166,000
Budget estimate, 1997	381,536,000
House allowance	412,076,000
Committee recommendation	385,609,000

The Committee recommends $385,609,000 for refugee and entrant assistance, a decrease of $16,557,000 below the level appropriated for fiscal year 1996 and $4,073,000 more than the budget request.

Based on an estimated refugee admission ceiling of 90,000, compared to 110,000 in fiscal year 1996, this appropriation, together with bill language allowing prior-year funds of an estimated $9,300,000 to be available for 1997 costs, will enable States to continue to provide at least 8 months of cash and medical assistance to needy refugees.

The Refugee Assistance Program is designed to assist States in their efforts to assimilate refugees into American society as quickly and effectively as possible. The program funds State-administered cash and medical assistance, the voluntary agency matching grant program, employment services, targeted assistance, and preventive health.

In order to carry out the program, the Committee recommends $237,202,000 for transitional and medical assistance, including State administration and the voluntary agency program; $99,802,000 for social services; $2,448,000 for preventive health; and $46,157,000 for targeted assistance. The total available for transitional and medical assistance, with the inclusion of bill language making available $9,300,000 in carryover funds, is $246,502,000.

The Committee agrees that $19,000,000 is available for assistance to serve communities affected by the Cuban and Haitian entrants and refugees whose arrivals in recent years have increased; these funds are included in the social services line item. The $46,157,000 included in the targeted assistance line item represents an increase of $9,760,000 over the comparable fiscal year

1996 amount, adjusting for the fiscal year 1997 shift in funds identified for Cuban and Haitian activities.

The Committee notes the recent request for proposals to provide mental health services to victims of torture, and recommends that the Office of Refugee Resettlement, to the extent possible, devote increased resources to that program in fiscal year 1997.

The Committee is aware of the valuable work the Voluntary Agency Assistance Program is doing to resettle immigrants, especially Russian Jews, in the United States. The Committee expects $39,000,000 will be used to support grants for the Voluntary Agency Grant Program.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 1996	$934,642,000
Budget estimate, 1997	1,048,825,000
House allowance	950,000,000
Committee recommendation	956,120,000

The Committee recommends $956,120,000 for the child care and development block grant, the same as the House allowance and $19,120,000 over the fiscal year 1996 appropriation.

These funds provide grants to States to provide low-income families with financial assistance for child care; for improving the quality and availability of child care; and for establishing or expanding child development programs. The additional funds provided in fiscal year 1996 will both expand the services provided to individuals who need child care in order to work or attend job training or education and allow States to continue funding the activities previously provided under the consolidated programs.

The bill provides that $19,120,000 of the amount appropriated shall become available for obligation on October 1, 1996. Of this amount, $6,120,000 shall be derived from amounts appropriated in welfare reform legislation. The Department is instructed to obligate the $19,120,000 immediately for the purposes of supporting resource and referral programs and before- and afterschool services. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee further expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to address the matters of before- and afterschool care and the establishment of resource and referral programs with the funds provided in this program. Bill language provides that the remaining funds, $937,000,000 for child care activities, become available on October 1, 1997; historically, these funds have not been obligated until late September of each fiscal year, for use in the next fiscal year.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 1996	$2,381,000,000
Budget estimate, 1997	2,800,000,000
House allowance	2,480,000,000
Committee recommendation	2,240,000,000

The Committee recommends an appropriation of $2,240,000,000 for the social services block grant. The recommendation is

$240,000,000 below the House allowance, $560,000,000 below the budget request, and $141,000,000 below the 1996 enacted level. Bill language has been included to reduce the amount of this capped entitlement program. The Committee notes that recently enacted welfare reform legislation reduced the entitlement cap to $2,380,000,000; this further reduction of $140,000,000 is necessitated by severe budgetary constraints, without which it would be necessary to further curtail spending for such programs as low-income home energy assistance, or cut the existing level of Head Start and child care activities.

Social services block grant funds are used by States to fund a wide variety of social services for the purpose of preventing or reducing dependency, and assisting individuals to achieve self-sufficiency. Activities include child and adult day care, child and adult abuse and neglect prevention, home-based services, and independent living services. Many of these activities are funded by separate appropriations elsewhere in the bill.

The Committee urges the Administration for Children and Families to encourage States to utilize title XX funds to adequately provide services to Indian children residing within their boundaries. The Committee further expects the Administration for Children and Families to implement the recommendations made by the Department of Health and Human Services inspector general to improve child welfare services and protection for native American children, including entering into a memorandum of agreement with the Bureau of Indian Affairs, and working more closely with tribal and State governments.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 1996	$4,765,970,000
Budget estimate, 1997	5,251,298,000
House allowance	4,856,435,000
Committee recommendation	4,779,434,000

The Committee recommends an appropriation of $4,779,434,000 for the "Children and families services programs" account, which is $471,864,000 less than the administration request and $13,464,000 more than the fiscal year 1996 appropriation.

The ACF service programs appropriation consists of programs for children, youth, and families, the developmentally disabled, and native Americans, as well as Federal administrative costs.

Head Start

Head Start provides comprehensive development services for low-income children and families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee recommends $3,600,000,000 for the Head Start Program, the same as the House allowance, an increase of $30,671,000 above the 1996 level, and $381,000,000 below the budget request.

The Committee recognizes that homeless families represent the fastest growing portion of the homeless population. The Committee also recognizes that most early childhood programs do not have the specialized training and outreach necessary to serve homeless preschoolers and their families. The Head Start Program has supported a number of innovative and high-quality demonstration programs to serve homeless preschoolers and their families. The Committee applauds the Head Start Bureau for recognizing the needs of homeless children and their families by continuing to fund slots for homeless preschoolers in the fiscal year 1996 budget. The Committee supports the Bureau's continued investment in programs which meet the needs of homeless children and their families in fiscal year 1997, and the agency's decision to move forward with conversion of these homeless families projects into ongoing Head Start programs for future years.

Over the past 15 years, research has greatly improved the understanding of how children learn to read. Research also shows that exposing very young children to print, books, and reading aloud will provide children with important concepts about print that prepares them to learn how to read. The Committee encourages the Department to place a greater emphasis on the emergent literacy concept to prepare children to learn to read, and thereby help ensure their school readiness. Therefore, within the increase provided, the Committee has included funds to establish a training program and book distribution for Head Start grantees. The Children's Literacy Initiative Organization in Philadelphia, PA, received a grant for this purpose in 1995 and would be well suited to continue this activity.

The Department recently awarded $4,200,000 in Head Start funds to expand services to disadvantaged children. The Committee notes that over 86 applications were submitted and only 11 were funded. Therefore, the Committee strongly urges the Department to hold another competition in the same service area at an amount equal to the funds awarded in fiscal year 1996 with priority given to applicants who have not received Federal child care funds. Priority should also be given to agencies which are providing other federally funded social services to unserved and underserved populations.

Runaway and homeless youth

The Committee recommends $43,653,000 for this program, the same as the House allowance and the fiscal year 1996 level. The Committee did not approve the budget request to consolidate this program and transitional living into a single line item. The Committee has also provided an additional $2,000,000 from the crime prevention trust fund for runaway youth activities.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. The Runaway and Homeless Youth Act requires that 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent funds networking and re-

search and demonstration activities including the National Toll-Free Communications Center.

Transitional living for homeless youth

The Committee recommends an appropriation of $14,949,000 for transitional living, which is the same as the House allowance and the 1996 level. This program awards grants to public and private nonprofit entities to address the shelter and service needs of homeless youth. Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services.

Teen pregnancy prevention

The Committee agrees with the House in not approving the $30,000,000 request from the administration to fund a new teen pregnancy prevention program. Several existing programs are pursuing the goal of preventing teen pregnancy; a new program, duplicative of these efforts, is not needed.

Child abuse prevention programs

The Committee has included $35,180,000 for child abuse and neglect prevention and treatment activities, including $21,026,000 for State grants and $14,154,000 for discretionary activities, the same as the House allowance and the fiscal year 1996 level. No funding is provided for the Advisory Board on Child Abuse and Neglect. These programs seek to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

Temporary child care and crisis nurseries

The Committee recommends no separate categorical funding for temporary child care and crisis nurseries. The House also provided no separate allowance. The Committee concurs with the President's budget request to consolidate funding of this program with the Community-Based Resource Program and strongly urges the Department to provide funding to continue all existing awards for temporary child care and crisis nurseries.

Under this program, grants are made to States which apply to support demonstration projects by local governments and private nonprofit agencies. This program is intended to demonstrate the effectiveness of assisting States to provide temporary, nonmedical care for children with special needs, and children that are abused and neglected or at risk of abuse and neglect.

Abandoned infants assistance

The Committee concurs with the House in recommending an appropriation of $12,251,000 for abandoned infants assistance, the same as the 1996 level and $2,155,000 less than the administration request. This program provides financial support to public and private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young

children. Grants provide additional services such as identifying and addressing the needs of abandoned infants, especially those who are drug exposed or HIV positive; providing respite care for families and care givers; and assisting abandoned infants and children to reside with their natural families or in foster care.

Child welfare

The Committee recommends an appropriation of $277,389,000 for child welfare services, the same as the fiscal year 1996 appropriation and the House allowance and $14,600,000 less than the administration request. This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home if at all possible; and development of alternative placements like foster care or adoption if children cannot remain at home.

For child welfare training, the Committee recommends $4,000,000, the same amount recommended by the House. Under section 426, title IV–B discretionary grants are awarded to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

The Committee recognizes that child abuse and neglect is a serious and escalating problem in our country. In 1994, over 3 million children in the United States were reported physically, emotionally, or sexually abused or neglected. The need for trained, skilled, and qualified child welfare protection personnel is essential. Yet, according to the National Commission on Children, only 24 percent of child welfare caseworkers have social work training, and 50 percent have no previous experience working with children and families. To ensure the availability of adequate numbers of professionally trained social workers to provide child protection, family preservation, family support, foster care, and adoption services, the Committee urges the Secretary to continue to make child welfare training funds available to schools of social work, with priority given to minority students, to train students for careers in child welfare.

The Committee reiterates its interest in the work of the University of Hawaii Center on the Family and supports the continued use of Hawaii's ethnically diverse population to devise policies and programs to strengthen the family. In addition to activities relating to the closure of century-old sugar plantations, the Committee also endorses work directed to family resiliency and the building of family strengths. The Committee is especially interested in the development of self-help programs that contribute to containment of social program costs.

The Committee has previously recommended that the Department utilize CAPTA resources for community-based child abuse prevention through Parents Anonymous, Inc. The Senate authorizing committee has included in the reauthorization of the Child Abuse Prevention and Treatment Act both bill language and report language urging the Secretary to award a grant to a nonprofit or-

ganization such as Parents Anonymous to assist in the maintenance of a national network of mutual support and self-help programs to strengthen families and their communities in the fight against child abuse. The Committee again strongly urges the Department to implement this recommendation.

Adoption opportunities

The Committee recommends $15,000,000 for adoption opportunities, an increase of $4,000,000 over the fiscal year 1996 level, the administration request, and the House allowance. This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs. Since the Committee recommendation exceeds $5,000,000, grants for placement of minority children and postlegal adoption services, as well as grants for improving State efforts to increase placement of foster children legally free for adoption, should be made, as required by law. This program also funds the national adoption clearinghouse, a national adoption information exchange system.

Social services research

The Committee recommends $17,000,000 for social services and income maintenance research, for which no funds were provided in fiscal year 1996. The administration requested $10,000,000. The Committee recommendation includes a sufficient amount to fund existing awards for family support centers, through their completion. Remaining funds are for grants and contracts for a national random sample study of child welfare, and for research, evaluations, and national studies in fiscal year 1997.

The Committee recommendation includes funding to carry out activities authorized by section 413(h)(3) of Public Law 104–193, "demonstrations of innovative strategies which would include funding for successful programs that move people from welfare to work." The Committee approves of efforts to reduce dependency and increase self-sufficiency among welfare recipients, and strongly urges the Secretary to fund these initiatives.

Family violence prevention programs

For programs authorized by the Family Violence Prevention and Treatment Act, the Committee recommends $60,000,000, which is $2,399,000 more than the House allowance and $12,357,000 more than the fiscal year 1996 appropriation. This program makes formula grants to States and Indian tribes to assist in supporting programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents. The entire amount recommended is included in crime prevention trust funds activities, for which the administration requested $27,381,000. The House allowance includes $24,958,000 from the crime prevention trust fund. The amount recommended is the full amount authorized in 1997. Due to the increase in the funds provided, the Committee has included a provision amending the Family Violence Prevention and Services Act [FVPSA] to raise the minimum amount each State

would be allocated under the act from $200,000 to $400,000 or 1 percent, whichever is less.

Community-based resource centers

The Committee recommends $32,835,000 for community-based resource centers. This represents level funding at the fiscal year 1996 level for a consolidation of the community-based family resource program and the temporary child care and crisis nurseries program. The administration requested $50,569,000 for this consolidation. The House recommended no funding for this purpose.

This program is intended to assist States in implementing and enhancing a statewide system of community-based, family-centered, family resource programs and child abuse and neglect prevention through innovative funding mechanisms and broad collaboration with educational, vocational, rehabilitation, health, mental health, employment and training, child welfare, and other social services within the State.

The temporary child care and crisis nurseries serve thousands of families with children who have a disability or serious illness, and families that are under stress, including families affected by HIV/AIDS, homelessness, violence, family crisis, and drugs and alcohol. Over 20,000 families were served in the last 2 years alone. Respite care services are in critically short supply, providing, on average, only one out of every four eligible families with the critical services they need. Some programs report waiting lists of 400 to 500 families.

Developmental disabilities

The Committee recommends $114,697,000 for developmental disabilities programs, which is $5,715,000 more than the House allowance, $7,153,000 less than the request, and $465,000 more than the fiscal year 1996 appropriation. The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

Basic State grants

For State grants, the Committee recommends $64,803,000, the same as the House allowance and the fiscal year 1996 level and $5,635,000 less than the administration request. In 1987, the Developmental Disabilities Act changed the focus of State councils from services provision and demonstration to planning and services coordination directed to effecting systems change. Since that time, the States have been shifting away from their original role of services provision to their current mission to effect system change on behalf of persons with developmental disabilities. The decrease in funding for State grants reflects the adjustment of the councils from services provision to their current mission.

Protection and advocacy grants

For protection and advocacy grants, the Committee recommends $26,718,000, which is the same as the House allowance, the administration request, and the fiscal year 1996 level. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

Projects of national significance

The Committee recommends $5,715,000, which is the same as the request, $465,000 more than the fiscal year 1996 appropriation, and $5,715,000 more than the House allowance. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

University-affiliated programs

For university-affiliated programs, the Committee recommends $17,461,000, the same as the House allowance and the 1996 level and $1,518,000 below the administration request. This program provides operational and administrative support for a national network of university-affiliated programs and satellite centers. Grants are made annually to university-affiliated programs and satellite centers for interdisciplinary training, exemplary services, technical assistance, and information dissemination activities.

Native American programs

The Committee concurs with the House in recommending $34,933,000 for native American programs, the same as the 1996 level and $3,449,000 below the administration request. The Administration for Native Americans [ANA] assists Indian tribes and native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs. It is an effective program with outstanding accomplishments.

The Committee notes the sharp increase in efforts to preserve native American languages through the native American languages program, which provides funds to tribes and native organizations. In fiscal year 1994, ANA received 158 applications, representing a request of over $12,600,000 in funding. Of these, only 18, or 11.4 percent, were funded. In fiscal year 1995, 104 applications totaling $8,800,000 in requested funds were submitted, however, only 13 applications, or 12.5 percent were awarded. Despite the growth of interest in native languages, the lack of sufficient resources for language preservation led to the loss of three native languages in the last year alone. Accordingly, the Committee urges increased funding for the native American languages program. The Committee further recommends continued funding of the native Hawaiian revolving loan program.

The Committee notes that the May 1994 final report of the Joint Federal-State Commission on Policies and Programs Affecting Alas-

ka Natives found that many Alaska Native individuals, families, and communities were experiencing a social, cultural, and economic crisis marked by rampant unemployment, the lack of economic opportunity, alcohol abuse, depression, and morbidity and mortality rates that were described by health care professionals as approaching those of Third World countries. To address these problems the Alaska Natives Commission adopted recommendations that raise important policy questions which are unresolved in Alaska and which require further study and review before Congress considers legislation to implement these recommendations. The Committee encourages the Department to use $350,000 for the Alaska Federation of Natives to conduct a study and provide recommendations to Congress on further approaches to implement recommendations of the Alaska Natives Commission.

Community services block grant

The Committee recommends an appropriation of $460,941,000 for the community services programs.

The community services block grant [CSBG] makes formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. The Committee recommends a funding level of $414,600,000 for the community services block grant. This is $25,002,000 above the fiscal year 1996 level and $75,000,000 below the House allowance. The Committee recommendation recognizes the increased demand by the low-income population for services provided by CSBG-funded community action agencies.

The Committee bill also contains a provision requiring that carryover CSBG funds remain with the local grantee. This is the same language that was contained in the fiscal year 1996 appropriations bill.

The Committee is concerned that the Office of Community Services has in the past been delinquent in informing States of the fiscal year 1996 CSBG carryover provision and in dispensing CSBG quarterly grants to the States. This delay has the potential of disrupting vital services in the low-income communities. The Committee expects fiscal year 1997 CSBG funding to be allocated to the States in a timely manner. In addition, the Committee expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these discretionary programs is recommended at the following levels for fiscal year 1997: community economic development, $27,332,000; rural community facilities, $3,500,000; national youth sports, $12,000,000; and community food and nutrition, $4,000,000. The Committee expects national youth sports funds to be awarded competitively. Because welfare reform must emphasize moving people into private sector jobs, the Committee has again included $5,500,000 from within this account for the job creation demonstration authorized under section 505 of the Family Support Act of 1988. This program has been very successful in moving people off welfare and into work. As in past years, the Committee ex-

pects that this program will be administered by the Office of Community Services and that a priority be given to community development corporations.

The Committee is aware of recent adjustments made by the Department to correct errors in their application of the community services block grant formula for fiscal years 1995 and 1996. These adjustments have severely impacted 13 small States, and the Committee has included bill language so that funding for these States is held harmless for both fiscal years 1995 and 1996. The language instructs the Secretary to set aside up to 1 percent of the amount available to the States under fiscal year 1997 community services block grant funding to correct the recent formula allocation errors and adjustments affecting fiscal years 1995 and 1996. The Committee further limits amounts available to the Secretary for purposes of training, technical assistance, planning, evaluation, and data collection activities to provide an adequate level of funding to restore cuts made by the Department as a result of misapplication of the community services block grant formula.

Program administration

The Committee recommends $143,115,000 for program administration, a decrease of $7,002,000 below the fiscal year 1996 appropriation, $4,000,000 less than the House allowance, and $17,164,000 below the administration request.

This "Program administration" account funds Federal administration costs for the Administration for Children and Families. The Committee is mindful of the many changes taking place among the programs administered by the Administration for Children and Families [ACF]. The Committee has included what it believes are sufficient funds to permit ACF to carry out its important mission of improving the lives of America's children and families. The Committee recognizes that ACF will have to reallocate administrative resources within its budget to accommodate its changing workload and program mix. In particular, the Committee encourages ACF to utilize resources no longer needed to administer programs which the Congress has reduced, eliminated, or reformed to carry out its increased responsibilities in other important programmatic areas, such as child support enforcement, and in expanded activities to ensure program accountability, promote effective practices, and measure the effectiveness of new approaches to assisting families in need.

The Committee understands that recently enacted welfare reform legislation provides authority for certain administrative expenses of the Administration for Children and Families to be provided from mandatory appropriations. In anticipation that an estimated $4,000,000 could be shifted to mandatory appropriations, a discretionary offset of this amount is included in this account. Without further approval of this Committee, the Secretary of Health and Human Services should not take action to move discretionary administrative costs associated with welfare reform legislation in excess of $4,000,000 to a mandatory account.

Rescissions

The Committee has included bill language rescinding a total of $27,000,000 made available in recently enacted welfare reform legislation for surveys and research activities. These are activities that have been historically funded in appropriations bills, not through authorizing legislation. Funds for social services research activities are included elsewhere in this account.

Crime reduction programs

The Committee recommends $82,000,000 for violent crime reduction programs, $60,642,000 above the fiscal year 1996 appropriation, $54,642,000 above the House allowance, and $32,619,000 above the administration request.

For the community schools youth services and supervision program, the Committee recommends $12,800,000, $800,000 less than the administration request. No funds were provided for this program in fiscal year 1996 and the House recommended none for fiscal year 1997. This program provides discretionary grants to nonprofit community-based organizations that form local consortia of service providers in areas with significant poverty and juvenile delinquency. The Committee expects that new grants be awarded to projects placing a strong emphasis on drug abuse prevention initiatives. The Committee has included sufficient funds for evaluations of established school-based early prevention and transition programs. The evaluations should focus on the experiences of students involved in established year-round elementary education and prevention service programs which teach decisionmaking, problem-solving, and communication skills necessary to succeed in what are commonly hostile environments. The Corporate Alliance for Drug Education [CADE] has been operating a program providing education and prevention services to 120,000 elementary school-aged children in Philadelphia serving in 22 elementary schools and community recreation, religious, and civic organizations. CADE would be especially suited to an evaluation such as the one described above.

The Committee notes that the Youth Alternative Program in Davenport, IA, and the Academy Day Program in Des Moines, IA, have developed model community schools programs and strongly encourages the Department to give proposals from them full consideration.

For the runaway youth prevention program, the Committee recommends $8,000,000; $2,442,000 above the fiscal year 1996 appropriation, $6,000,000 above the House allowance, and the same as the administration request. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for runaway, homeless, and street youth who have been subjected to or are at risk of being subjected to sexual abuse.

The Committee recommends $60,000,000 for the grants for battered women's shelters program, $45,000,000 above the fiscal year 1996 appropriation, $35,042,000 above the House allowance, and $32,619,000 above the administration request. This is a formula

grant program to support community-based projects which operate shelters for victims of domestic violence. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

For the national domestic violence hotline, the Committee recommends $1,200,000, which is $800,000 above the fiscal year 1996 appropriation, the House allowance, and the administration request. This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence.

FAMILY SUPPORT AND PRESERVATION

Appropriations, 1996	$225,000,000
Budget estimate, 1997	240,000,000
House allowance	240,000,000
Committee recommendation	240,000,000

The Committee recommends $240,000,000 for fiscal year 1997, the same amount requested by the administration and allowed by the House for this mandatory account. These funds will support: (1) community-based family support services to assist families before a crisis arises; and (2) innovative child welfare services such as family preservation, family reunification, and other services for families in crisis. These funds include resources to help with the operation of shelters for abused and neglected children, giving them a safe haven, and providing a centralized location for counseling.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 1996	$4,322,328,000
Budget estimate, 1997	4,445,031,000
House allowance	4,445,031,000
Committee recommendation	4,445,031,000

The Committee recommends $4,445,031,000 for this account, which is the same as the budget request and the House allowance and $122,793,000 more than the 1996 comparable level. Also included is the administration's request of $1,111,000,000 for a new advance appropriation for the first quarter of fiscal year 1998, the same as the House allowance. The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs, and the nonrecurring costs of adoption, for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

ADMINISTRATION ON AGING

Appropriations, 1996	$829,320,000
Budget estimate, 1997	828,137,000
House allowance	810,545,000
Committee recommendation	830,168,000

The Committee recommends an appropriation of $830,168,000 for aging programs, $19,623,000 more than recommended by the House, $848,000 more than the 1996 appropriation, and $2,031,000 above the amount requested by the administration.

As noted elsewhere in this report, the Committee is pleased that the Alzheimer's demonstration grant program, administered by the Health Resources and Services Administration is proving to be an effective catalyst by encouraging an estimated 225 State and local agencies to coordinate and strengthen services for Alzheimer families. Under the circumstances, the Committee is concerned that efforts to transfer program responsibility to AOA could prove disruptive and counterproductive. The Committee, therefore, directs that the Alzheimer's demonstration grant program remain in HRSA and its mission remain unchanged.

The Committee recommends a legislative provision which would prevent any State from having its administrative costs under title III of the Older Americans Act reduced by more than 5 percent below the fiscal year 1995 level. This provision was included in the fiscal year 1996 omnibus appropriations bill. The House bill contained no similar provision.

Supportive services and senior centers

The Committee recommends an appropriation of $300,556,000 for supportive services and senior centers, an increase of $5,769,000 above the amount requested by the administration and the same amount appropriated in fiscal year 1996 and recommended by the House. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals. The basic law States have the option to transfer up to 20 percent of funds appropriated between the senior centers program and the nutrition programs which allows the State to determine where the resources are most needed.

Ombudsman/elder abuse

The Committee has earmarked $4,449,000 for the ombudsman services program and $4,732,000 for the prevention of elder abuse program within the funds for "Supportive services and senior centers" account. The amounts recommended are the same amount provided for these programs in fiscal year 1996. The administration request included separate line items for these programs. The House recommended no funding for either program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on

the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

Pension counseling

Again this year, the Committee agrees with the House and provides no funding for the public benefit and insurance counseling program. The administration request was $1,976,000. These funds are distributed to States according to formula. The Committee feels that it is more cost effective to provide this counseling for the elderly under the Health Care Financing Administration.

Preventive health services

The Committee recommends $15,623,000 for preventive health services, the same amount appropriated in fiscal year 1996 and a decrease of $1,359,000 below the amount requested by the budget request. The House provided no funds for this purpose. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need.

Congregate and home-delivered nutrition services

For congregate nutrition services, the Committee recommends an appropriation of $364,535,000, the same amount appropriated in 1996 and recommended by the House, and an increase of $7,516,000 over the budget request. For home-delivered meals, the Committee recommends $105,339,000, the same amount appropriated in fiscal year 1996 and recommended by the House, and an increase of $11,148,000 above the amount recommended by the administration. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services they are permitted to transfer up to 30 percent of funds between these programs.

The Committee has included a provision which directs the Assistant Secretary to provide the maximum flexibility to applicants who seek to take into account subsistence, local customs, and other characteristics that are appropriate to the unique cultural, regional, and geographic needs. The provision clarifies that applicants who serve American Indian, native Hawaiian, and Alaska Native recipients in highly rural and geographically isolated areas are permitted to continue to tailor nutrition services that are appropriate to the circumstances associated with the served population. In addition, in an effort to meet the needs of the native Hawaiian elderly population sufficiently, the Committee urges the native Hawaiian grantee to coordinate with the Lunalilo Home, the only care facility for aged native Hawaiians.

In-home services for frail older individuals

The Committee recommends $9,263,000 for in-home services for the frail elderly, the same level as the fiscal year 1996 enacted level, the budget request, and the amount recommended by the

House. In-home services include homemaker and home health aides, visiting and telephone reassurance, chore maintenance, in-home respite care for families, and minor home modifications.

Aging grants to Indian tribes and native Hawaiian organizations

The Committee recommends $16,057,000 for grants to Indian tribes, the same amount recommended by the House and the administration. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of services and assure that nutrition services and information and assistance services are available.

Aging research and training

The Committee recommends $4,000,000 for aging research, training, and discretionary programs, $1,150,000 more than the fiscal year 1996 enacted level, and $7,666,000 below the budget request. The House bill provided no funding for this purpose. These funds support activities designed to expand public understanding of aging and the aging process, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies who administer the Older Americans Act. Current activities include elder abuse, long-term care ombudsman programs, and minority aging. Of the funds provided, the Committee directs the Department to use $2,000,000 to fund a national program of statewide senior legal services hotlines and related elder rights projects and $600,000 to continue the Family Friends Program. The Committee directs the Secretary to provide level funding for the elder care locator program.

Within the funds provided, the Committee has included $130,000 for the National Asian Pacific Center on Aging to continue an existing grant directed to developing, strengthening, and expanding linkages of a rapidly growing Asian Pacific aging community with local, State, and national community service providers and organizations.

Within the amount provided for the National Indian Council on Aging, the Committee has included sufficient funds to continue an existing grant to increase Indian elder awareness and participation in the public policy issues that directly impact all of Indian country.

Federal Council on Aging

The Committee agrees with the House and has provided no funding for the Federal Council on Aging. No funds were provided for this purpose in fiscal year 1996. The administration requested $226,000 for this program.

Program administration

The Committee recommends $14,795,000 to support Federal staff that administer the programs in the Administration on Aging, the same amount recommended by the House, $1,994,000 below the budget request, and $302,000 below the 1996 appropriation. These

activity funds provide administrative and management for programs administered by the Department.

Native Americans

The Committee is aware that the Administration on Aging has only provided support for the first 2 years of the 4-year cooperative agreements. Therefore, the Committee strongly urges the Assistant Secretary on Aging to provide $350,000 from existing funds for each of the national resource centers serving native American elders in fiscal year 1997.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 1996	$145,554,000
Budget estimate, 1997	145,350,000
House allowance	154,850,000
Committee recommendation	159,688,000

The Committee recommends $159,688,000 for general departmental management [GDM]. This is $14,338,000 more than the administration request, $4,838,000 more than the House allowance, and $14,134,000 more than the fiscal year 1996 level. Within this amount, the Committee includes the transfer of $5,851,000 from Medicare trust funds, which is $3,336,000 less than the administration request, the same as the House allowance, and $777,000 less than the fiscal year 1996 level.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It also supports certain health activities that were previously performed in the former Office of the Assistant Secretary of Health, including the Office of the Surgeon General. GDM funds support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

As was done last year, the Committee provides funds to the Office of the Secretary to administer the Office of Emergency Preparedness, the Office of Disease Prevention and Health Promotion, and the Office of Research Integrity. These offices were consolidated within the Office of the Secretary in conjunction with the elimination of the Office of the Assistant Secretary for Health. Sufficient funds are provided so that, if the Secretary so chooses, each of the above offices may be supported at or near the previous fiscal year's level.

The Office of Disease Prevention and Health Promotion manages Healthy People 2000, a national effort to improving the health status of all Americans. Other ODPHP efforts include operation of the

National Health Information Center, leading activities toward attaining the goals enunciated in Healthy People 2000, and strengthening interdepartmental coordination of school health education and services.

The Committee understands the role the Office of HIV/AIDS Policy [OHAP] plays in developing policy across the Public Health Service to address the programmatic and budgetary implications of new-combination drug therapies for HIV/AIDS. The recent emergence of promising, but more costly, new therapies for HIV disease places greater pressures upon existing PHS programs addressing treatment needs of these populations. The Committee expects OHAP to coordinate a review of data regarding new HIV therapies and the implications for HIV treatment and prevention, and provide guidance on ways to improve access and availability, and to control costs.

The Committee has again provided $500,000 from this account for the continuation of the human services transportation technical assistance program. In many cases, particularly in rural areas, human services transportation providers are the only source of public transportation. The technical assistance program provides assistance to these organizations on coordination and management, and on meeting requirements of the Americans With Disabilities Act.

The Committee is pleased with the selection of the charter members of the National Bioethics Advisory Commission [NBAC]. NBAC was established by Executive order on October 3, 1995, for a 2-year period. Given the current debate regarding genetic privacy and discrimination; the ethics of human subjects research; and the potential implications of biomedical breakthroughs, there is a critical need for NBAC's envisioned activities to discuss the ethical ramifications of these and other issues. The Committee urges the NBAC to establish and implement its working agenda as soon as possible.

The Committee recognizes the established relationship between the Public Health Service and the Uniformed Services University of the Health Sciences [USUHS]. The PHS has consistently provided students and faculty to USUHS since the university's establishment and has benefited from the services of these individuals. The Committee urges the Department to continue to assign medical students, graduate students, and faculty members from PHS to USUHS in numbers consistent with previous levels.

The Committee is aware of the Public Health Service's sensitivity to the health needs of Hawaii, including the assignment of certain personnel, and is appreciative of these efforts.

The Committee strongly urges the Secretary of Health and Human Services, working with the Secretary of Transportation through the DOT/DHHS Coordinating Council, to develop guidelines for State and local planning to achieve specific transportation coordination objectives, including but not limited to: joint identification of client transportation needs and the appropriate mix of transportation services to meet those needs; the expanded use of public transit services to deliver human services program transportation; and cost-sharing arrangements for program clients trans-

ported by paratransit systems based on a uniform accounting system.

For several years, the Committee has supported efforts to relocate and revitalize the National Museum of Health and Medicine. The Committee is pleased to learn that the museum and its foundation are working with representatives of the Centers for Disease Control and Prevention and the National Institutes of Health to explore the potential for the museum to communicate information about activities currently underway at CDC and NIH in the areas of health promotion, disease prevention, and medical research.

The Committee is impressed with the plans for an educational exhibit on emerging and reemergent diseases which the museum and the museum foundation are seeking to develop with the involvement of a number of expert partners including CDC and NIH. Both agencies are encouraged to consider the opportunity presented by this exhibit to reach a broad and diverse audience with timely health information. The Committee commends the foundation on its efforts to build meaningful relationships with public sector partners and to raise the private sector support necessary to build the new museum.

Office of Research Integrity [ORI]

The National Institutes of Health Revitalization Act of 1993 established ORI as an independent entity in the Department. ORI oversees and directs all PHS research integrity efforts with the exception of the regulatory research activities of the Food and Drug Administration. ORI is responsible for assuring that institutions receiving PHS funds have appropriate mechanisms in place to deal with allegations of misconduct and to protect whistleblowers. It also investigates such allegations in the PHS intramural and extramural programs.

The Committee is aware of the concern over the procedures used in investigating alleged incidents of scientific misconduct. ORI is responsible in establishing appropriate and timely due process protections for those accused of misconduct; however, there have been excessive delays in certain cases, that proved disruptive and costly. This is unfair to those individuals ultimately cleared of misconduct charges. The Committee expects the Secretary to thoroughly review the mission and operations of the ORI and to propose necessary reforms assuring that rigorous and fair standards are applied in all investigations and proceedings. The Secretary is requested to submit a plan for ORI's reform by next year's appropriations hearings at the latest, and to be prepared to answer questions at the hearings regarding the Office's operations.

Adolescent family life

The Committee has provided $12,698,000 for the Adolescent Family Life Program [AFL]. This is $6,511,000 more than the administration request, and $5,000,000 higher than both the fiscal year 1996 appropriation and the House allowance. Of this amount, the Committee intends that $9,368,000 be available for demonstration grants for prevention services, and for abstinence education activities specified in the enacted welfare reform legislation, and has included bill language to enable this allocation.

This amount is sufficient for new prevention projects as well as for continuing prevention and prevention/care projects.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

The Committee understands that in January 1996, the Department began an evaluation of the adolescent family life program. The Committee directs the Department to submit to the Committee on Appropriations, a detailed report on the evaluation findings, no later than January 1, 1997. Such report should include the number of grantees reviewed, program effectiveness, and information regarding the policies of the grantees on stressing abstinence only education programs.

The Committee further directs that the administrative functions of, and the leadership direction for the Adolescent Family Life Program, be transferred from the Office of Population Affairs to the Office of the Administrator of the Health Resources and Services Administration.

Physical fitness and sports

The Committee recommends $1,000,000 for the Federal staff which supports the President's Council on Physical Fitness and Sports. This is $7,000 less than the administration request, the same as the House allowance and the fiscal year 1996 appropriation.

The President's Council on Physical Fitness and Sports serves as a catalyst for promoting increased physical activity/fitness and sports participation for Americans of all ages and abilities, in accordance with Executive Order 12345, as amended. The programs sponsored by PCPFS are supported largely through private sector partnerships.

Minority health

The Committee recommends $20,500,000 for the Office of Minority Health. This is $6,500,000 above the fiscal year 1996 appropriation, $555,000 above the administration request, and $12,500,000 less than the House allowance.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

In light of increasing rates of asthma among minority youth, especially in urban areas, and the prospect of averting many of these cases through prospective, case-managed prevention and education programs, the Committee has provided $500,000 to the Office of

Minority Health to institute an Asthma Attack Avoidance Education Program. With these funds, it is expected that such programs would be community-based, parent-child focused, and designed to increase identification of potential asthma attack-triggering factors, and to ensure appropriate referral for medical care.

The Committee understands that the Children's Hospital of Philadelphia serves a primarily urban minority population with high incidence of asthma among children and youth that would benefit from a well-coordinated, integrated education, and referral program. The Committee urges the Office to devote strong consideration in supporting its proposal as well as other model programs.

Office on Women's Health

The Committee recommends $12,500,000 for the Office on Women's Health. This is $9,930,000 more than the administration request, $7,138,000 more than the fiscal year 1996 amount, and $3,638,000 more than the House allowance.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies, with other Government agencies, and with private industry, health care organizations, and consumer groups. 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.

Moreover, in view of the disparities in women's health research, health care services, and public and health professional education and training, the Committee believes that one mechanism through which these inequities can be resolved is through providing grants to academic, consumer, health care professional, and community groups in this important area. To that end, the Committee urges that the PHS Office on Women's Health develop and support grant programs to support cross-cutting research, services, innovative partnerships, and demonstrations that will advance women's health.

The Committee is encouraged by the exciting possibilities that imaging technologies developed by the intelligence, defense, and space communities may dramatically improve the early detection and diagnosis of breast cancer. The Committee commends the PHS Office of Women's Health for establishing the partnership to foster collaboration between the Department of Health and Human Services, CIA, DOD, Department of Commerce, NASA, and other Federal agencies to ensure the continued progress in this area, and has included $2,000,000 to carry out needed clinical trials to make this technology available to women.

Currently, women facing health problems, their families, women's health organizations, and health care providers must negotiate a maze of Federal agencies and private sector organizations to find appropriate information on women's health. The Committee has included $2,500,000 for the National Women's Health Information Center. This service, available through both toll-free telephone and the internet, will dramatically increase the access of the public and health care providers to critical information on the latest research,

drugs and devices, public education messages, treatment options, and health service programs for women. In addition, women across the country will be able to speak to women's health information specialists about their health concerns and be directed to resources available in their communities.

Within the funds provided, the Committee has included funds to support leadership training for women's health care professionals and develop curriculum to include the unique needs of women. The Committee strongly encourages the Office of Women's Health to give consideration to developing a series of initiatives to encourage leadership of, and by women, in the field of women's health, to continue the study of the current curricula used by medical schools to train medical students in women's health, and to develop a model women's health curricula to aid medical schools in improving their educational programs regarding the conditions, diseases, and health needs of women.

The Committee encourages the Office of Women's Health to develop a grant program to evaluate model women's health centers of excellence that combine health education for consumers, model health care service delivery programs, and research in women's health.

Office of Emergency Preparedness

This Office meets the responsibility of the Secretary in assuring the continuity of Government operations and coordinating the response to major emergencies and catastrophic disasters, including domestic terrorism. OEP coordinates the readiness, response, and recovery efforts for all health, medical, and health-related social services for the Federal Government under the Federal response plan. Additionally, OEP directs the national disaster medical system [NDMS] of which the medical component is composed of approximately 5,000 private sector health professionals in 60 disaster medical assistance teams that provide medical assistance when State and local resources are exhausted. OEP maintains a hospital bed emergency availability list and through partnership with the Department of Defense [DOD] and the Department of Veterans Affairs, coordinates the evacuation of patients and in hospital care within the NDMS.

Public health emergencies/antiterrorism measures

The Committee has provided $8,000,000, which is $3,000,000 more than the President's request, for activities to counter the adverse health and medical consequences from major terrorist events. The House did not provide funds for this activity. Last year, the Committee provided $7,000,000 for similar activities in the public health and social services emergency fund.

Within this amount, sufficient funds are provided for the Office of Emergency Preparedness to staff and administer this program, as well as the other OEP activities specified in the administration's request.

The Department has lead responsibility for health, medical, and health-related support under the Federal response plan to catastrophic disasters. On behalf of the Department, the Office of Emergency Preparedness has been assigned by the National Secu-

rity Council to assess the potential health and medical consequences of a terrorist incident and to formulate necessary responses. The funds provided would support activities to build local, State, and Federal capacity to respond to terrorist acts with public health implications. Such activities would include training local emergency managers, coordinating local and regional medical responses, and building enhanced capability to detect and identify biologic and chemical agents.

The Committee urges the Office of Emergency Preparedness to take full advantage of existing resources across the Federal Government, including the military and intelligence agencies, to avoid duplication of effort and maximize efficiencies. The Committee also expects the broadest feasible participation within the Public Health Service to include the National Institutes of Health and the Health Resources and Services Administration. HRSA's area health education centers, for example, might serve as a learning resource for health professionals about the medical and psychiatric impact of major disasters. NIH's research expertise in infectious disease and environmental health would contribute to better diagnostics and preventive strategies.

OFFICE OF INSPECTOR GENERAL

Appropriations, 1996	$78,819,000
Budget estimate, 1997	74,949,000
House allowance	29,399,000
Committee recommendation	29,399,000

The Committee recommends an appropriation of $29,399,000 for the Office of Inspector General. This is $45,550,000 less than the administration request, the same as the House allowance, and $49,420,000 less than the fiscal year 1996 level. The Health Coverage and Availability and Affordability Act of 1996 (H.R. 3103) provides appropriations for the Office of the Inspector General; the total funds provided to the Office by this bill and the authorizing bill would be $89,399,000 in fiscal year 1997, the same as the House allowance.

The Office of Inspector General conducts audits, investigations, inspections, and evaluations of the operating divisions within the Department of Health and Human Services. The OIG functions with the goal of reducing the incidence of waste, abuse, and fraud. It also pursues examples of mismanagement toward the goal of promoting economy and efficiency throughout the Department.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1996	$19,380,000
Budget estimate, 1997	21,790,000
House allowance	19,380,000
Committee recommendation	19,680,000

The Committee recommends an appropriation of $16,366,000 in Federal funds for the Office for Civil Rights. This is $1,822,000 less than the administration request and $300,000 more than the House allowance and the fiscal year 1996 level.

The Committee also recommends the transfer of $3,314,000 from the Medicare trust funds, which is $288,000 less than the adminis-

tration request, the same as the House allowance and the fiscal year 1996 level.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

POLICY RESEARCH

Appropriations, 1996	$8,968,000
Budget estimate, 1997	9,000,000
House allowance	9,000,000
Committee recommendation	9,000,000

The Committee recommends an appropriation of $9,000,000 for policy research. This is the same as the administration request and the House allowance, and $32,000 more than the fiscal year 1996 amount.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agency and subject lines, as well as new policy approaches outside the context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

GENERAL PROVISIONS

The Committee has concurred with the House in recommending a $37,000 ceiling on official representation expenses (sec. 201), the same as existing law.

The Committee has concurred with the House in retaining language from last year's bill limiting assignment of certain public health personnel (sec. 202).

The Committee concurs with section 203 of the House bill which retains language carried last year regarding set-asides in the authorizing statute of the National Institutes of Health.

The Committee has concurred with the House in retaining provisions carried in last year's bill to ensure that States continue to receive child abuse prevention and training grants (sec. 204); limit use of grant funds to pay individuals more than an annual rate of $125,000 (sec. 205); and provide for the transfer of funds to the HHS inspector general's office for provision of security services to the Secretary of Health and Human Services (sec. 207).

The Committee has concurred with the House in retaining language from last year's bill restricting the use of taps (sec. 206) for program evaluation activities by the Secretary prior to submitting a report on the proposed use of the funds to the Appropriations Committee. Section 241 of the Public Health Service Act authorizes the Secretary to redirect up to 1 percent of the appropriations provided for programs authorized under the act for evaluation activities.

The Committee has concurred with the House in retaining language prohibiting the use of funds for the Federal Council on Aging and the Advisory Board on Child Abuse and Neglect (sec. 208).

The Committee has concurred with the House in retaining language restricting transfers of appropriated funds among accounts and requiring a 15-day notification of both Appropriations Committees prior to any transfer (sec. 209).

The Committee has deleted a House provision enabling the transfer of AIDS funds (sec. 210) by the Director of NIH and the Director of the Office of AIDS Research of NIH.

The Committee has deleted a House provision restricting the awarding of certain SBIR grants and cooperative agreements at NIH (sec. 211).

The Committee has deleted a House provision extending a moratorium regarding the Michigan Medigrant plan (sec. 212).

The Committee has deleted a House provision authorizing the relocation of the Federal Gillis W. Long Hansen's Disease Center in Louisiana and the relocation of its patients (sec. 213).

The Committee has deleted a House provision requiring family planning grantees to prioritize services to individuals along certain financial criteria and requiring HHS to submit a report on the demographics of family planning service recipients (sec. 214).

The Committee has deleted a House provision reducing funds for offices of congressional and legislative affairs, public affairs, and intergovernmental affairs (sec. 215).

The Committee has included a new provision, not included by the House, regarding lung reduction surgery (sec. 216).

The Committee has included a new provision, not included by the House, increasing the small State minimum from $200,000 to $400,000 for battered women's shelters (sec. 217).

The Committee has included a new provision, not included by the House, to name the new clinical research center at the National Institutes of Health the Mark O. Hatfield Clinical Research and Patient Care Center (sec. 218).

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION REFORM

Appropriations, 1996	$530,000,000
Budget estimate, 1997	691,000,000
House allowance	175,000,000
Committee recommendation	535,000,000

The Committee has provided $535,000,000 in this account for two administration reform initiatives: $355,000,000 for education reform activities authorized by the Goals 2000: Educate America Act, and $180,000,000 to continue implementation of school-to-work transition systems authorized by the School-to-Work Opportunities Act.

Goals 2000 State grants

The Committee bill includes $340,000,000 for State and local systemic education improvement grants authorized by title III of the Goals 2000: Educate America Act. This amount is the same as the fiscal year 1996 appropriation and $136,000,000 below the administration request. The House bill eliminated funding for this program.

Goals 2000 funds provide incentives for States to devise their own strategies for comprehensive reform of elementary and secondary education. Grants are distributed to States through a formula based on relative shares each State received in the previous year under titles I and VI of the Elementary and Secondary Education Act. By law, 1 percent is reserved for the outlying areas, schools supported by the Bureau of Indian Affairs and the Alaska Federation of Natives.

Parental assistance

The Committee emphasizes the importance of the eighth national education goal relating to parental involvement and participation in promoting the social, emotional, and academic growth of children, and urges the Department to encourage parental involvement in every level of education. Assisting States in developing policies to aid schools in strengthening partnerships with parents and families is an important objective which will ensure that the remaining seven national education goals are met.

To further the goal of increased parental involvement, the Committee bill includes $15,000,000 for title IV of the Goals 2000: Educate America Act, which authorizes a variety of activities designed to improve parenting skills and strengthen the partnership between parents and professionals in meeting the education needs of their school-age children, including those aged birth through 5. The recommendation is the same as the administration request. The House bill provided no funds for this purpose. The increase provided will permit an expansion of voluntary parent centers to 14

additional States bringing the total number of States participating in the program to 42.

School-to-work opportunities

The Committee supports funds for the School-to-Work Opportunities Act, and has recommended $180,000,000 for the Department of Education's share of program funding. The amount recommended is the same as the 1996 appropriation, $20,000,000 less than the administration request, and $5,000,000 above the amount recommended by the House. Together with $180,000,000 recommended for the Labor Department, $360,000,000 in direct funding is provided to help States implement their plans for creating systems to improve the transition from school to work.

Local school-to-work programs will include a combination of work-based learning involving job training and school-based learning tied to both occupational skill standards and the academic standards States establish under Goals 2000. Students who complete a school-to-work program will receive a high school diploma, a certificate recognizing 1 or 2 years of postsecondary education, if appropriate, and a portable, industry-recognized skill certificate.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 1996	$7,228,077,000
Budget estimate, 1997	7,679,000,000
House allowance	7,225,130,000
Committee recommendation	7,225,249,000

The Committee recommends an appropriation of $7,225,249,000 for education for the disadvantaged. This is $2,828,000 less than the fiscal year 1996 appropriation, $453,751,000 less than the administration request, and $119,000 more than the House allowance. In fiscal year 1996, $5,929,691,000 was made available for this account in the fiscal year 1996 funds and $1,298,386,000 was made available in fiscal year 1997. This year, the Committee forward funded $670,597,000 into fiscal year 1998. The Committee took this action because of the severe budget constraints facing the Committee in fiscal year 1997.

Programs financed under this account are authorized under title I (formerly chapter 1) of the Elementary and Secondary Education Act [ESEA] and section 418A of the Higher Education Act. ESEA title I programs provide financial assistance to State and local educational agencies [LEA's] to meet the special educational needs of educationally disadvantaged children, migrant children, neglected and delinquent children in State institutions, and juveniles in adult correctional institutions. In addition, the Even Start Program supports projects that integrate early childhood education with parenting and adult literacy training. Funds for each of these programs, except for Even Start, are allocated according to formulas that include the number of eligible children and each State's average per-pupil expenditure. Even Start funds are allocated according to each State's proportion of title I grants to LEA's.

The Committee recognizes the vital importance of reading and writing in an age of technology, particularly for title I students. The Committee urges the Department to identify effective and cost-effective programs that address reading and writing, and to sup-

port those that have demonstrated the ability to improve children's ability to read and write.

Grants to local educational agencies

Title I grants to local educational agencies provide supplemental education funding to LEA's and schools, especially in high-poverty areas, to help low-income, low-achieving students learn to the same high standards as other children. The program currently provides services to more than 6.6 million children. The formula for basic grants is based on the number of children from low-income families in each county, weighted by per-pupil expenditures for education in the State. States in turn make suballocations from the county to the LEA level using the best data available on the number of poor children. States are also required to reserve funds generated by counts of children in correctional institutions to make awards to LEA's for dropout prevention programs involving youth from correctional facilities and other at-risk children. By law, 1 percent of the total LEA grant appropriation is set aside for the Bureau of Indian Affairs and the outlying areas.

For title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $6,046,266,000. This is the same amount appropriated in fiscal year 1996, $1,000,000 less than the amount recommended by the House, and $552,201,000 more than the budget request.

The Committee agrees with the House and has provided no funding for the targeted grants program. The budget requested $1,000,000,000 for this program which distributes funds in a manner that provides higher per-children amounts for counties with the highest percentage of poor children.

The Committee recommends $684,082,000 for concentration grants, the same amount appropriated in fiscal year 1996, $20,000,000 less than the amount recommended by the House, and $13,147,000 more than the budget request. Funds under this program are distributed according to the basic grants formula, except that they only go to counties and LEA's where the number of poor children equals at least 6,500, or 15 percent, of the total school-aged population. Approximately 66 percent of counties nationally receive funds.

Capital expenses for private school students

The Committee recommends $41,119,000 for the Capital Expenses Program, an increase of $3,000,000 above the budget request and $21,119,000 more than the amount recommended by the House and the administration.

The ESEA requires districts to provide equitable title I instruction to private school students, but the Supreme Court's 1985 *Aguilar* v. *Felton* decision prohibits districts from sending public schoolteachers or other employees to private sectarian schools for the purpose of providing title I services. The Capital Expenses Program helps districts comply with *Felton* by paying a portion of the additional capital costs associated with serving religious school students outside school premises. Funds may be used by districts for noninstructional goods and services such as renting classroom

space in neutral sites, renting or purchasing mobile vans for title I instruction, or transporting private schoolchildren to the place of title I instruction.

Funds are allocated to States according to the proportion of nonpublic school students served under the title I LEA Grants Program in the most recent year for which satisfactory data are available.

Even Start

For the Even Start Program, the Committee agrees with the House and recommends $101,997,000, the same amount appropriated in 1996 and recommended by the House. The administration requested $102,000,000 for this program.

The Even Start Program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education Act. Programs combine early childhood education, adult literacy, and parenting education.

States receive funds on the basis of their proportion of title I LEA grant allocations and make competitive 4-year grants to partnerships of local educational agencies and community-based organizations. Grant funds must be equitably distributed among urban and rural areas and the local share of program costs increases from 10 percent in the first year to 40 percent in the fourth year.

Migrant

For the State Agency Migrant Program, the Committee agrees with the House and provides $305,474,000. The amount recommended is the same amount appropriated in 1996 and $14,526,000 below the administration's request.

The title I migrant program authorizes grants to State educational agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on each State's average per-pupil expenditure for education and counts of migratory children aged 3 through 21 residing with the States. Under the reauthorization, only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program. Currently, this program serves approximately 610,000 migrant students.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs.

Neglected and delinquent

The Committee recommends $39,311,000 for the title I Neglected and Delinquent Program, the same amount appropriated in 1996, the amount recommended by the House, and $689,000 below the administration request.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles and in adult correctional institutions.

Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside up to 10 percent of their neglected and delinquent funds to help students in State-operated institutions to make the transition into locally operated programs. Transition activities are designed to address the high failure and dropout rate of institutionalized students and may include alternative classes, counseling and supervisory services, or educational activities in State-supported group homes.

State school improvement grants

The Committee agrees with the House and provides no funds for State school improvement grants. The administration requested $15,000,000 for this purpose. No funds were appropriated in fiscal year 1996 for this program. Funds are used to help States stimulate school-based change and hold local educational agencies accountable for making significant progress in the education of disadvantaged children. Funds for this purpose can be sustained through administrative set-asides in the title I program and other State and local funding sources.

Demonstrations of innovative practices

The Committee agrees with the House and provides no funding for demonstration and innovative practices. The administration had requested $10,000,000 for this purpose. No funds were appropriated in fiscal year 1996 for this program. Funds are used for discretionary grants to selected sites to design and implement innovative strategies and practices that show the most promise of helping title I children achieve to high standards. This activity could be funded under the Office of Education, Research, and Improvement.

Evaluation

The Committee bill includes $7,000,000 for title I evaluation activities, an increase of $3,641,000 above the fiscal year 1996 appropriation and the same amount recommended by the House and requested by the administration.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is contributing to student performance. The increase will provide sufficient funds to design, implement, and produce multiyear evaluations that will assess the effects of the changes made in the reauthorization of the title I program.

High School Equivalency Program

The Committee bill agrees with the House and the administration and recommends no funds for the High School Equivalency Program [HEP]. This program was funded at $7,441,000 in fiscal year 1996.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students aged 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 post-

secondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. HEP will serve about 3,050 migrants in 1995.

College Assistance Migrant Program

For the College Assistance Migrant Program [CAMP], the Committee agrees with the House and the administration and provides no funds for this activity. The program was funded at $2,028,000 in fiscal year 1996.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for followup services after students have completed their first year of college, including assistance in obtaining student financial aid. CAMP will serve about 360 students in 1995.

IMPACT AID

Appropriations, 1996	$693,000,000
Budget estimate, 1997	617,000,000
House allowance	728,000,000
Committee recommendation	703,000,000

The Committee recommends an appropriation of $703,000,000 for impact aid for the Department of Education. This amount is $10,000,000 above the 1996 amount, $86,000,000 above the administration request, and $25,000,000 below the amount recommended by the House.

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. During the current school year approximately 2,000 school districts will receive payments of behalf of 1.2 million eligible children.

The Committee agrees with the House in turning down the administration's proposal to override the authorizing statute to reduce the number of school districts receiving payments to 1,000 and to reduce the number of children on behalf of whom payments are made to 337,000.

Basic support payments.—The Committee recommends $591,707,000 for basic support payments, an increase of $10,000,000 above the 1996 level, and $23,793,000 below the amount recommended by the House. The administration requested $550,000,000 for this program. Under statutory formula, payments are made on behalf of all categories of federally connected children.

Payments for children with disabilities.—Under this program additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act. The Committee bill includes $40,000,000 for this purpose, the same amount as the 1996 level, the budget request, and the House.

Payments for heavily impacted districts.—These payments provide additional assistance to certain local educational agencies that enroll large numbers or proportions of federally connected children. The Committee recommends $50,000,000, the same amount appropriated in fiscal year 1996 and the House amount, and an increase of $30,000,000 over the amount requested by the administration.

Facilities maintenance.—This activity provides funding for maintaining certain school facilities owned by the Department of Education. The Committee agrees with the House and recommends no funding for this program. The administration had requested $3,000,000 for this purpose in fiscal year 1996.

Construction.—Payments are made to eligible LEA's to be used for construction and renovation of school facilities, or for debt service related to the construction of school facilities. The Committee recommends $5,000,000 for this program, the same amount appropriated in fiscal year 1996 and recommended by the House, and an increase of $1,000,000 over the budget request.

Payments for Federal property.—These payments compensate local educational agencies in part for revenue lost due to the removal of Federal property from local tax rolls. Payments are made to LEA's that have a loss of tax base of at least 10 percent of assessed value due to the acquisition since 1938 of real property by the U.S. Government. The Committee recommends $16,293,000 for this activity in 1997, the same amount as appropriated in fiscal year 1996, and a decrease of $1,207,000 below the amount recommended by the House. No funds were requested by the administration for this activity.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 1996	$1,213,577,000
Budget estimate, 1997	1,404,000,000
House allowance	1,237,383,000
Committee recommendation	1,318,631,000

The Committee recommends an appropriation of $1,318,631,000 for school improvement programs. This amount is $105,054,000 more than the 1996 appropriation, $85,369,000 less than the administration's request, and $81,248,000 more than the House allowance.

Eisenhower professional development State grants.—The Committee recommends $275,000,000 for Eisenhower professional development State grants, the same as the fiscal year 1996 appropriation, and a decrease of $335,000,000 below the amount requested by the administration. The House included no funds for this purpose. This program provides formula grants to States to support sustained and intensive high-quality professional development activities in the core academic subjects at the State and local levels.

The Committee reiterates its support for the Eisenhower professional development State grant program and recognizes that this

activity is the major program within the Department of Education supporting improvement in math and science education. This program is of vital interest to the Committee as it works to ensure that the tools are in place to reach national educational goal No. 5—that by the year 2000, U.S. students will be the first in the world in science and mathematics achievement. The Committee expects that the first $250,000,000 of the total appropriation be spent solely on mathematics and science education as outlined in the authorizing statute.

The Committee is aware of the severe shortage of educational personnel with professional training to teach the Nation's growing population of limited-English proficient students. Accordingly, the Committee strongly urges the States to use their Eisenhower funds for professional development grants to train teachers serving limited-English proficient students.

Innovative education program strategies State grants.—The Committee recommends $275,000,000 for innovative education program strategies State grants, the same as the fiscal year 1996 appropriation. The administration eliminated funding for this program, while the House included $606,517,000 for this purpose. This program makes grants to State and local educational agencies for activities intended to help meet the national education goals and assist in their reform of elementary and secondary education. Funds are awarded to States by a formula based on school-aged population and then to local districts under a State-determined formula. State and local funds may be used for acquisition of instructional materials such as library books, curricular materials, and computer software and hardware; improving educational services to disadvantaged children and dropout prevention; combating illiteracy among children and adults; programs for gifted and talented children; and reform activities consistent with Goals 2000. Teacher training and other related activities in support of any of these purposes also is authorized.

Safe and drug free schools and communities

State grant program.—The Committee bill provides $530,978,000 for the safe and drug free schools and communities programs State grant program. The amount recommended is $90,000,000 more than the fiscal year 1996 amount and the House allowance and $15,978,000 more than the budget request.

National programs.—The Committee has included $25,000,000 for the national programs portion of the safe and drug free schools program, the same as the amount requested by the administration. The House eliminated funding for this program. Funds are used for to carry out leadership programs for prevention of illegal use of drugs and violence and promote safety and discipline for students at all educational levels.

It has been brought to the Committee's attention that the Research Triangle Institute is currently finishing an evaluation of the Safe and Drug Free Schools Program. This study evaluates and compares examples of the types of programs delivered by the program. The Committee urges the Department of Education to widely disseminate the results of the study so that State and local edu-

cation agencies will have the benefit of knowing what drug prevention programs are the most effective.

The Committee strongly urges the Department to work with the States to develop an information reporting system. This system would be used to collect information from all of the States on how the local education agencies use their funds and also what specific programs are funded from the Governor's set-aside. The Department should report to the Committee on these findings by January 1998.

Inexpensive book distribution

For the inexpensive book distribution program, the Committee provides $10,265,000, the same as the 1996 appropriation, $1,265,000 more than requested by the administration request, and the same amount recommended by the House. This program is operated by Reading Is Fundamental [RIF], a private nonprofit organization associated with the Smithsonian Institution. RIF works with more than 4,500 local volunteer groups to distribute books to children from low-income families to help motivate them to read. In 1996, an estimated 7.8 million books will be distributed to 2.5 million children. This program has been successful in motivating children to read, increasing the use of libraries, increasing parental involvement in schools, and contributing to improved reading achievement.

Arts in education

The Committee bill includes $9,000,000 for the arts in education program, the same as the 1996 appropriation and the House allowance, and $1,000,000 below the administration request. The amount recommended will support two awards: $4,996,000 for a grant to Very Special Arts [VSA], which supports the development of programs to integrate the arts into the lives of children and adults with disabilities; and $4,004,000 for a grant to the John F. Kennedy Center for the Performing Arts, which supports a variety of activities through its education department that promote the arts throughout the Nation.

Christa McAuliffe fellowships

The Committee agrees with the House and recommends no funding for the Christa McAuliffe fellowship program. The administration requested $2,000,000 for this purpose. No funds were provided in the fiscal year 1996 appropriation for this program which provides fellowships to teachers for projects to improve education through sabbaticals for study, research, or academic improvement. The Committee has provided funding under the Eisenhower professional development State grant program to improve teacher skills.

Magnet schools assistance

For the magnet schools assistance program, the Committee bill provides $95,000,000, which is the same amount recommended by the House and the administration, and is the same as the 1996 appropriation.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of an approved

desegregation plan and are designed to attract substantial numbers of students of different social, economic, ethnic, and racial backgrounds. Grantees may use funds for teacher salaries, purchase of computers, and other educational materials and equipment.

The Committee directs the Department to use at least $3,000,000 of the magnet school appropriation for continuation costs for innovative programs as described in section 5111 of title V of the Elementary and Secondary Education Act.

Education for homeless children and youth

For carrying out education activities authorized by part B, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends $23,000,000, the same as the House recommendation and the 1996 appropriation. The budget request was $29,000,000 for this program.

This program provides assistance to each State to support an Office of the Coordinator of Education for Homeless Children and Youth, to develop and implement State plans for educating homeless children, and to carry out other activities to ensure that all homeless children and youth in the State have access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth. Grants are made to States based on the total that each State receives under the title I program.

Women's educational equity

The Committee recommends $1,000,000 for the women's educational equity program, a decrease of $1,000,000 below the amount recommended by the House and $3,000,000 below the administration request. No funds were provided for this purpose in fiscal year 1996. The program supports projects that assist in the local implementation of gender equity policies and practices.

Training and advisory services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee recommends $7,334,000, the same as the fiscal year 1996 appropriation and the amount recommended by the House, and $6,666,000 below the budget request.

The funds provided will continue the 10 regional desegregation assistance centers. Funds are used to provide technical assistance, training, and advisory services to school districts in addressing problems associated with desegregation on the basis of race, color, sex, or national origin. No funds are included for civil rights units in State education agencies.

Ellender fellowships

For Ellender fellowships, the Committee bill includes $1,500,000, the same as the 1996 appropriation and an increase of $500,000 above the amount recommended by the House. The budget requested no funds for this program.

The Ellender fellowship program makes an award to the Close Up Foundation of Washington, DC, to provide fellowships to students from low-income families and their teachers to enable them to participate with other students and teachers for a week of semi-

nars on Government and meetings with representatives of the three branches of the Federal Government.

Education for native Hawaiians

For programs for the education of native Hawaiians, the Committee bill includes $15,000,000, which is $3,000,000 above the 1996 appropriation, $9,000,000 above the budget request, and $11,000,000 more than the amount recommended by the House. The Committee encourages the Department when allocating these funds to provide the following: $2,000,000 for the curricula development, teacher training, and recruitment program; $1,000,000 for the community-based education learning centers; $2,000,000 for the Hawaiian higher education program; $1,500,000 for the gifted and talented program, $1,600,000 for special education programs; $300,000 for the Native Hawaiian Education Council and island councils; and $6,100,000 for family-based education centers. The Committee notes the disproportionately high numbers of native Hawaiian students who have special educational needs, who fail to finish high school, who drop out, and who abuse drugs and alcohol. Continued funding must be provided to raise the educational status of native Hawaiians to the national average. The Committee urges the Department to provide $500,000 for workshops in aquaculture/education for high school students and teachers at the Keahuolu training facilities on the Island of Hawaii.

Alaska Native educational equity

The Committee recommends $8,000,000 for the Alaska Native Educational Equity Assistance Program, authorized under title IX, part C, of the Elementary and Secondary Education Act. These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for development of supplemental educational programs to benefit Alaska Natives. Of the amount provided, the Committee has included $5,000,000 for section 9304, $2,000,000 for section 9305, and $1,000,000 for section 9306.

It has been brought to the Committee's attention that in urban areas 60 percent of Alaska Natives entering high school do not graduate, and the Alaska Natives test scores are on average 40 percent lower than those of other students. In some districts, none of the Alaska Native elementary students and 40 percent of Native high school students are performing at their grade levels. The funds provided under the Alaska Native Educational Equity Assistance Program will help to address some of the barriers faced by Native Alaskan children and develop programs tailored to the unique needs of these children to improve performance levels.

Charter schools

The Committee recommends $21,000,000 for support of charter schools, which is $3,000,000 more than the 1996 level and the House allowance and $19,000,000 below the budget request.

This program, authorized under title X, part C of the Elementary and Secondary Act of 1965, as amended, provides funds to the Secretary to make awards to State educational agencies, which, in turn, make subgrants to partnerships of developers and local education agencies or other public entities that can authorize or ap-

prove a charter school. Grants are limited to 3 years in duration, of which not more than 18 months may be used for planning and program design, and not more than 2 years for the initial implementation of a charter school.

Unlike traditional public schools, charter schools operate under charters or contracts with school districts, State education agencies, or other public institutions. They are designed by groups of parents, teachers, school administrators, other members of the community, and private corporations and are held accountable for student performance under the terms of their contracts. Also, charter schools can operate with considerable autonomy from external controls such as district, State, and union requirements.

The Committee believes that charter schools offer great promise in reforming public education because they link the important factors of school-site autonomy, parental choice, regulatory flexibility, private sector initiative, accountability, and community participation.

Technical assistance for improving ESEA programs

The Committee recommends $21,554,000 for the comprehensive regional technical assistance centers. This recommendation is the same amount recommended by the House, $47,000 more than the fiscal year 1996 level, and $23,446,000 below the administration request. This program supports 15 regional centers that provide support, training, and technical assistance to Department of Education grantees.

BILINGUAL AND IMMIGRANT EDUCATION

Appropriations, 1996	$188,039,000
Budget estimate, 1997	261,700,000
House allowance	167,190,000
Committee recommendation	185,000,000

The Committee recommends an appropriation of $185,000,000 for bilingual and immigrant education. This is $3,039,000 less than the 1996 appropriation, $76,700,000 below the administration request, and $17,810,000 above the House allowance.

The bilingual programs authorized by title VII of ESEA are designed to increase the capacity of States and school districts to provide special instruction to limited-English proficient students.

Instructional services

The Committee bill includes $130,000,000 for bilingual instructional programs, an increase of $12,800,000 above the 1996 level and $12,810,000 above the House amount and the President's budget request.

This activity provides competitive grants, primarily to school districts, to improve the quality of instructional programs for limited-English proficient students. Schools are permitted to select the instructional approach best suited to their students, except that no more than 25 percent of program funds may be used to support instruction that does not make use of the students' native language. Funds may also be used to provide services for preschool children and parents to assist in the education of their children.

Support services

The Committee agrees with the House and recommends no funding for this program. In fiscal year 1996, the Committee approved a reprogramming request which provided $9,700,000 for support services. The administration has requested $14,330,000 for this activity in fiscal year 1997. This program provides discretionary grants and contracts in four specific areas: research and evaluation; dissemination of effective instructional models; data collection and technical assistance; and a national clearinghouse to support the collection, analysis, and dissemination of information about programs for limited-English proficient students. The Committee strongly encourages school districts to use their overall funding for bilingual education for support services activities. The need for support services increases every year. School personnel, parents, and other organizations rely on these services to understand the needs of students, plan effective instructional services, meet State and Federal legal requirements, and train staff to work with limited-English proficient students. In fiscal year 1996, the Committee approved the administration's request to reprogram $10,800,000 into the support services and professional development accounts and the Committee would entertain a similar reprogramming request in fiscal year 1997.

Professional development

The Committee agrees with the House and provides no funding for professional development activities. The budget requested $25,180,000 for this program. In fiscal year 1996, the Committee approved a reprogramming request which provided $1,100,000 for professional development.

These funds support the training and retraining of bilingual education teachers and teacher aides, graduate fellowships related to fields of bilingual education, and grants to institutions of higher education to improve bilingual teacher training programs.

The Committee believes that professional development should be an integral component of all title VII programs. Accordingly, the Committee encourages the Secretary to notify all subpart 1 grant recipients that they are permitted to devote a portion of their grant resources to provide professional development to local education agency personnel through career-ladder and other degree-granting programs to enhance their professional skills and certification.

Immigrant education

The Committee recommends $50,000,000 for immigrant education, the same amount appropriated in 1996 and the amount recommended by the House. The administration requested $100,000,000 for this activity.

The Immigrant Education Program provides financial support to offset the additional costs of educating recently arrived immigrant students who often lack proficiency in English and need special services to make the transition to the American education system. Federal dollars flow through State educational agencies to school districts enrolling a minimum of 500 eligible immigrant students or where eligible immigrant children represent at least 3 percent of the enrollment. The Committee agrees with the administration and

has included bill language to permit States to allocate all or any part of the funds to LEA's on a discretionary basis.

Foreign language assistance

The Committee recommends $5,000,000 for competitive foreign language assistance grants, $5,039,000 less than the amount appropriated in fiscal year 1996, $5,000,000 more than the amount recommended by the House, and the same amount requested by the administration.

This activity provides grants to increase the quantity and quality of instruction in foreign languages deemed critical to the economic and security interests of the United States.

SPECIAL EDUCATION

Appropriations, 1996	$3,245,415,000
Budget estimate, 1997	3,552,913,000
House allowance	3,246,315,000
Committee recommendation	3,262,315,000

The Committee recommends an appropriation of $3,262,315,000 for special education. This is $16,900,000 more than the 1996 appropriation, $290,598,000 below the administration request, and $16,000,000 more than the House allowance.

These programs, which are authorized by the Individuals With Disabilities Education Act [IDEA], provide assistance to ensure that all children with disabilities have access to a free appropriate public education, and that all infants and toddlers with disabilities have access to early intervention services. This assistance is provided through State grants which offset a portion of the costs incurred by States and local educational agencies in educating children with disabilities and in developing and implementing statewide systems of early intervention services, and through a variety of discretionary programs that provide funds to meet designated Federal priorities.

Grants to States

The Committee bill provides $2,333,837,000 for special education grants to States, an increase of $10,000,000 more than the fiscal year 1996 appropriation and the amount recommended by the House and $269,410,000 below the budget request. This program supports formula grants to States to finance a portion of the cost of providing special education and related services for children with disabilities.

The Committee's recommended funding level represents approximately 7 percent of the estimated average per-pupil expenditure and 6 percent of excess costs and would provide an estimated $403 per child for the 5.8 million children expected to receive special education.

The Committee has included bill language to continue the eligibility of the Republic of the Marshall Islands and the Federated States of Micronesia for funding under part B of the IDEA and distribute the funds in accordance with the competition required in Public Law 104–134 with no new competition being required in fiscal year 1997.

Preschool grants

The Committee recommends $360,409,000 for preschool grants, the same amount recommended by the House and the fiscal year 1996 appropriation and $19,591,000 below the budget request. The preschool grant program provides formula grants to States based on the number of preschool children with disabilities, aged 3 through 5 years, who are served. The statute limits the share per child served to a maximum of $1,500.

The amount provided by the Committee is approximately $619 per child for the 581,900 preschoolers expected to receive special education and related services in the next school year.

States must distribute at least 75 percent of their grant to local educational agencies and intermediate educational units. Five percent may be retained for administration and 20 percent for development of a comprehensive delivery system for children from birth through 5 years; for direct and support services for 3- through 5-year-olds; and, at a State's discretion, to serve 2-year-olds with disabilities who will turn 3 during the school year.

Grants for infants and families

The Committee bill provides $315,754,000 for the part H grants for infants and families program, the same amount recommended by the House and the fiscal year 1996 appropriation and $122,000 more than the budget request. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to provide early intervention services to all children with disabilities, aged zero through 2, and their families.

The Committee reiterates its strong commitment to this program as the principal component of the Federal strategy to ensure that infants and toddlers with disabilities have access to services needed to maximize their potential for success in their school-age years and beyond.

Program support and improvement

For program support and improvement, the administration proposed $254,034,000, an increase of $8,619,000 over the 1996 appropriation for the 14 special purpose fund programs which expired in 1995. The Committee recommends no funding for the President's request, which was based on proposed legislation, and continues funding for these programs under current law. The House also provided no funding for program support and improvement.

Deaf-blindness

The Committee has included $12,832,000 for deaf-blind projects, the same as the 1996 appropriation and the House allowance.

Deaf-blindness funds are used for technical assistance, research, and model demonstration projects for deaf and blind infants, toddlers, children, and youth.

Serious emotional disturbance

The Committee bill provides $4,147,000 for the serious emotional disturbance program, the same as the 1996 level and the House allowance.

This program supports projects to improve special education and related services for children and youth with serious emotional disturbance. These children remain significantly unserved or underserved by special education. The amount provided will support awards focused on addressing the needs of children with serious emotional disturbance as well as preventing the development of serious emotional disturbance among children and youth with emotional and behavioral problems.

Severe disabilities

The Committee bill provides $10,030,000 for the severe disabilities program, the same amount as appropriated in 1996 and the House allowance. This program awards grants and contracts for projects to improve special education and early intervention services for children with severe disabilities.

Early childhood education

The Committee recommends $25,147,000, the same amount as appropriated in 1996 and the House allowance.

This program funds demonstration projects, technical assistance, and research to support States as they provide special education and early intervention services to infants, toddlers, and children with disabilities from birth through 8 years of age. Special emphasis is placed on helping States implement the grants for infants and families and the preschool grants programs.

Secondary and transitional services

The Committee bill includes $23,966,000 for secondary and transitional services, the same amount as appropriated in 1996 and the House allowance.

About one-half of these funds support joint efforts between State vocational rehabilitation agencies and State educational agencies to develop, implement, and improve systems to provide transition services for youth with disabilities from age 14 through the age they exit schools. Other activities include research, model demonstrations, and special projects.

Postsecondary education

The Committee recommends $8,839,000 for postsecondary education programs, the same as the 1996 level and the House allowance.

This program supports efforts to improve postsecondary programs for persons with disabilities. The Committee level would support new and continuation funding for demonstration projects designed to improve educational outcomes of postsecondary education for individuals with disabilities.

Innovation and development

The Committee recommends an appropriation of $16,000,000, an increase of $2,000,000 above the 1996 appropriation and the amount recommended by the House. The increase provided will be used for improving services and outcomes for children with disabilities in the elementary school grades; improved alignment and compatibility of general and special education reforms; and to initiate

a national assessment of the State grant programs to provide educators and policymakers with much-needed information on the performance of the program.

These funds support research and related activities to assist parents, professionals, and others providing early intervention, special education, and related services to children with disabilities, and to conduct research, surveys, and demonstrations related to the provision of services to children with disabilities.

Media and captioning services

The Committee recommends $20,030,000 for media and captioning services, the same amount recommended by the House and $900,000 more than the fiscal year 1996 appropriation.

The primary focus of this program is the captioning of educational and commercial films and the closed captioning of television. In addition, funds are awarded to the National Theatre of the Deaf and Recording for the Blind, Inc. [RFB]. The Committee has included an increase of $900,000 for recordings for the blind.

Technology applications

The Committee bill includes $9,993,000 for special education technology, the same amount appropriated in fiscal year 1996 and the amount recommended by the House.

This program promotes expansion of the use of technology in the education of children with disabilities by supporting research, dissemination, and technical assistance related to the development, production, and marketing of technology for the education of children with disabilities.

Special studies

The Committee provides $3,827,000, the same amount appropriated in fiscal year 1996 and the amount recommended by the House.

Special studies funds support grants and contracts to assess progress in implementing IDEA programs, as well as the effectiveness of State and local efforts to provide early intervention services and free and appropriate public education to children with disabilities. These activities help inform congressional policymaking and support program improvement efforts by State, local, and Federal agencies.

Personnel development

The Committee recommends an appropriation of $93,339,000, an increase of $2,000,000 over the amount provided in fiscal year 1996 and the House amount. The increase provided will be used to address the severe personnel shortages in special education and to promote best practices in the training of teachers and administrators in such areas as behavioral management techniques for addressing the conduct of those children with disabilities who have behavioral problems.

Personnel development funds are used to award grants to institutions of higher education, State educational agencies, and other nonprofit agencies to assist them in training personnel for careers in special education and early intervention services, addressing

State identified personnel needs, and developing new teaching approaches.

The Committee also encourages the Secretary, pursuant to the authority provided under section 631(c) of IDEA, to consider making awards to develop and demonstrate ways to better enable the elementary and secondary general education faculty at schools and colleges of education to prepare the next generation of teachers to serve students with disabilities who spend some or all of their schoolday in a regular class.

Parent training

The Committee provides $15,535,000 for the parent training program, an increase of $2,000,000 over the amount appropriated in fiscal year 1996 and the amount recommended by the House. The increase provided will be used for new or expanded parent training and information centers that are needed to help ensure that parents of children with disabilities have the skills and knowledge they need to help their children succeed. The increase would enable the program to serve over 200,000 parents in fiscal year 1997.

Parent training grants are made to projects to train parents of children with disabilities to participate more effectively in meeting the educational needs of such children.

Clearinghouses

The Committee recommends $1,989,000, the same amount as recommended by the House and the fiscal year 1996 level.

This program supports the activities of three clearinghouses—the national clearinghouse on the education of children with disabilities, the national clearinghouse on postsecondary education for individuals with disabilities, and the national clearinghouse on careers and employment in special education.

Regional resource centers

The Committee bill provides $6,641,000 for regional resource centers, the same amount appropriated in fiscal year 1996 and the amount recommended by the House. This program supports six regional centers and one national coordinating center that provide technical assistance and training to States to improve their capacity to serve children with disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 1996	$2,456,092,000
Budget estimate, 1997	2,512,587,000
House allowance	2,509,447,000
Committee recommendation	2,516,447,000

The Committee recommends $2,516,447,000 for rehabilitation services and disability research, $60,355,000 more than the 1996 appropriation, $7,000,000 more than the House amount, and $3,860,000 more than the administration request.

Basic State grants

The Committee provides $2,183,038,000 for vocational rehabilitation grants to States, which is $7,000,000 more than the administration request and the House allowance, and $64,204,000 more

than the 1996 appropriation. The amount included is $68,704,000 more than the amount allocated to State grants in 1996; $4,500,000 was used to support the 1996 Paralympic Games.

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 severe disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income, and States must provide a 21.3-percent match of Federal funds, except the States share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes. Each State is also required to use 1.5 percent of its allotment for innovation and expansion activities.

Client assistance

The Committee bill recommends $10,392,000 for the Client Assistance Program, the same amount recommended by the House and the administration, and $273,000 more than appropriated in 1996.

The Client Assistance Program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except each State is guaranteed a minimum grant of $100,000 if the appropriation exceeds $7,500,000. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

Training

The Committee provides $39,629,000 for training rehabilitation personnel, the same as the 1996 appropriation, the administration request, and the House allowance.

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 and deaf-blind.

Special demonstration programs

The Committee bill includes $18,942,000 for special demonstration programs for persons with disabilities, the same as the House allowance and the budget request, and $8,499,000 less than the 1996 appropriation. The amount included is $5,999,000 less than the amount provided for these programs in 1996, $2,500,000 was used to support the 1996 Paralympic Games.

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. Special demonstration programs support projects for individuals with a wide array of disabilities.

Migratory workers

The Committee recommends $1,850,000 for migratory workers, an increase of $429,000 above the 1996 appropriation, and the same level as the budget request and recommended by the House.

This program provides a 90-percent Federal match for comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

The Committee provides $2,596,000 for recreational programs, the same as the 1996 appropriation, the administration request, and the House allowance.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the mobility and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

Protection and advocacy of individual rights

The Committee recommends $7,657,000 for protection and advocacy of individual rights, an increase of $201,000 more than the 1996 appropriation, and the same as the budget request and the House allowance.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities.

Projects with industry

The Committee bill includes $22,071,000 for projects with industry, an increase of $6,000 above the 1996 appropriation, and the same as the administration request and the House bill.

The Projects With Industry [PWI] Program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program makes grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

Supported employment State grants

The Committee bill includes $38,152,000 for the Supported Employment State Grant Program, the same as the 1996 appropriation, the budget request, and the House allowance.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are augmented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population. In 1997 an estimated 35,500 individuals will receive services and it is estimated that of that number approximately 10,000 will achieve an employment outcome.

Independent living State grants

The Committee recommends $21,859,000 for independent living State grants, which is the same amount appropriated in 1996, the budget request, and the House allowance.

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 analyses, and provide training and outreach.

Independent living centers

For independent living centers, the Committee bill includes $42,876,000, which is $1,127,000 above the 1996 level, and the same as the budget request and the House bill.

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.

Program improvement

For program improvement activities, the Committee provides $2,400,000, the same as the House allowance and the budget request, and $1,400,000 more than the 1996 appropriation. Activities under this program were funded under technical assistance to States in 1996. In fiscal year 1997, funds for these activities would be awarded through contracts to procure expertise in identified problem areas of national significance and technical support in order to improve the operation of the program and the provision of services to individuals with disabilities.

Independent living services for older blind individuals

The Committee provides $9,952,000 for independent living services to older blind individuals, an increase of $1,000,000 above the 1996 appropriation, and the same as the administration request and the House allowance.

This program provides discretionary grants on a competitive basis to State vocational rehabilitation agencies to assist persons aged 55 or older to adjust to their blindness by increasing their ability to care for their individual needs. Services may include the provision of eyeglasses or other visual aids, mobility training,

braille instruction, guide services, reader services, and transportation.

Evaluation

The Committee recommends $1,587,000 for evaluation activities, an increase of $5,000 above the 1996 appropriation, the administration request, and the House allowance.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Department awards competitive contracts for studies to be conducted by persons not directly involved with the administration of Rehabilitation Act programs.

Helen Keller National Center

The Committee bill includes $7,337,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, an increase of $193,000 over the 1996 appropriation, and the same as the budget request and the House allowance.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of 40 agencies. At the recommended level, the center would serve approximately 90 persons with deaf-blindness at its headquarters facility and provide field services to approximately 2,125 persons.

National Institute on Disability and Rehabilitation Research

The Committee recommends $70,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR], an increase of $16,000 over the amount appropriated in 1996, and the same as the budget request and the House allowance.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities enabling persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

The Committee believes that techniques such as state-of-the-art electronic technology can be used to develop new assisted living programs in neighborhood settings. Computers and other electronic features could provide the disabled consumer with the maximum amount of individual freedom, safety, and productive work stations for private sector employment. The Committee urges the Department to provide support for new assisted living programs that develop and demonstrate state-of-the-art electronic technology. The Good Shepherd Rehabilitation Hospital in Lehigh County, PA,

would be especially suited to conduct a model demonstration in this area.

Technology assistance

The Committee bill provides $36,109,000 for technology assistance, a decrease of $3,140,000 below the administration request, and the same as the amount recommended by the House and the 1996 appropriation.

The Technology Assistance Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. It provides grants to States to develop comprehensive, consumer responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 1996	$6,680,000
Budget estimate, 1997	6,495,000
House allowance	6,680,000
Committee recommendation	6,680,000

The Committee recommends $6,680,000 for the American Printing House for the Blind [APH], an increase of $185,000 above the budget request, and the same as the 1996 appropriation and the amount recommended by the House.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to legally blind students below the college level. The Federal subsidy provides about 40 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 blind students. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 1996	$42,180,000
Budget estimate, 1997	43,041,000
House allowance	43,041,000
Committee recommendation	43,041,000

The Committee recommends an appropriation of $43,041,000 for the National Technical Institute for the Deaf [NTID]. This amount is the same as the budget request and the House allowance, and $861,000 more than the 1996 appropriation.

The Committee agrees with the House and recommends a consolidated appropriation instead of providing $42,705,000 for operations and $336,000 for the endowment grant as proposed by the administration.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for deaf students. NTID also provides support services for deaf stu-

dents, trains professionals in the field of deafness, and conducts applied research.

GALLAUDET UNIVERSITY

Appropriations, 1996	$77,629,000
Budget estimate, 1997	80,030,000
House allowance	79,182,000
Committee recommendation	79,182,000

The Committee recommends $79,182,000 for Gallaudet University, an increase of $1,553,000 above the amount appropriated in 1996 and the same amount recommended by the House, and a decrease of $848,000 below the amount requested by the administration. The Committee also agrees with the House and recommends funding for this activity under a consolidated account. The administration proposed $79,030,000 for operations and $1,000,000 for the endowment.

Gallaudet University is a private, nonprofit institution offering college preparatory, undergraduate, and continuing education programs for deaf students, as well as graduate programs in fields related to deafness for hearing-impaired and hearing students. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for the deaf, and prepares deaf adolescents for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 1996	$1,340,250,000
Budget estimate, 1997	1,420,000,000
House allowance	1,329,669,000
Committee recommendation	1,341,752,000

The Committee recommendation includes a total of $1,341,752,000 for vocational and adult education, consisting of $1,080,169,000 for vocational education, and $261,583,000 for adult education.

VOCATIONAL EDUCATION

The Committee recommendation of $1,080,169,000 for vocational education is $39,831,000 less than the administration's request, $498,000 less than the fiscal year 1996 amount, and $4,500,000 above the House allowance.

The Committee fully expects that if the effort to reauthorize several of the vocational and adult education programs is not completed in the 104th Congress, these programs will continue to be operated under current policy, regulations, and law.

Basic grants.—The Committee has included $972,750,000 for basic grants, the same as the 1996 appropriation and the House allowance and $127,250,000 less than the administration request.

Funds provided under the State grant program assist States, localities, and outlying areas in expanding and improving their programs of vocational education and providing equal access to voca-

tional education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

Tech-prep education.—The Committee recommends $100,000,000 for tech-prep programs. This is the same as the 1996 appropriation and the same amount recommended by the House. The administration requested no funding for this purpose. This program is designed to link academic and vocational learning and to provide a structured link between secondary schools and postsecondary education institutions. Funds are distributed to the States through the same formula as the basic State grant program. States then make planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model 4-year programs that begin in high school and provide students with the mathematical, science, communication, and technological skills needed to earn a 2-year associate degree or 2-year certificate in a given occupational field.

Tribally controlled postsecondary vocational institutions.—The Committee has provided $2,919,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. This is the same as the funding provided by the House, the 1996 appropriation, and the administration. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanded educational opportunities for Indian students. Grantee institutions may use the funds for costs connected with training teachers, providing instructional services, purchasing equipment, administration, and operating and maintaining the institution.

National programs, research.—The Committee recommends $4,500,000 for national research programs, $498,000 less than the 1996 appropriation, and $12,581,000 below the amount requested by the administration. The House recommended no funding for this purpose. Using the funds provided, the Committee directs the Department to use $4,500,000 to support the National Center for Research in Vocational Education.

The National Center for Research in Vocational Education is the only federally funded center charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by the Center are converted into technical assistance to reform and improve vocational education instruction in our schools and colleges. The Committee believes that the work of the Center is critically important to provide state-of-the-art job-related instruction that, in turn, will strengthen our Nation's economy.

ADULT EDUCATION

The Committee has included $261,583,000 for adult education, $2,000,000 more than the fiscal year 1996 appropriation, $38,417,000 less than the administration request, and $7,583,000 more than recommended by the House.

Adult education State programs.—For adult education State programs the Committee recommends $252,000,000 which is $2,000,000 above the 1996 appropriation and the amount recommended by the House, and $38,000,000 less than the administration's request. These programs are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens. Under section 313(d) the Secretary reserves up to $5,000,000 for part D—national programs.

Due to the tightening fiscal climate several literacy programs that have made important contributions were not funded in fiscal year 1996 and no funds are recommended in fiscal year 1997. These programs include literacy for homeless adults, workplace literacy partnerships, State literacy resource centers, and library literacy. The Committee urges States to favorably consider the important activities carried out by these programs and encourages that States make funds available for these activities.

The Committee recognizes that literacy is a growing problem in the United States and there is a need for the development of new practices to deliver literacy education. The Committee encourages the Department to use the increase provided for research and development activities that will expand the potential of technology for delivering literacy services.

National programs, evaluation and technical assistance.—The Committee concurs with the House in recommending no funding for the national programs of evaluation and technical assistance, the same as the 1996 amount. The administration requested $5,000,000 for these purposes.

National Institute for Literacy.—The Committee recommends $4,860,000 for the National Institute for Literacy, authorized under section 384(c) of the Adult Education Act, the same amount appropriated in 1996 for this purpose, $140,000 less than the budget request, and $860,000 more than the House allowance. The Institute provides leadership and coordination for the national literacy effort by conducting research and demonstrations on literacy, providing technical assistance through a State capacity building grant program, establishing and maintaining a national center for adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

Literacy programs for prisoners.—The Committee provides $4,723,000 for literacy programs for prisoners, the same as the 1996 appropriation. Neither the House nor the administration recommended funding for this purpose. This program provides funds to State and local correctional agencies to establish programs that, to the extent possible, use advanced technologies to assist persons

incarcerated in prison, jail, or detention centers to achieve functional literacy and life skills. The Committee urges the Department to consult with correctional personnel to ensure that activities carried out under this authority address the most urgent needs of incarcerated individuals.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 1996	$6,258,587,000
Budget estimate, 1997	7,359,407,000
House allowance	6,630,407,000
Committee recommendation	6,642,830,000

The Committee recommends an appropriation of $6,642,830,000 for student financial assistance. In combination with $486,000,000 in Pell grants carryover funding which was provided in previous appropriations, the Committee makes available $7,128,830,000 for student financial assistance.

Federal Pell Grant Program

For Pell grant awards in the 1997–98 academic year, the Committee recommends $5,342,000,000.

Pell grants provide need-based financial assistance that helps low- and middle-income students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a national need analysis formula that takes into account a student's family income and assets, household size, and the number of family members attending postsecondary institutions. Pell grants are considered the foundation of the Federal postsecondary student aid system and students must apply for a Pell grant before receiving a Federal family education loan.

This funding amount, when coupled with carryover funding is sufficient to raise the maximum Pell grant to $2,500, the highest level in the program's history and an increase of $30 over the maximum grant for 1996.

Federal supplemental educational opportunity grants

The Committee recommends $583,407,000 for Federal supplemental educational opportunity grants [SEOG], the same as the 1996 level, the budget request, and the House allowance.

This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent of SEOG awards, which are subject to a maximum grant level of $4,000. School financial aid officers have flexibility to determine student awards, though they must give priority to Pell grant recipients.

Federal work-study programs

The Committee bill provides $616,508,000 for the Federal Work-Study Program, the same as the 1996 level, $68,492,000 below the House allowance, and $62,492,000 less than the administration request. This program provides grants to approximately 3,700 institutions to help more than 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 25 per-

cent of student earnings. Institutions also must use at least 5 percent of their grants for community-service jobs.

Federal Perkins loans

The Committee bill includes $67,915,000 for Federal Perkins loans capital contributions, which is $25,382,000 less than the 1996 appropriation and $90,085,000 less than the budget request. The House proposed no funding for this purpose.

The Federal Perkins Loan Program supports student loan revolving funds built up with capital contributions to about 2,700 participating institutions over the past 30 years. Institutions use these revolving funds, which also include a 25-percent institutional match and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee bill also includes $20,000,000 for loan cancellations, the same as the 1996 level, the administration request, and the House allowance. These funds reimburse institutional revolving funds on behalf of borrowers who perform statutorily specified types of public or military service, such as working in a Head Start Program, serving in the Peace Corps or VISTA, or teaching in a low-income school.

State student incentive grants

For the State Student Incentive Grant Program [SSIG], the Committee provides $13,000,000, which is $18,375,000 below the 1996 appropriation and $13,000,000 more than the House allowance and the budget request. The SSIG Program is intended to encourage and expand need-based State financial assistance to postsecondary students. States match SSIG appropriations to provide State-based grant and work-study assistance to approximately 700,000 financially needy postsecondary students. States may use up to 20 percent of their SSIG allotment to support campus-based work-learning jobs.

The Committee recognizes the importance of a student aid program that leverages money from the States into need-based financial assistance, but at the same time, sees the need to reevaluate the current structure of SSIG. The SSIG Program leveraged more than $610,000,000 from the States for student aid in fiscal year 1995. However, the SSIG Program is now criticized as unnecessary to the Federal financial aid portfolio because all States now provide need-based financial assistance. The Committee believes student assistance should include an ongoing source of Federal support which encourages and leverages State contributions. Thus, the Committee has included another year of funding to delay the phaseout of SSIG with the expectation that the program be thoroughly evaluated and modified during reauthorization of the Higher Education Act next year.

FEDERAL FAMILY EDUCATION LOAN PROGRAM

Appropriations, 1996	$29,977,000
Budget estimate, 1997	46,572,000
House allowance	29,977,000
Committee recommendation	29,977,000

The Committee recommends $29,977,000 for discretionary Federal administrative expenses related to the Federal Family Education Loan [FFEL] Program, formerly known as the Guaranteed Student Loan Program.

Funds appropriated for Federal administrative expenses will partially cover the fiscal year 1997 salaries and benefits, travel, printing, contracts, and other expenses associated with the program, including payment and claims processing, reducing loan default costs, and program monitoring. This discretionary administrative funding is included in the "Federal family education loans" appropriation account rather than under the Department's "Salaries and expenses" account pursuant to a requirement of the Federal Credit Reform Act of 1990.

The FFEL Program is administered through State and private nonprofit guarantee agencies that insure loans directly, collect defaulted loans, and provide various services to lenders. The Federal Government supports the guarantee agencies by providing loan advances and reinsurance payments for borrower default, death, disability, and bankruptcy.

The Federal Government also pays an interest subsidy to lenders, based on the borrower's interest rate, on behalf of Stafford loan student borrowers while they are in school and during certain grace and deferment periods. To be eligible for this subsidy, students must demonstrate financial need. Federal Stafford loans may be borrowed by eligible students, regardless of their schoolyear or dependency status. Borrowing limits are tied to the extent of need, for the cost of attendance minus an expected family contribution, and other aid as determined by an approved need analysis system.

Under the HEA reauthorization of 1992, a new unsubsidized Stafford Loan Program for middle-income borrowers provides federally reinsured loans to borrowers who do not qualify for Federal interest subsidy payments under the need-based Stafford Loan Program. Except for the interest benefit, all other terms and conditions of the Federal Stafford Loan Program apply to the unsubsidized Stafford loans.

Federal PLUS loans are made to parents of dependent undergraduate students. Interest rates for PLUS loans are usually higher than those for Federal Stafford loans, and the Federal Government does not pay the interest during in-school, grace, and deferment periods. No need analysis is required, but borrowing cannot exceed cost of attendance minus other aid.

HIGHER EDUCATION

Appropriations, 1996	$836,957,000
Budget estimate, 1997	972,771,000
House allowance	829,497,000
Committee recommendation	852,269,000

The Committee recommends an appropriation of $852,269,000 for higher education programs, $15,312,000 more than the 1996

amount, $120,502,000 less than the budget request, and $22,772,000 above the House. The Committee concurs with the House in not adopting the administration request to create a new merit-based scholarship program in fiscal year 1997.

Aid for institutional development

The Committee recommends $194,846,000 for aid for institutional development authorized by title III of the Higher Education Act, the same as the 1996 appropriation and the House allowance, and $12,235,000 more than the budget request.

Strengthening institutions.—The Committee bill includes $55,450,000 for the part A Strengthening Institutions Program, the same as the 1996 level and the House allowance, and $15,450,000 more than the budget request. The part A program supports competitive, 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use part A funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

The Department of Education shall use fiscal year 1997 title III–A HEA funds for payments for continuing multiyear grants, and shall use all additional funds provided in this appropriation to make new grants.

Community colleges provide vital education and training programs, serving individuals in rural communities whose access to education and training services are limited, and whose livelihood is particularly vulnerable to regional economic stability. Community colleges such as the Western Iowa Tech Community College and Eastern Iowa Community College would be especially suited for these grants.

Hispanic-serving institutions [HSI].—The Committee recommends $10,800,000 for the section 316 set-aside for institutions at which Hispanic students make up at least 25 percent of enrollment, the same as the 1996 level and the House allowance, and $1,200,000 less than the administration request. The Committee has included bill language included in the budget request overriding the current law requirement that funds be appropriated for the HSI program only when appropriations for the regular strengthening institutions program equal or exceed $80,000,000. Institutions applying for section 316 funds must meet the regular part A requirements and show: (1) that at least one-half of their Hispanic students are low-income, first-generation college students, and (2) that another one-quarter of their Hispanic enrollments are either low-income or first-generation college students. In addition to the regular part A purposes, funds may be used for acquisition of scientific or laboratory equipment, renovation of instructional facilities, and purchase of educational materials.

Strengthening historically black colleges and universities.—The Committee provides $108,990,000 for part B grants, the same as the 1996 level, the budget request, and the House allowance. The part B strengthening Historically Black Colleges and Universities [HBCU] Program makes formula grants to HBCU's that may be used to purchase equipment, construct and renovate facilities, de-

velop faculty, support academic programs, strengthen institutional management, enhance fundraising activities, provide tutoring and counseling services to students, and conduct outreach to elementary and secondary school students. The minimum allotment is $500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

Strengthening historically black graduate institutions.—The Committee bill includes $19,606,000 for the part B, section 326 program, the same as the 1996 level, the administration request, and the House allowance. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGI's]. The Higher Education Amendments of 1992 increased the number of recipients to 16 named institutions, but reserved the first $12,000,000 appropriated each year to the first 5 institutions included in the original authorization. Grants may be used for any part B purpose and to establish an endowment.

Endowment challenge grants.—The Committee bill does not provide funding for part C endowment challenge grants, the same as the 1996 level and the House allowance. The administration proposes to terminate the regular endowment challenge grant program and to change the underlying law to permit funding the HBCU set-aside at the 1995 level of $2,015,000 without funding the underlying program.

Fund for the improvement of postsecondary education

The Committee recommends $18,000,000 for the fund for the improvement of postsecondary education [FIPSE], which is $3,000,000 more than the 1996 appropriation and the House allowance, and the same as the administration request. FIPSE stimulates improvements in education beyond high school by supporting exemplary, locally developed projects that have potential for addressing problems and recommending improvements in postsecondary education. The fund is administered by an independent board that provides small, competitive grants and contracts to a variety of postsecondary institutions and agencies, including 2- and 4-year colleges and universities, State education agencies, community-based organizations, and other institutions and organizations concerned with education beyond high school.

The Committee believes that an exemplary program is needed to encourage underrepresented groups, such as women and minorities, to enter careers in the fields of science, technology, engineering, and mathematics. Many business and industrial communities have established relationships with postsecondary institutions to provide the type of career-oriented technical education programs described above. The Committee encourages the fund to conduct a competition to encourage postsecondary institutions to enhance their management, professional development, and academic programs to meet the technical education needs of the business and industrial communities and to foster strong relationships with these communities. An institution such as the Pennsylvania Institute of Technology would be especially suited in providing career-oriented technical education in the areas described above.

The Committee believes that postsecondary education can be improved through faculty development activities that place faculty in

business settings. The Committee believes that the faculty-centered cooperative education program developed by the North Dakota Experimental Program to Stimulate Competitive Research [EPSCoR] holds great promise in that regard and urges full and fair consideration of a proposal from North Dakota State University for its implementation.

The Committee is aware of the effectiveness of reading recovery programs in helping elementary school children who are behind in their reading skills and the need for educators to be trained in this approach. Within the amount provided, the Committee urges the Secretary to award a grant to implement a program to train educators in reading recovery. The University of Nebraska at Kearney would be particularly well suited for such a grant.

The Committee recognizes that there is a shortage of minority science and mathematics teachers in the Nation's public schools, particularly those schools located in urban areas. The Committee, therefore, urges the Department to support the development of a model program to prepare teams of students from ethnically diverse and multicultural backgrounds for careers as mathematics and science teachers. The Committee notes the success of the Posse Foundation, located in New York City, and encourages the replication of this model.

The Committee is concerned about the significant shortage of Hispanics who are trained in the fields of science and technology and participate in the Nation's research and development efforts. As the fastest growing population in the Nation, persons of Hispanic origin will play a key role in our efforts to effectively meet the economic, technological, and work force challenges that lie ahead. In order to sustain the Nation's current competitiveness in these fields, efforts must be encouraged to educate Hispanics in the science and technological fields. The Committee supports a demonstration of new approaches to enhance the capacity of Hispanic serving institutions to improve their research and training capacity in the area of science and technology. The Committee is aware that such a demonstration has been proposed by a consortium of Hispanic serving institutions, known as HiCREST. The Committee urges that FIPSE give every consideration to the proposal from HiCREST when funding this important initiative.

Minority teacher recruitment

The Committee recommends $2,212,000 for the Minority Teacher Recruitment Program, which is the same as the 1996 appropriation, $246,000 below the budget request, and the same as the House allowance. This program, authorized by the Higher Education Amendments of 1992, is designed to increase the numbers of African-Americans, Hispanics, native Americans, and other minorities in the teaching profession. Partnership projects identify students with an interest in entering the teaching profession and provide support services such as scholarship funds, tutoring, and academic counseling. Teacher placement projects prepare minority students to become elementary and secondary schoolteachers and help place these students in schools with at least 50 percent minority enrollment.

Minority science improvement

The Committee recommends $5,255,000 for the Minority Science Improvement Program [MSIP], the same as the 1996 level, $584,000 less than the administration request, and the same as the House allowance. This program provides discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

International education and foreign language studies

The bill includes a total of $59,573,000 for international education programs, $3,422,000 more than the 1996 level, $500,000 above the budget request, and $1,342,000 more than the House allowance.

Domestic programs.—The Committee recommends $52,283,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA. This is $1,802,000 above the 1996 appropriation, the same as the administration request, and $1,198,000 less than the House allowance. Domestic programs include national resource centers, undergraduate international studies and foreign language programs, international studies and research projects, international business education projects and centers, language resource centers, foreign periodicals program, and foreign language and area studies fellowships.

Overseas programs.—The bill includes $5,790,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. This is $1,040,000 above the 1996 level, the same as the budget request, and $1,040,000 more than the House allowance. Under these overseas programs, grants are provided for group and faculty research projects abroad, doctoral dissertation research abroad, and special bilateral projects. Unlike other programs authorized by the Fulbright-Hays Act and administered by the U.S. Information Agency, these Department of Education programs focus on training American instructors in order to improve foreign language and area studies education in the United States.

Institute for International Public Policy.—The Committee bill recommends $1,500,000 for the Institute for International Public Policy, an increase of $580,000 over the 1996 level and $500,000 over the administration request. The House provided no funding for this purpose. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 25 percent is required. The increase provided will allow expansion and improvement of the Senior Summer Intensive Language Institute.

Law school clinical experience

The Committee agrees with the House in recommending no funding for law school clinical experience, consistent with the budget re-

quest and the policy adopted in fiscal year 1996 to phase out Federal appropriations by providing funding only to continue existing multiyear grants. The last new 3-year grants were awarded in fiscal year 1994 and are funded to completion in fiscal year 1996. The fiscal year 1996 appropriation was $5,500,000.

Urban community service

The Committee recommends $9,200,000 for urban community service, the same as the 1996 appropriation, and $920,000 more than the House allowance. The administration requested no funding for this purpose. This program provides grants to urban universities to encourage community involvement in solving the social and economic problems of the urban area which they serve. Funds may be used to support cooperative projects that provide urban areas with applied research, planning services and specialized training, and other services that address high-priority needs of the urban area.

Interest subsidy grants

The Committee recommends $15,673,000 for interest subsidy grants, $1,039,000 less than the 1996 level, and the same as the budget request and the House allowance. This appropriation is required to meet the Federal commitment to pay interest subsidies on approximately 300 loans made in past years for constructing, renovating, and equipping postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973 but subsidy payments on existing loans are expected to continue until the year 2013.

Bethune Memorial Fine Arts Center

The Committee recommends $1,400,000 for the Bethune Memorial Fine Arts Center. This is $2,280,000 less than the 1996 level. Neither the administration nor the House recommended funding for this program.

Federal TRIO programs

The Committee bill includes $476,993,000 for Federal TRIO programs, $14,000,000 above the 1996 appropriation and $23,007,000 below the administration request and the House allowance.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; student support services provides remedial instruction and counseling to disadvantaged college students to help them complete their postsecondary education; talent search identifies and counsels individuals between ages 12 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 adults who are low-income and first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships,

seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

National early intervention scholarships and partnerships

The Committee bill includes $4,000,000 for this program of grants to States for projects that provide mentoring, outreach, counseling, and academic support for students at risk of dropping out of school. This amount is $892,000 above the 1996 level and $4,000,000 above the House allowance and the administration request. This program is intended to provide incentives for States to combine TRIO-type outreach activities with a State guarantee of college tuition assistance that will encourage low-income elementary and secondary school students to stay in school, earn their high school diplomas, and pursue postsecondary education.

Byrd honors scholarships

The Committee recommends $29,117,000 for the Byrd Honors Scholarship Program, the same as the 1996 appropriation and the administration request, and $29,117,000 above the House allowance.

The Byrd Honors Scholarship Program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents. The Higher Education Amendments of 1992 expanded the program from 1 to 4 years of scholarship support, and the amount provided will fund continuation awards to recipients who received their first-year awards in 1994, 1995, and 1996. The Committee has included bill language to maintain the same number of new scholarships in fiscal year 1997 as in fiscal year 1996 within existing resources.

Javits fellowships

The Committee concurs with the House in not recommending separate funding for Javits fellowships but provides $5,931,000 under the graduate assistance in areas of national need [GAANN] to fund the Javits fellowships at the same level as in fiscal year 1996. The House provided $3,632,577, consistent with the budget request, to continue existing Javits fellowships under GAANN.

This program provides fellowships to students of superior ability for doctoral study in the arts, humanities, and social sciences. The fellowships are awarded through a national competition and recipients pursue graduate study at the institutions of their choice.

Graduate assistance in areas of national need

The Committee recommends $30,000,000 for graduate assistance in areas of national need, the same as the House allowance and the budget request, and $2,748,000 above the 1996 level. This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. The program is currently supporting study in mathematics, physics, biology, chemistry, engineering, and com-

puter and information sciences. Recipients must demonstrate financial need and academic excellence, seek the highest degree in their fields, and plan teaching or research careers.

The Committee provides $5,931,000 to fund the Javits fellowships at the same level as in fiscal year 1996 under the GAANN program. The Javits Program is of particular importance as a mechanism for supporting America's next generation of leaders in the arts, humanities, and social studies and although the Committee has consolidated funding within the Graduate Assistance Program, this action was taken to streamline programs. It is the Committee's intention that the merit-based Javits Fellowships Program remain an active and identifiable program. The Committee concurs with the House and the budget request in funding existing Harris fellowships to completion under the GAANN program, and has included bill language to accomplish this.

The Committee has included $3,000,000, if authorized by April 1, 1997, for the George H.W. Bush Fellowship Program, located at the George Bush School of Government and Public Service of the Texas A&M University. The Bush Fellowship Program would help the most qualified individuals from all parts of the country to obtain advanced degrees in public administration and international affairs.

The Committee has also included $3,000,000, if authorized by April 1, 1997, for the Edmund S. Muskie Foundation. Funds will be used to award stewardships and support the Muskie Archives and the Edmund S. Muskie Institute of Public Affairs.

If funds are not authorized for the Muskie Foundation and the George Bush Fellowship Program by April 1, 1996, the Committee directs the Department to use these moneys to fund activities within the fund for the improvement of postsecondary education.

HOWARD UNIVERSITY

Appropriations, 1996	$182,348,000
Budget estimate, 1997	195,963,000
House allowance	187,348,000
Committee recommendation	189,000,000

The Committee recommends an appropriation of $189,000,000 for Howard University, which is $6,652,000 above the 1996 appropriation, $6,963,000 less than the budget request, and $1,652,000 above the House allowance. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through the 17 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support about 50 percent of the university's projected educational and general expenditures, excluding the hospital.

Academic program.—The Committee bill provides $159,511,000 for Howard's academic program, which is $6,652,000 above the 1996 level and $1,652,000 above the House allowance.

The Committee concurs with the House in not including a separate appropriation for the endowment and does not agree with the budget request to provide a minimum of $3,530,000 for the endowment. The Committee recommends continuing the policy estab-

lished in fiscal year 1996 which allows the university to dedicate a portion of its regular appropriation to the endowment at its discretion. The Committee directs that Howard notify the Congress of any transfer from the regular appropriation to the endowment at least 15 days prior to execution of the transfer. The Committee notes that the authority under which funds are appropriated for Howard permits expenditures for academic services, financial support of students, contribution to the university endowment, or construction.

Howard University Hospital.—The Committee recommends $29,489,000 for the Howard University Hospital, the same as the 1996 level, the budget request, and the House allowance. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university that trains physicians in 19 specialty areas. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 1996	$698,000
Budget estimate, 1997	700,000
House allowance	698,000
Committee recommendation	698,000

Federal administration.—The Committee bill includes $698,000 for Federal administration of the CHAFL program. The amount recommended is the same as the 1996 appropriation, $2,000 less than the administration request, and the same as the amount recommended by the House.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 1997. 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. The Committee agrees with the House and the administration and recommends no funding for new loan subsidies in fiscal year 1997. No funds were provided for this purpose in 1996.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

Appropriations, 1996	$166,000
Budget estimate, 1997	104,000
House allowance	104,000
Committee recommendation	104,000

Federal administration.—The Committee recommends $104,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program, the same as the administration request and the House allowance, and $62,000 less than the 1996 level.

The HBCU Capital Financing Program will make capital available to HBCU's for renovation and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Appropriations, 1996	$350,646,000
Budget estimate, 1997	634,750,000
House allowance	317,264,000
Committee recommendation	350,788,000

The bill includes $350,788,000 for educational research, statistics, assessment, and improvement programs. This amount is $142,000 above the 1996 appropriation, $283,962,000 below the administration request, and $33,524,000 more than the House allowance. This account supports education research, statistics, and assessment activities, as well as a variety of other discretionary programs for educational improvement.

Research

The Committee recommends $56,021,000 for educational research, the same as the 1996 appropriation, $979,000 below the budget request, and $14,620,000 below the House allowance. Research activities are conducted by the Office of Educational Research and Improvement [OERI], which was reauthorized by the Educational Research, Development, Dissemination, and Improvement Act of 1994.

These funds support research, development, dissemination, and technical assistance activities which are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee has included $51,000,000 for regional educational laboratories, the same amount as appropriated in 1996 and the amount recommended by the House. The Committee reiterates its intent, expressed in the conference report on the Omnibus Consolidated Rescission and Appropriations Act of 1996 (Public Law 104–134) (H. Rept. No. 104–537) that all work of the regional education laboratories be based on the priorities established by their regional governing boards.

The Committee encourages the educational laboratories to support activities formerly carried out by the National Diffusion Network and urges the laboratories to make use of existing networks and include technical assistance to promote ongoing, effective professional development practices and strategies.

Consistent with the budget request, the Committee has included $9,000,000 for the Educational Resources Information Center. This national information system is designed to provide users with ready access to an extensive body of education-related literature and material.

Statistics

The Committee recommends $46,227,000 for data gathering and statistical analysis activities of the National Center for Education Statistics [NCES], the same amount appropriated in fiscal year 1996 and $3,773,000 below the House bill and the budget request.

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and

data relevant to public policy. Technical assistance to State and local education agencies and postsecondary institutions is also provided by the Center.

Assessment

The Committee recommends $32,623,000 for assessment, the same amount appropriated in fiscal year 1996 and the amount recommended by the House and a decrease of $127,000 below the budget request.

The National Center for Education Statistics uses these funds to administer the national assessment of educational progress [NAEP], a 20-year-old congressionally mandated assessment created to measure the educational achievement of American students. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. NAEP has been expanded in recent years to include State representative assessments as well.

Fund for the improvement of education

The Committee bill provides $40,000,000 for the fund for the improvement of education [FIE], which is $2,389,000 more than the 1996 appropriation and the same as the administration request and the House allowance. This program provides the Secretary with broad authority to support nationally significant programs and projects to improve the quality of education, help all students meet high academic standards, and contribute to the achievement of the national education goals. The statute also authorizes support for specific activities, such as counseling and mentoring, comprehensive health education, and environmental education.

The Committee is aware of research demonstrating that music training improves spatial reasoning skills among preschool children. Therefore, the Committee urges the Department to fund demonstration grants to establish public-private partnerships between institutions of higher education and industry to support programs utilizing innovative technologies and practices for the professional development and retraining of teachers in music education. In awarding these grants, special emphasis should be given to institutions demonstrating a proficiency in working with local educational agencies to disseminate and use the highest quality research and knowledge about effective teaching practices.

The Committee directs the Department of Education to provide $1,000,000 to establish an intensive regional model in Washington and Oregon for the purpose of developing a literacy program focusing on the distribution of new books to disadvantaged children and families, particularly those affected by economic downturns in the timber and fishing industries. The funding will be a one-time grant which will help establish local advisory boards to assist with implementing the program in their community. First Book, a national organization which emphasizes community-based programs would be particularly suited for a project such as the one described above and the Committee urges the Department to give full and fair consideration to this organization.

Within the funds provided, the Committee has included $300,000 for a demonstration program to further students knowledge of

space science. The program would provide students with hands on knowledge of space missions. Demonstration projects which include simulated space stations and mission control modules, video displays, computer hardware and software, and robotics would provide students with opportunities for cooperative learning, problem solving, and responsible decisionmaking. The Altoona School District, in Altoona, PA, would be especially suited to conduct a demonstration such as the one described above.

The Committee urges the Department to conduct a project which expands a large-scale partnership between local community services, school districts, and businesses for mentoring at-risk children involving thousands of volunteers. Inschool mentoring has proven particularly effective in encouraging attendance, improving academic performance, and lessening peer pressure. The Committee is aware of such a proposal by the YMCA of Greater Kansas City, MO, and encourages full and fair consideration of a proposal from this organization.

The Committee is aware of educational software that is being developed that relies both on modern computer technology and on advanced academic research in cognitive science. In order to encourage the spread of this technology into our elementary and secondary schools, the Committee urges the Department to fund projects that implement educational software that relies on the latest computer technology, and that is based on sophisticated academic research. Northwestern University would be especially suited to carry out a demonstration such as the one described above.

Within the funds provided, the Committee has included $800,000 to award grants to nonprofit organizations for the cost of conducting scholar-athlete games.

The Committee recognizes the vital importance of reading and writing in an age of technology, particularly for title I students. The Committee urges the Department to pursue demonstrations of successful reading and writing programs in schoolwide settings. Further, the Committee urges the Department to identify effective and cost-effective staff development programs that address reading and writing, and to support those that have demonstrated the ability to improve classroom practice and research, and children's ability to read and write.

The Committee is aware of projects which promote consumer, economic, and personal finance education, such as saving, investing, and entrepreneurial education, and urges the Department to consider funding a demonstration in this area. The Committee understands that the P.R. Harris School in southeast Washington, DC, is currently conducting a project and would be especially suited for a project such as the one described above.

The Committee urges the Department to fund a program which would educate and train staff to teach an employability curriculum to students starting in kindergarten and continuing through eighth grade. This program would help students understand the importance and value of being employed and to develop appropriate workplace behavior, motivation, and skills needed to survive in the workplace.

The Committee recognizes the urgency to train K–12 teachers in the effective use of instructional technologies and urges the Depart-

ment to provide adequate funding for proven pilot programs. The Alliance for Training K–12 Teachers in Instructional Technologies would be especially suited for a demonstration such as the one described above.

The Committee reiterates its support for research priorities for an integrated delivery system of early childhood education, development, and related services. The Jefferson County public school system's Project Jump Start is currently conducting a project to document changes and achievements in children's lives as they enter primary school as a result of their participation in such an integrated service program and to support a parent component of participation, with emphasis on male family members and involvement in school-based decisionmaking. The Committee urges the Department to continue support of this demonstration project.

Also included in the amount recommended is $125,000 for the national student and parent mock election.

International education exchange

The Committee has provided $6,000,000 for the International Education Exchange Program authorized by section 601(c) of Public Law 103–227, an increase of $1,000,000 above the 1996 level and $3,000,000 more than the administration request and the amount recommended by the House bill. This program will provide grants or contracts to support educational exchanges between the United States and the countries of central and Eastern Europe. The exchanges will be focused on improving curriculum and teacher training in the areas of civics and government education and economic education. The Secretary is required to work closely with the Director of the U.S. Information Agency in designing and implementing the program.

The increased funding will enhance the capacity of leading educators, scholars, and policymakers throughout the United States to assist leaders in the participating nations to develop the civic culture required for democracy and free market economies to flourish. It will also assist in the development and implementation of educational programs to broaden student's perceptions of civics, government, and economics.

Civic education

The Committee recommends $5,000,000 for the Center for Civic Education, $1,000,000 above the 1996 appropriation, the budget request, and the amount recommended by the House. This program provides a course of instruction at the elementary and secondary level on the basic principles of our constitutional democracy and the history of the Constitution and the Bill of Rights. Funds also may be used to provide advanced training for teachers concerning the Constitution and the Bill of Rights.

Eisenhower professional development Federal activities

The Committee recommends $13,342,000 for the Eisenhower Professional Development Federal Activities Program, $4,642,000 below the 1996 appropriation and $1,658,000 below the budget request. The House recommended no funding for this program.

This program supports activities of national significance contributing to the development and implementation of high-quality professional development in the core academic subjects. Projects may be designed to develop teacher training programs, or disseminate information about exemplary programs of math and science instruction.

Consistent with the budget request, the Committee has included $5,000,000 for the National Board for Professional Teaching Standards.

The Committee directs the Department to provide at least $5,472,000 for the National Clearinghouse for Science, Mathematics, and Technology Education Materials, the same amount appropriated for this purpose in 1996. The budget request recommended $2,000,000 for this purpose. The clearinghouse maintains a permanent repository of mathematics and science education instructional materials and programs for elementary and secondary schools; disseminates information, programs, and instructional materials to the public, information networks, and regional consortiums; and coordinates with existing data bases containing mathematics and science curriculum and instructional materials.

Eisenhower regional mathematics and science education consortia

The Committee has included $15,000,000 for the Eisenhower regional mathematics and science education consortia, the same amount appropriated in fiscal year 1996 and the same amount recommended by the House and the administration. This program supports grants to establish and operate regional consortia to disseminate exemplary mathematics and science instructional materials and provide technical assistance in the use of improved teaching methods and assessment tools to benefit elementary and secondary school students, teachers, and administrators.

21st century community learning centers

The Committee has included $1,000,000 for the 21st century community learning centers, an increase of $250,000 above the amount appropriated in 1996. Neither the House nor the administration requested funding for this purpose. This program supports grants to rural and inner-city public elementary or secondary schools, or consortia of such schools, to enable them to plan, implement, or expand projects that benefit the educational, health, social service, cultural, and recreational needs of a rural or inner-city community.

Projects that place schools at the center of the community are contributing to rural renewal both culturally and economically. They also bring the community into the school in the areas of curriculum reform, school organization, planning, teacher and administrator education, and fiscal and tax policy. The Committee urges the Department to place a high priority on schools-at-the-center projects.

Javits gifted and talented students education

The Committee has included $3,000,000 for the Javits Gifted and Talented Students Education Program, the same amount recommended by the House and the same amount appropriated for

this activity in fiscal year 1996. The administration proposed $10,000,000 for this purpose.

This program authorizes awards to State and local education agencies, institutions of higher education, and public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Priority is given to projects that identify and serve gifted and talented students who are economically disadvantaged, limited English proficient, or students with disabilities. Some funds are set aside for a national center for research and development in the education of gifted and talented children and youth, which researches methods and techniques for identifying and teaching gifted and talented students.

The Committee urges the Department of Education to fund the National Research Center on the Gifted and Talented at a level which would enable the Research Center to continue.

Star schools

For the Star Schools Program, the Committee recommends $23,000,000, the same amount appropriated in 1996 and a decrease of $2,000,000 below the budget request. The House provided no funds for this purpose.

This program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, primarily by means of telecommunications technologies. The program supports eligible telecommunications partnerships organized on a statewide or multistate basis to develop and acquire telecommunications equipment, instructional programming, and technical assistance.

The Committee urges the Department to initiate an innovative project to create a virtual university for rural areas. Efforts should focus on making courseware more accessible, flexible, and interactive than current distance learning systems. The goal should be to eliminate the campus-centric restrictions on adult and other nontraditional education programs. The Committee is aware of such a proposal by a group of Kansas universities, and encourages full and fair consideration of a proposal from this consortium.

The Committee encourages the Department to fund a project which encourages businesses and organizations to donate surplus computer equipment to a nonprofit foundation. Volunteers of the foundation repair and renovate the equipment and then distribute the equipment to K–12 schools. A project, such as the one described above would be especially helpful to both urban and rural schools who could not otherwise afford access to this technology for distance learning and would be an appropriate use of leadership funds.

Star schools programs, particularly statewide programs, have been extremely successful in developing and acquiring telecommunications equipment, instructional programming, and technical assistance to improve instruction in math, science, foreign languages, and other subjects such as vocational education in eligible communities. As a result, these statewide programs have provided a number of students, particularly those located in geo-

graphically isolated areas, with opportunities that were previously inaccessible. Thus, within the funds provided, the Committee urges the Department to solicit applications for statewide programs and award a minimum of two statewide star school grants in addition to any ongoing multiyear statewide grants for which the Department anticipated funding in fiscal year 1997.

National writing project

The Committee bill provides $3,100,000 for the national writing project, an increase of $145,000 above the 1996 appropriation. Neither the administration nor the House recommended funding for this program.

These funds are awarded to the national writing project in Berkeley, CA, which in turn funds projects in 45 States to train teachers of all subjects how to teach effective writing.

The Committee remains strongly supportive of the efforts of the national writing project [NWP] to improve the skills of our Nation's teachers. The NWP trained more than 166,000 teachers across the country at a cost of less than $20 per teacher. The Committee believes that funds for the NWP represent an important investment in our Nation's teachers and students.

Ready to learn television

The Committee recommends an appropriation of $6,440,000 for the Ready to Learn Television Program, a decrease of $560,000 below the administration request and the same as the 1996 appropriation.

This program supports the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school, consistent with the first national education goal that all children should start school ready to learn. The program supports the development, production, and dissemination of educational materials designed to help parents, children, and care givers obtain the maximum advantage from educational programming.

Educational technology

The Committee recommends $48,000,000 for the technology program authorized as part A of title III of the ESEA. The amount recommended is the same amount recommended by the House and the 1996 appropriation and $277,000,000 below the administration's budget request.

This activity supports the use of technology and technology-enhanced curricula and instruction to improve educational services.

The Committee has included $38,000,000 for local innovation challenge grants, the same amount appropriated in fiscal year 1996 and a decrease of $22,000,000 below the amount recommended by the administration. The purpose of this program is to develop first-class learner-based content that improves learner productivity through the use of quality courseware. The program would support significant public-private partnerships to develop and deploy uses of technology so that direct benefits to students are demonstrated and marketable products are developed and tested.

The Committee urges the Secretary, when awarding educational technology grants, to give consideration to school districts around the country, such as the Houston Independent School District and the Los Angeles Unified School District, that exemplify: (1) high concentrations of at-risk youth; (2) empowerment zones and enhanced enterprise communities; and (3) significant investments to establish infrastructure with aggressive plans to utilize educational technology.

The Committee is aware of an effort to enhance education technology as part of a comprehensive school reform initiative being implemented by the Los Angeles Education Alliance for Restructuring Now [LEARN], and urges the Secretary to give full and fair consideration to a proposal from this coalition within the Los Angeles Unified School District.

The Committee has also included $10,000,000 to continue the regional consortia, the same amount appropriated in fiscal year 1996. These consortia assist States and local educational agencies in the identification and procurement of resources necessary to implement technology plans, develop training resources for both elementary and secondary and adult education, provide referrals to sources of technical assistance and professional development, and assist institutions of higher education to establish preservice training programs in the appropriate use of educational technology.

Telecommunications demonstration project for mathematics

The Committee recommends $1,035,000 for the telecommunications demonstration project for mathematics, the same amount appropriated in fiscal year 1996. No funds were provided by the House or recommended by the administration for this purpose. Funds are used to carry out a national telecommunication-based demonstration project designed to train elementary and secondary schoolteachers in preparing all students for achieving State content standards in mathematics.

LIBRARIES

Appropriations, 1996	$132,505,000
Budget estimate, 1997	110,000,000
House allowance	108,000,000
Committee recommendation	128,369,000

The Committee recommends an appropriation of $128,369,000 for library programs, a decrease of $4,136,000 below the 1996 appropriation, $18,369,000 above the administration's request, and $20,369,000 above the amount recommended by the House. Except for programs under the Higher Education Act, funding for library programs is unauthorized for fiscal year 1997, and the administration had proposed $110,000,000 for later transmittal pending the outcome of the authorizing legislation.

Public library services

The Committee bill includes $92,636,000 for public library services under title I of the Library Services and Construction Act [LSCA], the same as the 1996 appropriation and the House amount.

This program provides population-based formula grants to assist States in extending and improving public library services. Grants are also used to make library services more accessible to persons who, because of barriers such as age, residence, or physical disability, have had limited or no access to library services.

Public library construction

The Committee recommends $16,369,000 for public library construction under title II of LSCA, the same as the 1996 appropriation. The House and the administration proposed no funding for this program. Funds are used by States for public library construction, modification of existing library facilities, and purchase of equipment to improve access to library resources. Projects to remove architectural barriers and to reduce energy consumption are also permitted.

Interlibrary cooperation

The Committee recommends $11,864,000 for interlibrary cooperation authorized by title III of LSCA, the same amount recommended by the House and a decrease of $6,136,000 below the amount appropriated in 1996. The administration requested no funding for this purpose.

This program makes formula grants based on population to States to stimulate interlibrary cooperation and resource sharing among all types of libraries: school, academic, public, and other special libraries. Grants fund projects such as linking libraries to data bases through telecommunications systems, resource sharing projects not linked to automation, training of library personnel in new technologies, and preserving endangered library resources.

Library education and training

The Committee provides $2,500,000 for library career training programs, the same appropriated in fiscal year 1996 and the amount recommended by the House. The administration recommends elimination of this program.

The Library Education and Training Program, authorized under title II, part B, of the Higher Education Act, supports grants to institutions of higher education and library organizations to train or retrain individuals for service in all types of libraries.

Research and demonstrations

The Committee bill includes $5,000,000 for library research and demonstrations, which is $2,000,000 more than the 1996 appropriation. The House recommended $1,000,000 for this program while the administration proposed to eliminate all funding.

This program provides discretionary grants and contracts to support projects to improve libraries and information technologies and to disseminate the results of these projects.

Within the amount recommended the Committee has included $1,500,000 for the expansion of the nationally recognized demonstration project funding Portals, the Portland area library network system [Portals]. This system will make more than 1 million historic photos and manuscripts available in electronic format for use by the public. High schools, community colleges, and univer-

sities will also benefit by using this technology for instruction and by expanded connection of a multistate consortium of public and private colleges and universities, a public library system, an articulated high school setting, and a State historical library to the internet.

The Committee recommendation also includes $1,000,000, to be competitively awarded, for a nonprofit social tolerance resource center to operate a national training program to develop educational materials and operate prejudice reduction programs for educators, students, health care providers, and others involved in community relations. The Simon Wisenthal Center, which is currently operating multimedia exhibits on social tolerance, 20th century genocide, contemporary human rights, tolerance tools, and prejudice reduction programs, is uniquely suited to operate this training program such as the one described above.

Within the funds provided, the Committee urges the Department to use $500,000 for the establishment of the Columbia River history project to provide for the development of teaching and library materials focused on the history of the Columbia River basin. Students and faculty at Portland State University and Washington State University will work with community libraries located throughout the basin to create local histories that link the community to the attributes of the Columbia River. The library at Portland State University will work with the Columbia River history project to create a collection of interdisciplinary library resources to support this effort and to be made available to the public through the Portland area library network system [Portals].

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 1996	$326,686,000
Budget estimate, 1997	355,476,000
House allowance	297,229,000
Committee recommendation	320,152,000

The Committee recommends $320,152,000 for program administration, a decrease of $6,534,000 below the 1996 appropriation, $35,324,000 below the budget request, and $22,923,000 more than the amount recommended by the House.

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 some 200 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

Much of the science, mathematics, engineering, and computing research and development in the United States is done in Federal and federally funded agencies. The Committee recommends that an Executive order be established to assist in the science, mathematics, engineering, and computing education of our Nation's students by encouraging our Federal agencies to provide apprenticeships and internships for precollege students.

An Executive order encouraging recipients of grant or contracts from Federal agencies to assist in the science, mathematics, engi-

neering, and computing education of our students by providing school-to-work transition experiences such as apprenticeships and internships is also encouraged.

This Executive order would further the goals of Executive Order No. 12999, "Educational Technology: Ensuring Opportunity for All Children in the Next Century." The Committee urges the Secretary to continue negotiations with the President to institute an appropriate method to advance this cause.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1996	$55,277,000
Budget estimate, 1997	60,000,000
House allowance	54,171,000
Committee recommendation	54,171,000

The Committee bill includes $54,171,000 for the Office for Civil Rights [OCR], $1,106,000 below the 1996 appropriation, $5,829,000 below the budget request, and the same amount recommended by the House.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions funded by the Department of Education. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet civil rights requirements.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1996	$28,563,000
Budget estimate, 1997	30,500,000
House allowance	27,143,000
Committee recommendation	27,991,000

The Committee recommends $27,991,000 for the Office of the Inspector General, $572,000 below the 1996 appropriation, $2,509,000 less than the 1997 budget request, and $848,000 more than the amount recommended by the House.

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 concurs with the House and includes a provision (sec. 301), 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.

The Committee concurs with the House and includes a provision (sec. 302), which has been included in the bill since 1977, prohibit-

ing the transportation of students other than to the school nearest to the student's home.

The Committee concurs with the House and includes a provision (sec. 303), 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.

The Committee modifies language proposed by the House (sec. 304), which limits the amount of funding and uses of these funds under section 458 of the Higher Education Act for availability of such funds to $420,000,000 in fiscal year 1997 while the Committee bill limits funds to $440,000,000. By law, $595,000,000 are permitted to be spent under section 458 in fiscal year 1997.

With respect to administrative cost allowances for guaranty agencies, the Committee has provided $80,000,000 for payment of costs incurred during fiscal year 1996. In addition, the Committee provides that an administrative cost allowance of 0.85 percent shall be paid to guaranty agencies on the first $8,200,000,000 of new loans guaranteed during fiscal year 1997, and that such amount cannot exceed $70,000,000. The Committee estimates that $8,200,000,000 will be approximately the amount of new loan volume guaranteed during the first three quarters of fiscal year 1997. The Committee expects that the administrative costs incurred by guarantors for the remaining loan volume guaranteed during fiscal year 1997 will be funded in the fiscal year 1998 appropriations bill.

The Committee has modified a provision included in the House bill (sec. 305) prohibiting the use of funds for the Historically Black Colleges and Universities Capital Financing Advisory Board, the Jacob J. Javits Fellows Program Fellowship Board, the National Board of the Fund for the Improvement of Postsecondary Education, and the Advisory Board for the Academy of Science, Space, and Technology. The Committee has deleted the funding prohibition contained in the House bill relating to the National Board for the Fund for the Improvement of Postsecondary Education.

The Committee concurs with the provision included in the House bill (sec. 306) giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations.

The Committee has deleted a provision included in the House bill (sec. 307) which would redistribute basic support payments for impact aid and instead inserts a provision which clarifies the intent of Congress to ensure that student aid application data is the only area under which flexibility can occur under section 487(A).

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

Appropriations, 1996	$55,783,000
Budget estimate, 1997	56,204,000
House allowance	53,184,000
Committee recommendation	56,204,000

The Committee recommends authority to expend $56,204,000 from the Armed Forces Retirement Home trust fund for operation and construction activities at the U.S. Soldiers' and Airmen's Home and the U.S. Naval Home, $421,000 more than the 1996 appropriation, the same as the budget request, and $3,020,000 more than the House allowance.

The Committee has recommended the amount requested by the Armed Forces Retirement Home, which is about $2,000,000 below OMB guidance. The Committee has provided the requested funding level with the intention that the Armed Forces Retirement Home will initiate downsizing as outlined in the Armed Forces Retirement Home's strategic plan.

Operation and maintenance

The Committee recommends $55,772,000 for the operation and maintenance of the Soldiers' and Airmen's Home and the U.S. Naval Home, $1,943,000 more than the fiscal year 1996 appropriation, the same as the budget request, and $3,020,000 more than the House allowance.

Capital outlay

The Committee recommends $432,000 for capital activities at the Soldiers' and Airmen's Home and the U.S. Naval Home, $1,522,000 less than the 1996 appropriation and the same as both the budget request and the House allowance.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

Appropriations, 1996	$198,117,000
Budget estimate, 1997	226,109,000
House allowance	203,969,000
Committee recommendation	202,046,000

The Committee recommends an appropriation of $202,046,000 for the domestic volunteer service programs of the Corporation for National and Community Service, $3,929,000 more than the 1996 appropriation, $24,063,000 less than the budget request, and $1,923,000 less than the House allowance.

VISTA

The Committee bill provides $41,235,000 for the Volunteers in Service to America [VISTA] Program, the same as the fiscal year 1996 level, $10,365,000 less than the budget request, and the same as the House allowance.

VISTA is a 30-year-old program which provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee bill provides $132,841,000 for the National Senior Volunteer Corps programs, $4,500,000 more than the fiscal year 1996 level, $11,923,000 less than the budget request, and $1,923,000 less than the House allowance.

The Committee-recommended level for fiscal year 1997 is a partial restoration of funds to the fiscal year 1995 level. The recommended level, therefore, should not be used to fund new programs of national significance grants, but is intended to restore funding to existing NSVC programs. An increase of at least 2 percent for support costs to maintain service levels should be provided to existing programs; remaining funds should be used to expand the NSVC programs to unserved areas. The Committee also recommends that public relations and promotional activities in fiscal year 1997 be limited to close to $375,000, the minimum stipulated in section 221 of the Domestic Volunteer Service Act.

Foster Grandparent Program

The Committee recommends $67,812,000 for the Foster Grandparent Program, $5,575,000 more than the 1996 level, $5,000,000 less than the budget request, and the same as the House allowance.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program involves seniors in their communities, and provides a host of services to children.

Senior Companion Program

For the Senior Companion Program, the Committee bill includes $31,244,000, $89,000 more than the 1996 level, $3,000,000 less than the budget request, and the same as the House allowance.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

Retired and Senior Volunteer Program

The Committee bill provides $35,708,000 for the Retired and Senior Volunteer Program [RSVP], $759,000 more than the 1996 level, $2,000,000 less than the budget request, and the same as the House allowance.

This program involves persons age 55 and over in volunteer opportunities in their communities.

Program support

The Committee bill includes $27,970,000 for program support, $571,000 less than the 1996 level, $1,775,000 less than the budget request, and the same as the House allowance.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 1997	$275,000,000
Appropriations, 1998	250,000,000
Budget estimate, 1999	275,000,000
House allowance	250,000,000
Committee recommendation	250,000,000

The Committee recommends an appropriation of $250,000,000 for the Corporation for Public Broadcasting, an advance appropriation for fiscal year 1999. This amount is the same as the fiscal year 1998 appropriation, $25,000,000 less than the budget request, and the same as the House allowance.

The Committee directs CPB, in allocating funds to consider the impact on rural radio and TV stations, especially sole service providers, stations with minimal donor bases or service areas with limited video programming and cable alternatives. The Committee directs CBP to give priority to stations which serve rural, underserved, and unserved areas and sole service providers.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 1996	$32,815,000
Budget estimate, 1997	32,579,000
House allowance	32,579,000
Committee recommendation	32,579,000

The Committee recommends an appropriation of $32,579,000 for the Federal Mediation and Conciliation Service [FMCS], $236,000 less than the 1996 appropriation and the same as both the budget request and the House allowance.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1996	$6,184,000
Budget estimate, 1997	6,332,000
House allowance	6,060,000
Committee recommendation	6,060,000

The Committee recommends an appropriation of $6,060,000 for the Federal Mine Safety and Health Review Commission, $124,000 less than the fiscal year 1996 appropriation, $272,000 less than the budget request, and the same as the House allowance.

The Federal Mine Safety and Health Review Commission provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. The five-member Commission provides administrative appellate review of the Commission's administrative law judge decisions.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

Appropriations, 1996	$829,000
Budget estimate, 1997	897,000
House allowance	812,000
Committee recommendation	897,000

The Committee recommends an appropriation of $897,000 for the National Commission on Libraries and Information Science, $68,000 more than the fiscal year 1996 appropriation, the same as the budget request, and $85,000 more than the House allowance.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in the library and information field. The Committee commends the Commission's cost-cutting measures noted in the fiscal year 1997 budget justification.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 1996	$1,793,000
Budget estimate, 1997	1,793,000
House allowance	1,757,000
Committee recommendation	1,793,000

The Committee recommends an appropriation of $1,793,000 for the National Council on Disability, the same as the fiscal year 1996 appropriation and the budget request and $36,000 more than the House allowance.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans With Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

NATIONAL EDUCATION GOALS PANEL

Appropriations, 1996	$994,000
Budget estimate, 1997	2,785,000
House allowance	974,000
Committee recommendation	1,500,000

The Committee recommends $1,500,000 for the national education goals panel, $506,000 more than the 1996 appropriation, $1,285,000 less than the budget request, and $526,000 more than the House allowance.

Following the 1989 education summit in Charlottesville, the Governors and President Bush agreed on education goals for the Nation and created the national education goals panel as an accountability mechanism to monitor and report on the Nation's progress toward reaching the goals. To date, the goals panel has issued four annual reports delineating National and State progress toward the national education goals. The goals panel members have recently initiated new efforts to collect and distribute information on the de-

velopment of world-class academic standards and the assessment of student achievement at the State level.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 1996	$170,266,000
Budget estimate, 1997	181,134,000
House allowance	144,692,000
Committee recommendation	170,266,000

The Committee recommends an appropriation of $170,266,000 for the National Labor Relations Board [NLRB], the same as the fiscal year 1996 appropriation, $10,868,000 less than the budget request, and $25,574,000 more than the House allowance.

The NLRB is a law enforcement agency which resolves disputes under the National Labor Relations Act. The Committee has restored funding to the fiscal year 1996 level due to the increasing backlog and constant and uncontrollable number of cases which must be investigated, argued, and adjudicated in a timely manner by the NLRB.

The Committee has deleted without prejudice House bill language that is legislative in nature and that should be addressed by the authorizing committee.

The Committee remains concerned about the potential impact of the NLRB-proposed rule regarding the appropriateness of single bargaining units, and includes language which prohibits the NLRB from promulgating a final rule on the appropriateness of requested single location bargaining units in representation cases.

NATIONAL MEDIATION BOARD

Appropriations, 1996	$7,812,000
Budget estimate, 1997	8,300,000
House allowance	7,656,000
Committee recommendation	8,300,000

The Committee recommends an appropriation of $8,300,000 for the National Mediation Board, $488,000 more than the fiscal year 1996 appropriation, the same as the budget request, and $644,000 more than the House allowance.

The National Mediation Board protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The Board mediates collective bargaining disputes, determines the choice of employee bargaining representatives through elections, and administers arbitration of employee grievances.

The Committee recommends the amount originally requested by the Board and has included language allowing the Board to use unspent funds authorized for emergency boards for the Board's reorganization and downsizing plan. Following the one-time reorganization costs, the Committee expects the Board's budget requests to be reduced, as the Board has estimated.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1996	$8,081,000
Budget estimate, 1997	7,753,000
House allowance	7,753,000
Committee recommendation	7,753,000

The Committee recommends an appropriation of $7,753,000 for the Occupational Safety and Health Review Commission, $328,000 less than the fiscal year 1996 appropriation and the same as both the budget request and the House allowance.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration [OSHA] and employers charged with violations of health and safety standards enforced by OSHA.

The Committee commends the cost-savings initiatives, staff reductions, and improvements in efficiency of the Occupational Safety and Health Administration.

PHYSICIAN PAYMENT REVIEW COMMISSION

Appropriations, 1996	$2,920,000
Budget estimate, 1997	4,000,000
House allowance	2,920,000
Committee recommendation	3,263,000

The Committee recommends the transfer of $3,263,000 from the Medicare trust funds to support operations of the Physician Payment Review Commission, $343,000 more than the fiscal year 1996 level and the House allowance, and $737,000 less than the budget request.

Established in 1986, the Physician Payment Review Commission is mandated to make recommendations to the Secretary of Health and Human Services and Congress, regarding Medicare payments for health services provided by physicians and other practitioners. The Commission is also mandated to consider policies related to controlling health costs. The fiscal year 1996 appropriation for the PPRC was a 30-percent reduction in anticipation of a merger of the Commission with the Prospective Payment Assessment Commission. The Committee has provided a restoration of funds as that merger did not take place.

PROSPECTIVE PAYMENT ASSESSMENT COMMISSION

Appropriations, 1996	$3,263,000
Budget estimate, 1997	3,902,000
House allowance	3,263,000
Committee recommendation	3,263,000

The Committee recommends the transfer of $3,263,000 from the Medicare trust funds for the operation of the Prospective Payment Assessment Commission [ProPAC], the same as the fiscal year 1996 level and the House allowance and $639,000 less than ProPAC's request.

ProPAC provides objective analysis of the Medicare hospital prospective payment system, Medicare inpatient and outpatient payments to hospitals and excluded facilities, skilled nursing facilities, renal disease services, home health services, inpatient Medicaid payments, and Medicare's managed care programs.

The Committee concurs with the House report language directing ProPAC to prepare a plan on the study of the impact of changes in Government reimbursement programs and in the private market place on hospitals which are urban, are big and busy, and are Government dependent, with at least 60 percent of their days reimbursed by a combination of Medicare and Medicaid.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 1996	$239,000,000
Budget estimate, 1997	223,000,000
House allowance	223,000,000
Committee recommendation	223,000,000

The Committee has provided a total of $223,000,000 for dual benefits, including $9,000,000 in income tax receipts on dual benefits as authorized by law. The Committee recommendation is the same as the budget request and the House allowance.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account, established for the payment of dual benefits, is funded by general fund appropriations and income tax receipts of vested dual benefits.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 1996	$300,000
Budget estimate, 1997	300,000
House allowance	300,000
Committee recommendation	300,000

The Committee recommends $300,000 for interest earned on unnegotiated checks. This is the same as the fiscal year 1996 appropriation, the budget request, and House allowance.

LIMITATION ON ADMINISTRATION

Appropriations, 1996	$89,692,000
Budget estimate, 1997	90,558,000
House allowance	87,898,000
Committee recommendation	87,898,000

The Committee recommends an appropriation of $87,898,000 for the administration of railroad retirement/survivor benefit programs. This amount is $1,794,000 below the fiscal year 1996 appropriation, $2,660,000 below the budget request, and the same as the House allowance.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

SPECIAL MANAGEMENT IMPROVEMENT FUND

Fiscal year 1996 was the final year of the Special Management Improvement Program. No funds are requested or provided for this fund for fiscal year 1997.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1996	$5,656,000
Budget estimate, 1997	5,750,000
House allowance	5,268,000
Committee recommendation	5,540,000

The Committee recommends $5,540,000 for the Office of the Inspector General, $116,000 less than the 1996 appropriation, $210,000 less than the budget request, and $272,000 more than the House allowance. The Committee has provided a sufficient appropriation to fund the inspector general's main office and field office in Philadelphia, with assumed cost savings from the closure of the Houston field office.

The Committee deletes language included by the House which prohibits the Office of the Inspector General from using funds to conducts audits, investigations, and reviews of the Medicare program. The Committee finds that as long as the RRB has the authority to negotiate and administer the separate Medicare contract, the RRB inspector general should not be prohibited from using funds to review, audit, or investigate the RRB's separate Medicare contract.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 1996	$32,641,000
Budget estimate, 1997	30,923,000
House allowance	30,923,000
Committee recommendation	30,923,000

The Committee recommends $30,923,000 for payments to Social Security trust funds, the same as the administration request and the House allowance. This amount includes $20,923,000 to reimburse the old age and survivors insurance and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds. The fiscal year 1997 request for these mandatory payments decreases primarily because special payments for certain uninsured persons decline due to a declining beneficiary population.

In addition, the Committee recommends $10,000,000 for mandatory administrative expenses, the same as the administration request and the House allowance, to reimburse the trust funds for costs the Social Security Administration incurs in continuing administrative activities required by the Coal Industry Retiree Health Benefits Program. Section 19141 of the Energy Policy Act of 1992 established the program which the Social Security Administration administers. These funds are available until expended.

SPECIAL BENEFITS FOR COAL MINERS

Appropriations, 1996	$485,396,000
Budget estimate, 1997	460,070,000
House allowance	460,070,000
Committee recommendation	460,070,000

The Committee recommends an appropriation of $460,070,000 for special benefits for disabled coal miners. This is in addition to the $170,000,000 appropriated last year as an advance for the first quarter of fiscal year 1996. The recommendation is the same as the

administration request and the House allowance. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

Social Security holds primary responsibility for claims filed before July 1973, with the Department of Labor responsible for claims filed after that date. By law, increases in black lung benefit levels 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 of $160,000,000 for the first quarter of fiscal year 1998, the same as the administration request and the House allowance. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

SUPPLEMENTAL SECURITY INCOME

Appropriations, 1996	$18,560,512,000
Budget estimate, 1997	20,119,000,000
House allowance	19,447,115,000
Committee recommendation	19,532,010,000

The Committee recommends an appropriation of $19,532,010,000 for supplemental security income. This is in addition to the $9,260,000,000 appropriated last year as an advance for the first quarter of fiscal year 1997. The recommendation is $586,990,000 less than the administration request, $84,895,000 more than the House allowance, and $971,498,000 above the fiscal year 1996 level. The Committee also recommends an advance of $9,690,000,000 for the first quarter of fiscal year 1998 to ensure uninterrupted benefit payments.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. It is estimated that approximately 6.5 million persons will receive SSI benefits each month during fiscal year 1996. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year required by law, support the referral and monitoring of certain disabled SSI recipients who are drug addicts or alcoholics and to reimburse State vocational rehabilitation services for successful rehabilitation of SSI recipients.

Beneficiary services

The Committee recommendation includes $100,000,000 for beneficiary services, which is $79,000,000 below the administration request, the same as the House allowance, and $76,400,000 below the 1996 level. Enactment of Public Law 104–121 will halt SSI payments to drug addicts and alcoholics who qualify for assistance primarily on the basis of their addictions beginning January 1, 1997. It is anticipated that significant numbers deemed ineligible for assistance will reapply to the program on the basis of other qualifying conditions. The Committee has provided sufficient funds within this amount for the continuation of services for potential reap-

plicants removed from the rolls pursuant to Public Law 104–121. Within this amount, $41,000,000 is available for reimbursement of State vocational rehabilitation services agencies for successful rehabilitation of SSI recipients.

Research and demonstration projects

The Committee recommendation includes $7,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. This is $1,200,000 less than fiscal year 1996 and the same as the House allowance and the administration request. This amount, along with unobligated carryover funds from fiscal year 1996, will support research into underlying causes of the recent growth in the SSI and OASDI disability programs, including incidence of disability in the general population, trends in applications for disability benefits, trends in allowance rates, and duration of disability.

Administration

For administration services related to SSI activities, the Committee provides $1,931,015,000, which is $30,000,000 less than the House allowance, $113,737,000 above the fiscal year 1996 level, and $87,958,000 lower than the administration request. This includes funds for the SSI disability initiative that was previously funded as a separate line item.

Investment proposals

For the SSI portion of the automation investment, the Committee recommends $31,218,000 a reduction of $73,709,000 from the request, and $23,782,000 less than the House allowance and the fiscal year 1996 appropriation. Total funding of $226,291,000 for this initiative is explained in the limitation on administrative expenses portion of this report.

Continuing disability reviews

The bill provides an additional $175,000,000 to process continuing disability reviews [CDR's] related to the SSI caseload as authorized by Public Laws 104–121 and 104–193, an increase of $160,000,000 above the comparable 1996 appropriation.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 1996	$5,864,935,000
Budget estimate, 1997	6,582,468,000
House allowance	6,309,870,000
Committee recommendation	6,357,198,000

The Committee recommends a program funding level of $6,357,198,000 for the limitation on administrative expenses, which is $225,270,000 less than the administration request, $47,328,000 more than the House allowance, and $492,293,000 over the fiscal year 1996 level.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund adminis-

trative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind, and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make disability determinations on behalf of the Social Security Administration. Additionally, the limitation provides funding for computer support, resources for State disability agencies which make initial and continuing disability determinations, and other administrative costs. In 1997, about 51.2 million beneficiaries will receive a Social Security or supplemental security income check each month and cash payments are expected to exceed $390,000,000,000 during fiscal year 1997.

The limitation includes $5,820,907,000 for routine operating expenses of the agency, which is $78,890,000 less than the House allowance, $48,439,000 above the amount requested by the President, and $472,294,000 over the 1996 comparable amount. These funds cover the mandatory costs of maintaining equipment and facilities, as well as staffing.

Social Security Advisory Board

The Committee has included $1,268,000 within the total limitation on administration for the Social Security Administration Advisory Board for fiscal year 1997, which is $232,000 below the House allowance and $1,068,000 above the President's request. This is a new activity. Public Law 103–296, the Social Security Independence and Program Improvements Act of 1994, as amended, established a seven-member Advisory Board, each of whom would serve without salary, that would make recommendations on policies and regulations regarding Social Security and supplemental security income programs.

Following the submission of the budget request, Public Law 104–121 was enacted into law amending the original act to add three professional staff members to the Board to be paid at Senior Executive Service rates, in addition to a staff director. The Committee believes that four SES-level staff members would be disproportionate to the Board's size and projected workload. The Committee requests the Board to carefully assess its budgetary needs, particularly with respect to staff salaries and travel.

Software development

Last year, the Committee expressed concerns about SSA's long-term operational and service delivery system. SSA was urged to work with an industry-based consortium dedicated to improving software productivity, and to institutionalizing software processes and methods. The Committee is pleased to note that SSA is focusing upon those concerns and urges that work proceed as expeditiously as possible.

Automation initiative

An additional $226,291,000 has been included within the limitation amount to fund the fourth year of the 5-year automation ini-

tiative requested by the President. This is an increase of $59,291,000 over fiscal year 1996, is $73,709,000 less than the request, and is $23,782,000 below the House allowance. In addition to this amount, the Committee expects that unspent carryover funds will be made available for these activities in fiscal year 1997. The Committee recognizes the criticality of automation investments to sustain SSA's efforts toward productivity gains and service improvements. The reduction from the budget request recommended by the Committee is necessitated by severe budgetary constraints.

Chronic fatigue and immune dysfunction syndrome

The Committee is concerned about reports from people with chronic fatigue and immune dysfunction syndrome [CFIDS] who encounter at their local SSA offices a lack of knowledge about CFIDS, its diagnosis, and impact on the functional ability of sufferers. The Committee requests a summary to the CFSICC of SSA's CFIDS-related education activities conducted during the past fiscal year. The Committee further urges SSA to develop effective means to investigate obstacles to benefits for persons with CFIDS and to keep relevant medical information updated throughout the application process. The Committee reiterates its previous recommendation for the establishment of a CFIDS advisory committee, and expects SSA's cooperation in expediting the committee's formation.

Continuing disability reviews

The Committee has provided an additional $310,000,000 to the "Limitation on administration expenses" account for continuing disability reviews [CDR's]. This amount, the full amount authorized by Public Laws 104–121 and 104–193, is $250,000,000 over the 1996 amount.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1996	$25,815,000
Budget estimate, 1997	27,424,000
House allowance	27,424,000
Committee recommendation	27,424,000

The Committee recommends $27,424,000 for activities of the Office of the Inspector General. This is the same as the amount requested by the administration and the House allowance. This includes a general fund appropriation of $6,335,000 together with an obligation limitation of $21,089,000 from the Federal old age and survivors insurance trust fund and the Federal disability insurance trust fund.

U.S. INSTITUTE OF PEACE

Appropriations, 1996	$11,481,000
Budget estimate, 1997	11,160,000
House allowance	11,160,000
Committee recommendation	11,160,000

The Committee recommends an appropriation of $11,160,000 for the U.S. Institute of Peace, $321,000 less than the fiscal year 1996 appropriation and the same as both the budget request and the House allowance.

The Institute was established by the U.S. Institute of Peace Act (Public Law 98–525) in 1984. The Institute is an independent, nonprofit, national organization whose primary mission is to promote, through scholarship and education, international peace, and the resolution of conflicts without recourse to violence.

TITLE V—GENERAL PROVISIONS

The Committee concurs with the House in retaining 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, amended to cover State legislatures (sec. 503); limit official representation expenses (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug unless the Secretary of HHS determines such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of State and local grant funds, amended to cover only funds included in this act (sec. 507); and limit use of funds for abortion (sec. 508).

The Committee agrees with the House in retaining provisions carried in last year's bill relating to transfer authority, obligation and expenditure of appropriations, and detail of employees (sec. 509). The Committee recommendation retains the prohibition on use of funds for an electronic benefit transfer task force (sec. 510).

The Committee concurs with the House general provision which prohibits funds made available in this Act to be used to enforce the requirements of the Higher Education Act of 1965 with respect to any lender that has a loan portfolio that is equal to or less than $5,000,000 (sec. 511). It also concurs with the House language on human embryo research (sec. 512). The Committee recommendation deletes House provisions relating to: NLRB labor disputes (sec. 513); limitation on any direct benefit or assistance to individuals not lawfully within the United States (sec. 514); location of Mine Safety and Health Administration technology center (sec. 515).

The Committee concurs with the House bill language limitation on use of funds for promotion of legalization of controlled substances (sec. 516).

The Committee recommends deletion of House provisions concerning denial of funds for preventing ROTC access to campus (sec. 517); and denial of funds for preventing Federal military recruiting on campus (sec. 518). The Committee has not deleted the House bill language limitation on use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 519).

The Committee has further deleted House provisions on: limitation on use of funds to enforce section 1926.28(a) of title 29, United States Code, relating to a requirement that workers wear long pants (sec. 520); limitation on funding to order, direct, enforce, or compel any employer to pay backpay to any employee not lawfully in the United States (sec. 521); limitation on transfers from Medi-

care and OASDI trust funds (sec. 522); and limitation relating to use of funds under title X of the Public Health Services Act (sec. 523).

The Committee has included a general provision limiting expenditures on cash performance awards to no more than 1 percent of amounts appropriated for salaries for each agency funded in this bill. In order to assist in complying with this requirement, the provision also permits agencies to waive the requirement in 5 U.S.C. 5384(b)(2) that those in the Senior Executive Service receiving performance awards be awarded not less than 5 percent of their basic salary. In addition, the provision reduces the amounts otherwise appropriated for salaries and expenses in the bill by $30,500,000, to be allocated by the Office of Management and Budget (sec. 524).

The Committee has inserted language authorizing buyouts for Railroad Retirement Board and its inspector general employees (sec. 525).

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount of bill	Committee allocation	Amount of bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the First Concurrent Resolution for 1997: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies:				
Defense discretionary	.....	.....	.....	.....
Nondefense discretionary	65,600	65,775	68,590	[1] 69,748
Violent crime reduction fund	123	123	52	52
Mandatory	222,327	222,327	222,340	222,340
Projections of outlays associated with the recommendation:				
1997	.....	.....	.....	[2] 206,972
1998	.....	.....	.....	33,085
1999	.....	.....	.....	7,285
2000	.....	.....	.....	1,000
2001 and future year	.....	.....	.....	53
Financial assistance to State and local governments for 1997 in bill	NA	125,349	NA	105,526

[1] Includes outlays from prior-year budget authority.
[2] Excludes outlays from prior-year budget authority.

NA: Not applicable.

Note.—Consistent with the funding recommended in the bill for continuing disability reviews and in accordance with Public Laws 104–124—104–193, the Committee anticipates that the Budget Committee will file a revised section 602(a) allocation for the Committee on Appropriations reflecting an upward adjustment of $175,000,000 in budget authority and $310,000,000 in outlays.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill "which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session."

The following items are identified pursuant to this requirement:

Community service employment for older Americans, $373,000,000;

Consolidated health centers, $788,000,000;

Health professions, $265,124,000;

Organ transplantation, $2,296,000;
Health teaching facilities interest subsidies, $297,000;
Bone Marrow Donor Registry Program, $15,272,000;
Alzheimer's demonstration grants, $6,000,000;
Family planning, $198,452,000;
Health education assistance loan [HEAL] loan limitation, $3,165,000;
Vaccine Injury Compensation Program HRSA Administration (trust fund), $169,721,000;
Centers for Disease Control and Prevention, $2,168,948,000;
Childhood immunization, $467,890,000;
Sexually transmitted diseases, $106,299,000;
Substance Abuse and Mental Health Services Administration, $1,873,943,000;
Agency for Health Care Policy and Research, $143,587,000;
Child care and development block grant, $950,000,000;
Runaway and Homeless Youth Program, $43,653,000;
Runaway-Transitional Living Program, $14,949,000;
Child abuse State grants, $21,026,000;
Child abuse discretionary activities, $14,154,000;
Abandoned infants assistance, $12,251,000;
Adoption opportunities, $15,000,000;
Native American programs, $34,933,000;
Adolescent family life, $12,698,000;
Office of Minority Health, $33,000,000;
Special education, $3,262,315,000;
Vocational and adult education, $1,341,752,000;
Public libraries, $128,369,000;
Armed Forces Retirement Home, $56,204,000;
Corporation for National and Community Service, $202,046,000;
Corporation for Public Broadcasting, $250,000,000.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, the accompanying bill was ordered reported from the Committee, subject to amendment and subject to appropriate scorekeeping, by recorded vote of 28–0 a quorum being present.

The vote was as follows:

Yeas	Nays
Chairman Hatfield	
Mr. Stevens	
Mr. Cochran	
Mr. Specter	
Mr. Domenici	
Mr. Bond	
Mr. Gorton	
Mr. McConnell	
Mr. Mack	
Mr. Burns	
Mr. Shelby	
Mr. Jeffords	

Mr. Gregg
Mr. Bennett
Mr. Campbell
Mr. Byrd
Mr. Inouye
Mr. Hollings
Mr. Johnston
Mr. Leahy
Mr. Bumpers
Mr. Lautenberg
Mr. Harkin
Ms. Mikulski
Mr. Reid
Mr. Kerrey
Mr. Kohl
Mrs. Murray

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

In compliance with this rule, the following changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

Section 107 amends section 213(a) of title 29, United States Code as follows:

TITLE 29—LABOR

* * * * * * *

CHAPTER 8—FAIR LABOR STANDARDS

* * * * * * *

Sec. 213. Exemptions

(a) Minimum wage and maximum hour requirements

* * * * * * *

(16) a criminal investigator who is paid availability pay under section 5545a of title 5**[.]** *; or*

(17) any individual who is an inmate of a penal or other correctional institution, and who participates in a correctional work program that is sanctioned by a Federal or State corrections agency or this is adminis-

tered by a nonprofit organization authorized by State law to conduct a correctional work program on behalf of the State, except that this paragraph shall not apply to a convict or prisoner who participates in a prison work pilot program pursuant to section 1761(c) of title 18, United States Code.

Section 217 amends section 10403(a)(1) of title 42, United States Code, as follows:

TITLE 42—THE PUBLIC HEALTH AND WELFARE

* * * * * * *

CHAPTER 110—FAMILY VIOLENCE PREVENTION AND SERVICES

* * * * * * *

§ 10403. Allotment of funds

(a) Proportionality of allotment; minimum allotment

From the sums appropriated under section 10409 of this title for grants to States for any fiscal year, each State shall be allotted for payment in a grant authorized under section 10402(a) of this title an amount which bears the same ratio to such sums as the population of such State bears to the population of all States, except that—

(1) each State shall be allotted not less than 1 percent of the amounts available for grants under section 10402(a) of this title for the fiscal year for which the allotment is made, or **[**$200,000**]** *$400,000*, whichever is the lessor amount; and

Section 307 amends section 1094a of title 20, United States Code, as follows:

TITLE 20—EDUCATION

* * * * * * *

CHAPTER 28—HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCE

* * * * * * *

SUBCHAPTER IV—STUDENT ASSISTANCE

* * * * * * *

PART F—GENERAL PROVISIONS RELATING TO STUDENT ASSISTANCE PROGRAMS

* * * * * * *

§ 1094a. Quality assurance program

(a) In general

* * * * * * *

(d) Experimental sites

(1) The Secretary is authorized to select institutions for voluntary participation as experimental sites [to provide recommendations to the Secretary on the impact and effectiveness of proposed regulations or new management initiatives.] *to test alternative data verification.*

(2) The Secretary is authorized to exempt any institution participating as an experimental site [from any requirements in this subchapter and part C of subchapter I of chapter 34 of title 42, or in regulations prescribed under this subchapter and part C of subchapter I of chapter 34 of title 42, that would bias experimental results.] *from regulations prescribed under this title related to application data verification that would bias experimental results.*

To establish a new commission:

TITLE VI—COMMISSION ON RETIREMENT INCOME POLICY

SEC. 601. SHORT TITLE.

This title may be cited as the "Commission on Retirement Income Policy Act of 1996".

SEC. 602. ESTABLISHMENT.

There is established a commission to be known as the Commission on Retirement Income Policy (in this title referred to as the "Commission").

SEC. 603. DUTIES.

(a) IN GENERAL.—The Commission shall conduct a full and complete review and study of—

(1) trends in retirement savings in the United States;

(2) existing Federal incentives and programs that are established to encourage and protect such savings; and

(3) new Federal incentives and programs that are needed to encourage and protect such savings.

(b) SPECIFIC ISSUES.—In fulfilling the duty described in subsection (a), the Commission shall address—

(1) the amount and sources of Federal and private funds, including tax expenditures (as defined in section 3 of the Congressional Budget Act of 1974 (2 U.S.C. 622)), needed to finance the incentives and programs referred to in subsection (a)(2) and any new Federal incentive or program that the Commission recommends be established;

(2) the most efficient and effective manner, considering the needs of retirement plan sponsors for simplicity, reasonable cost, and appropriate incentives, of ensuring that individuals in the United States will have adequate retirement savings;

(3) the amounts of retirement income that future retirees will need to replace various levels of preretirement income, including amounts necessary to pay for medical and long-term care;

(4) the workforce and demographic trends that affect the pensions of future retirees;

(5) the role of retirement savings in the economy of the United States;

(6) sources of retirement income other than private pensions that are available to individuals in the United States; and

(7) the shift away from insured and qualified pension benefits in the United States.

(c) RECOMMENDATIONS.—

(1) IN GENERAL.—The Commission shall formulate recommendations based on the review and study conducted under subsection (a). The recommendations shall include measures that address the needs of future retirees for—

(A) appropriate pension plan coverage and other mechanisms for saving for retirement;

(B) an adequate retirement income;

(C) preservation of benefits they accumulate by participating in pension plans;

(D) information concerning pension plan benefits; and

(E) procedures to resolve disputes involving such benefits.

(2) EFFECT ON FEDERAL BUDGET DEFICIT.—A recommendation of the Commission for a new Federal incentive or program that would result in an increase in the Federal budget deficit shall not appear in the report required under section 607 unless it is accompanied by a recommendation for offsetting the increase.

SEC. 604. MEMBERSHIP.

(a) NUMBER AND APPOINTMENT.—

(1) IN GENERAL.—The Commission shall be composed of 16 voting members appointed not later than 90 days after the date of the enactment of this Act. The Commission shall consist of the following members:

(A) Four members appointed by the President, of which two shall be from the executive branch of the Government and two from private life.

(B) Three members appointed by the Majority Leader of the Senate of which at least one shall be from private life.

(C) Three members appointed by the Minority Leader of the Senate of which at least one shall be from private life.

(D) Three members appointed by the Majority Leader of the House of Representatives of which at least one shall be from private life.

(E) Three members appointed by the Minority Leader of the House of Representatives of which at least one shall be from private life.

(2) QUALIFICATIONS.—The individuals referred to in paragraph (1) who are not Members of the Congress shall be leaders of business or labor, distinguished aca-

demics, or other individuals with distinctive qualifications and experience in retirement income policy.

(b) TERMS.—Each member shall be appointed for the life of the Commission.

(c) VACANCIES.—A vacancy in the Commission shall be filled not later than 90 days after the date of the creation of the vacancy in the manner in which the original appointment was made.

(d) COMPENSATION.—

(1) RATES OF PAY.—Except as provided in paragraph (2), members of the Commission shall serve without pay.

(2) TRAVEL EXPENSES.—Each member of the Commission shall receive travel expenses, including per diem in lieu of subsistence, in accordance with sections 5702 and 5703 of title 5, United States Code.

(e) QUORUM.—10 members of the Commission shall constitute a quorum, but 6 members may hold hearings, take testimony, or receive evidence.

(f) CHAIRPERSON.—The chairperson of the Commission shall be elected by a majority vote of the members of the Commission.

(g) MEETINGS.—The Commission shall meet at the call of the chairperson of the Commission.

(h) DECISIONS.—Decisions of the Commission shall be made according to the vote of not less than a majority of the members who are present and voting at a meeting called pursuant to subsection (g).

SEC. 605. STAFF AND SUPPORT SERVICES.

(a) EXECUTIVE DIRECTOR.—The Commission shall have an executive director appointed by the Commission. The Commission shall fix the pay of the executive director.

(b) STAFF.—The Commission may appoint and fix the pay of additional personnel as it considers appropriate.

(c) APPLICABILITY OF CERTAIN CIVIL SERVICE LAWS.—The executive director and staff of the Commission may be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and may be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of that title relating to classification and General Schedule pay rates.

(d) EXPERTS AND CONSULTANTS.—The Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates the Commission determines to be appropriate.

(e) STAFF OF FEDERAL AGENCIES.—Upon request of the Commission, the head of any Federal agency may detail, on a reimbursable basis, any of the personnel of the agency to the Commission to assist it in carrying out its duties under this title.

(f) ADMINISTRATIVE SUPPORT SERVICES.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for

the Commission to carry out its responsibilities under this title.

SEC. 606. POWERS.

(a) HEARINGS AND SESSIONS.—

(1) IN GENERAL.—The Commission may, for the purpose of carrying out this title, hold hearings, sit and act at times and places, take testimony, and receive evidence as the Commission considers appropriate. The Commission may administer oaths or affirmations to witnesses appearing before it.

(2) PUBLIC HEARINGS.—The Commission may hold public hearings to receive the views of a broad spectrum of the public on the status of the private retirement system of the United States.

(b) DELEGATION OF AUTHORITY.—Any member, committee, or agent of the Commission may, if authorized by the Commission, take any action which the Commission is authorized to take by this section.

(c) INFORMATION.—

(1) INFORMATION FROM FEDERAL AGENCIES.—

(A) IN GENERAL.—The Commission may secure directly from any Federal agency information necessary to enable it to carry out this title. Upon request of the Commission, the head of the Federal agency shall furnish the information to the Commission.

(B) EXCEPTION.—Subparagraph (A) shall not apply to any information that the Commission is prohibited to secure or request by another law.

(2) PUBLIC SURVEYS.—The Commission may conduct the public surveys necessary to enable it to carry out this title. In conducting such surveys, the Commission shall not be considered an agency for purposes of chapter 35 of title 44, United States Code.

(d) MAILS.—The Commission may use the United States mails in the same manner and under the same conditions as other Federal agencies.

(e) CONTRACT AND PROCUREMENT AUTHORITY.—The Commission may make purchases, and may contract with and compensate government and private agencies or persons for property or services, without regard to—

(1) section 3709 of the Revised Statutes (41 U.S.C. 5); and

(2) title III of the Federal Property and Administrative Services Act of 1949 (41 U.S.C. 251 et seq.).

(f) GIFTS.—The Commission may accept, use, and dispose of gifts of services or property, both real and personal, for the purpose of assisting the work of the Commission. Gifts of money and proceeds from sales of property received as gifts shall be deposited in the Treasury and shall be available for disbursement upon order of the Commission. For purposes of Federal income, estate, and gift taxes, property accepted under this subsection shall be considered as a gift to the United States.

(g) VOLUNTEER SERVICES.—Notwithstanding section 1342 of title 31, United States Code, the Commission may accept and use voluntary and uncompensated services as the Commission determines necessary.

SEC. 607. REPORT.

Not later than 1 year after the first meeting of the Commission, the Commission shall submit a report to the President, the majority and minority leaders of the Senate, the Committee on Labor and Human Resources and the Committee on Finance of the Senate, the majority and minority leaders of the House of Representatives, and the Committee on Ways and Means and the Committee on Economic and Educational Opportunities of the House of Representatives. The report shall review the matters that the Commission is required to study under section 603 and shall set forth the recommendations of the Commission.

SEC. 608. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this title.

SEC. 609. TERMINATION.

The Commission shall terminate not later than the expiration of the 90-day period beginning on the date on which the Commission submits its report under section 607.

Public Law 104–134 is amended as follows:

LOW INCOME HOME ENERGY ASSISTANCE

(INCLUDING RESCISSION)

Of the funds made available beginning on October 1, 1995 under this heading in Public Law 103–333, $100,000,000 are hereby rescinded.

For making payments under title XXVI of the Omnibus Budget Reconciliation Act of 1981, $300,000,000 to be available for obligation in the period October 1, 1996 through September 30, 1997**[**: *Provided,* That all of the funds available under this paragraph are hereby designated by Congress to be emergency requirements pursuant to section 251(b)(2)(D) of the Balanced Budget and Emergency Deficit Control Act of 1985: *Provided further,* That these funds shall be made available only after submission to Congress of a formal budget request by the President that includes designation of the entire amount of the request as an emergency requirement as defined in the Balanced Budget and Emergency Deficit Control Act of 1985**]**.

Funds made available in the fourth paragraph under this heading in Public Law 103–333 that remain unobligated as of September 30, 1996 shall remain available until September 30, 1997.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 1997 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177), as amended, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. For the purposes of this bill, or funding under a continuing resolution in lieu of a regular bill, the term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act 1997, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference. In the event of funding under a formula-based continuing resolution, agencies should fund each project or activity according to the formula, and if this process results in a funding level above what the account total would be if the formula were applied to it alone, an across-the-board reduction in each project or activity in the account would be required to bring the account total within the formula.

○

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
TITLE I—DEPARTMENT OF LABOR							
EMPLOYMENT AND TRAINING ADMINISTRATION							
TRAINING AND EMPLOYMENT SERVICES [1]							
Grants to States:							
Adult training	850,000	947,000	845,000	845,000	−5,000	−102,000	
Youth training	126,672	126,672	126,672	126,672			
Summer youth employment and training program [2]	625,000	871,000	625,000	625,000		−246,000	
Dislocated worker assistance:							
Forward funding	1,097,500	1,293,000	1,100,000	1,100,000	+2,500	−193,000	
Current funding [2]	2,500				−2,500		
Subtotal	1,100,000	1,293,000	1,100,000	1,100,000		−193,000	
Federally administered programs:							
Native Americans	52,502	50,000	50,000	52,502		+2,502	+2,502
Migrants and seasonal farmworkers	69,285	65,000	65,000	70,285	+1,000	+5,285	+5,285
Job Corps:							
Operations	972,475	1,064,824	1,064,824	1,064,824	+92,349		
Construction and renovation [3]	121,467	88,685	73,861	73,861	−47,606	−14,824	
Subtotal, Job Corps	1,093,942	1,153,509	1,138,685	1,138,685	+44,743	−14,824	
Veterans' employment	7,300	7,300	7,300	7,300			
National activities:							
Pilots and demonstrations	27,140	23,717	15,000	33,000	+5,860	+9,283	+18,000
Research, demonstration and evaluation	6,196	10,196	6,196	6,196		−4,000	
Opportunity areas for youth		250,000				−250,000	
Jobs for residents		50,000				−50,000	
Incumbent worker demonstrations		15,000				−15,000	

Other	13,489	8,019	8,019	13,489	.....	+5,470	+5,470
Subtotal, National activities	46,825	356,932	29,215	52,685	+5,860	−304,247	+23,470
Subtotal, Federal activities	1,269,854	1,632,741	1,290,200	1,321,457	+51,603	−311,284	+31,257
Total, Job Training Partnership Act	3,971,526	4,870,413	3,986,872	4,018,129	+46,603	−852,284	+31,257
Glass Ceiling Commission [2]	142	.....	.....	.....	−142	.....	.....
Women in apprenticeship [2]	610	647	610	610	.....	−37	.....
Skills Standards	4,000	9,000	4,000	4,000	.....	−5,000	.....
Total, National activities, TES (non-add)	(51,577)	(366,579)	(33,825)	(57,295)	(+5,718)	(−309,284)	(+23,470)
School-to-work [4]	170,000	200,000	175,000	180,000	+10,000	−20,000	+5,000
Total, Training and Employment Services	4,146,278	5,080,060	4,166,482	4,202,739	+56,461	−877,321	+36,257
Subtotal, forward funded	(3,518,026)	(4,208,413)	(3,540,872)	(3,577,129)	(+59,103)	(−631,284)	(+36,257)
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS [5]	373,000	350,000	373,000	373,000	.....	+23,000	.....
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES							
Trade adjustment	279,600	276,100	276,100	276,100	−3,500	.....	.....
NAFTA activities	66,500	48,400	48,400	48,400	−18,100	.....	.....
Total	346,100	324,500	324,500	324,500	−21,600	.....	.....
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS							
Unemployment Compensation (Trust Funds):							
State Operations	(2,080,520)	(2,224,974)	(2,076,735)	(2,119,475)	(+38,955)	(−105,499)	(+42,740)
National Activities	(10,000)	(10,000)	(8,500)	(10,000)	.....	.....	(+1,500)
Contingency	(216,333)	(260,573)	(260,573)	(216,333)	.....	(−44,240)	(−44,240)
Contingency bill language (OMB estimate)	.....	(67,800)	.....	.....	.....	(−67,800)	.....
Portion treated as budget authority	.....	(67,800)	.....	.....	.....	(−67,800)	.....
Subtotal, Unemployment Comp (trust funds)	(2,306,853)	(2,563,347)	(2,345,808)	(2,345,808)	(+38,955)	(−217,539)	.....
Employment Service:							
Allotments to States:							
Federal funds	23,452	24,085	22,279	22,279	−1,173	−1,806	.....
Trust funds	(738,283)	(758,217)	(701,369)	(701,369)	(−36,914)	(−56,848)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Subtotal	761,735	782,302	723,648	723,648	−38,087	−58,654	.....
National Activities:							
Federal funds	1,876	1,927	.....	.....	−1,876	−1,927	.....
Trust funds [6]	(57,058)	(63,949)	(42,735)	(52,559)	(−4,499)	(−11,390)	(+9,824)
Subtotal, Emp. Serv., National Activities	58,934	65,876	42,735	52,559	−6,375	−13,317	+9,824
Subtotal, Employment Service	820,669	848,178	766,383	776,207	−44,462	−71,971	+9,824
Federal funds	25,328	26,012	22,279	22,279	−3,049	−3,733	.....
Trust funds	(795,341)	(822,166)	(744,104)	(753,928)	(−41,413)	(−68,238)	(+9,824)
One-stop Career Centers	110,000	150,000	110,000	110,000	.....	−40,000	.....
Total, State Unemployment	3,237,522	3,561,525	3,222,191	3,232,015	−5,507	−329,510	+9,824
Federal Funds	135,328	176,012	132,279	132,279	−3,049	−43,733	.....
Trust Funds	(3,102,194)	(3,385,513)	(3,089,912)	(3,099,736)	(−2,458)	(−285,777)	(+9,824)
ADVANCES TO UNEMPLOYMENT TRUST FUND AND OTHER FUNDS [7]	369,000	373,000	373,000	373,000	+4,000	.....	.....
ADVANCES TO THE ESA ACCOUNT OF THE UNEMPLOYMENT TRUST FUND	(−56,300)	.....	.....	.....	(+56,300)	.....	.....
PAYMENTS TO UI TRUST FUND AND OTHER FUNDS	(−266,000)	.....	.....	.....	(+266,000)	.....	.....
PROGRAM ADMINISTRATION							
Adult employment and training	25,619	26,091	25,107	25,107	−512	−984	.....
Trust funds	(2,283)	(2,354)	(2,237)	(2,237)	(−46)	(−117)	.....
Youth employment and training	29,441	29,990	28,852	28,852	−589	−1,138	.....
Employment security	6,057	6,323	5,936	5,936	−121	−387	.....
Trust funds	(37,167)	(37,274)	(36,424)	(36,424)	(−743)	(−850)	.....
Apprenticeship services	16,129	16,689	15,806	15,806	−323	−883	.....
Executive direction	5,808	5,614	5,692	5,692	−116	+78	.....

Trust funds	(1,343)	(1,346)	(1,316)	(1,316)	(−27)	(−30)	.....
Total, Program Administration	123,847	125,681	121,370	121,370	−2,477	−4,311	.....
Federal funds	83,054	84,707	81,393	81,393	−1,661	−3,314	.....
Trust funds	(40,793)	(40,974)	(39,977)	(39,977)	(−816)	(−997)	.....
Total, Employment and Training Administration	8,595,747	9,814,766	8,580,543	8,626,624	+30,877	−1,188,142	+46,081
Federal funds	5,452,760	6,388,279	5,450,654	5,486,911	+34,151	−901,368	+36,257
Trust funds	(3,142,987)	(3,426,487)	(3,129,889)	(3,139,713)	(−3,274)	(−286,774)	(+9,824)
PENSION AND WELFARE BENEFITS ADMINISTRATION							
SALARIES AND EXPENSES [8]							
Enforcement and compliance	51,712	67,430	50,978	56,678	+4,966	−10,752	+5,700
Policy, regulation and public service	11,831	14,261	11,594	11,594	−237	−2,667	.....
Program oversight	3,583	3,758	3,511	3,511	−72	−247	.....
Total, PWBA	67,126	85,449	66,083	71,783	+4,657	−13,666	+5,700
PENSION BENEFIT GUARANTY CORPORATION							
Program Administration subject to limitation (Trust Funds)	(10,557)	(12,043)	(135,720)	(10,345)	(−212)	(−1,698)	(−125,375)
Services related to terminations not subject to limitations (non-add)	(127,933)	(128,496)	.....	(125,375)	(−2,558)	(−3,121)	(+125,375)
Total, PBGC	(138,490)	(140,539)	(135,720)	(135,720)	(−2,770)	(−4,819)	.....
EMPLOYMENT STANDARDS ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement of wage and hour standards	99,751	118,704	102,756	101,506	+1,755	−17,198	−1,250
Office of Labor-Management Standards	23,992	29,084	23,512	23,512	−480	−5,572	.....
Federal contractor EEO standards enforcement	56,171	65,460	55,048	55,048	−1,123	−10,412	.....
Federal programs for workers' compensation	73,159	80,222	71,696	71,696	−1,463	−8,526	.....
Trust funds	(1,003)	(1,057)	(983)	(983)	(−20)	(−74)	.....
Program direction and support	10,622	11,386	10,410	10,410	−212	−976	.....
Total, salaries and expenses	264,698	305,913	264,405	263,155	−1,543	−42,758	−1,250
Federal funds	263,695	304,856	263,422	262,172	−1,523	−42,684	−1,250
Trust funds	(1,003)	(1,057)	(983)	(983)	(−20)	(−74)	.....
SPECIAL BENEFITS							
Federal employees compensation benefits	214,000	209,000	209,000	209,000	−5,000	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Longshore and harbor workers' benefits	4,000	4,000	4,000	4,000	.....	.....	.....
Total, Special Benefits	218,000	213,000	213,000	213,000	−5,000	.....	.....
BLACK LUNG DISABILITY TRUST FUND							
Benefit payments and interest on advances	949,494	961,665	961,665	961,665	+12,171	.....	.....
Employment Standards Admin., salaries and expenses	27,193	26,071	26,071	26,071	−1,122	.....	.....
Departmental Management, salaries and expenses	19,621	19,621	19,621	19,621	.....	.....	.....
Departmental Management, inspector general	298	287	287	287	−11	.....	.....
Subtotal, Black Lung Disability Trust Fund, apprn	996,606	1,007,644	1,007,644	1,007,644	+11,038	.....	.....
Treasury administrative costs (indefinite)	756	356	356	356	−400	.....	.....
Total, Black Lung Disability Trust Fund	997,362	1,008,000	1,008,000	1,008,000	+10,638	.....	.....
Total, Employment Standards Administration	1,480,060	1,526,913	1,485,405	1,484,155	+4,095	−42,758	−1,250
Federal funds	1,479,057	1,525,856	1,484,422	1,483,172	+4,115	−42,684	−1,250
Trust funds	(1,003)	(1,057)	(983)	(983)	(−20)	(−74)	.....
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Safety and health standards	8,374	18,066	8,207	8,207	−167	−9,859	.....
Enforcement:							
Federal Enforcement	120,890	122,386	117,125	118,525	−2,365	−3,861	+1,400
State programs	68,295	73,315	66,929	66,929	−1,366	−6,386	.....
Technical Support	17,815	20,445	17,459	17,459	−356	−2,986	.....
Compliance Assistance:							
Federal Assistance	34,822	51,970	34,822	34,822	.....	−17,148	.....
State Consultation Grants	32,479	33,064	32,479	32,479	.....	−585	.....

Safety and health statistics	14,465	14,647	14,176	14,176	−289	−471	.....
Executive direction and administration	6,670	6,958	6,537	6,537	−133	−421	.....
Total, OSHA	303,810	340,851	297,734	299,134	−4,676	−41,717	+1,400
MINE SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement:							
Coal	106,090	108,723	103,968	106,090	.....	−2,633	+2,122
Metal/nonmetal	41,412	44,997	40,584	41,412	.....	−3,585	+828
Standards development	1,008	1,303	988	1,008	.....	−295	+20
Assessments	3,497	3,840	3,427	3,497	.....	−343	+70
Educational policy and development	14,782	14,800	14,486	14,782	.....	−18	+296
Technical support	21,268	21,950	20,843	21,268	.....	−682	+425
Program administration	7,667	8,569	7,514	7,667	.....	−902	+153
Total, Mine Safety and Health Administration	195,724	204,182	191,810	195,724	.....	−8,458	+3,914
BUREAU OF LABOR STATISTICS							
SALARIES AND EXPENSES							
Employment and Unemployment Statistics	97,155	111,426	97,624	97,389	+234	−14,037	−235
Labor Market Information (Trust Funds)	(51,278)	(52,053)	(52,053)	(51,665)	(+387)	(−388)	(−388)
Prices and cost of living	96,322	101,825	98,107	97,214	+892	−4,611	−893
Compensation and working conditions	53,444	55,617	56,834	55,139	+1,695	−478	−1,695
Productivity and technology	6,974	7,263	7,180	7,077	+103	−186	−103
Economic growth and employment projections	4,451	4,640	4,582	4,516	+65	−124	−66
Executive direction and staff services	21,896	23,462	22,175	22,185	+289	−1,277	+10
Consumer Price Index Revision [7]	11,549	16,145	16,145	16,145	+4,596	.....	.....
Total, Bureau of Labor Statistics	343,069	372,431	354,700	351,330	+8,261	−21,101	−3,370
Federal Funds	291,791	320,378	302,647	299,665	+7,874	−20,713	−2,982
Trust Funds	(51,278)	(52,053)	(52,053)	(51,665)	(+387)	(−388)	(−388)
DEPARTMENTAL MANAGEMENT							
SALARIES AND EXPENSES							
Executive direction	18,641	19,368	20,268	20,268	+1,627	+900	.....
Legal services	58,072	61,510	56,911	56,911	−1,161	−4,599	.....
Trust funds	(303)	(303)	(297)	(297)	(−6)	(−6)	.....
International labor affairs	9,900	9,465	6,000	9,465	−435	.....	+3,465
Administration and management	13,904	13,916	13,626	13,626	−278	−290	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Adjudication	20,500	20,895	20,090	20,090	−410	−805	.....
Promoting employment of people with disabilities	4,358	4,389	4,271	4,358	.....	−31	+87
Women's Bureau	7,743	7,751	7,588	7,743	.....	−8	+155
Civil Rights Activities	4,535	4,541	4,444	4,444	−91	−97	.....
Chief Financial Officer	4,394	4,399	4,306	4,306	−88	−93	.....
Retirement Income Policy Commission	.....	.....	.....	1,000	+1,000	+1,000	+1,000
Total, Salaries and expenses	142,350	146,537	137,801	142,508	+158	−4,029	+4,707
Federal funds	142,047	146,234	137,504	142,211	+164	−4,023	+4,707
Trust funds	(303)	(303)	(297)	(297)	(−6)	(−6)	.....
VETERANS EMPLOYMENT AND TRAINING							
State Administration:							
Disabled Veterans Outreach Program	(76,913)	(81,993)	(81,993)	(79,453)	(+2,540)	(−2,540)	(−2,540)
Local Veterans Employment Program	(71,386)	(75,125)	(75,125)	(73,255)	(+1,869)	(−1,870)	(−1,870)
Subtotal, State Administration	(148,299)	(157,118)	(157,118)	(152,708)	(+4,409)	(−4,410)	(−4,410)
Federal Administration	(19,419)	(21,752)	(22,831)	(19,517)	(+98)	(−2,235)	(−3,314)
National Veterans Training Institute	(2,672)	.....	(2,000)	(2,000)	(−672)	(+2,000)	.....
Total, Trust Funds	(170,390)	(178,870)	(181,949)	(174,225)	(+3,835)	(−4,645)	(−7,724)
REINVENTION INVESTMENT FUND	.....	3,900	.....	.....	.....	−3,900	.....
OFFICE OF THE INSPECTOR GENERAL							
Program activities	37,622	38,117	36,270	36,270	−1,352	−1,847	.....
Trust funds	(3,615)	(3,615)	(3,543)	(3,543)	(−72)	(−72)	.....
Executive Direction and Management	6,804	6,355	6,668	6,668	−136	+313	.....
Total, Office of the Inspector General	48,041	48,087	46,481	46,481	−1,560	−1,606	.....
Federal funds	44,426	44,472	42,938	42,938	−1,488	−1,534	.....

Trust funds	(3,615)	(3,615)	(3,543)	(3,543)	(−72)	(−72)	.....
Total, Departmental Management	360,781	377,394	366,231	363,214	+2,433	−14,180	−3,017
Federal funds	186,473	194,606	180,442	185,149	−1,324	−9,457	+4,707
Trust funds	(174,308)	(182,788)	(185,789)	(178,065)	(+3,757)	(−4,723)	(−7,724)
Total, Labor Department [9]	11,356,874	12,734,029	11,478,226	11,402,309	+45,435	−1,331,720	−75,917
Federal funds	7,976,741	9,059,601	7,973,792	8,021,538	+44,797	−1,038,063	+47,746
Trust funds	(3,380,133)	(3,674,428)	(3,504,434)	(3,380,771)	(+638)	(−293,657)	(−123,663)
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES [10]							
HEALTH RESOURCES AND SERVICES ADMINISTRATION							
HEALTH RESOURCES AND SERVICES							
Consolidated health centers	758,132	.....	802,124	778,000	+19,868	+778,000	−24,124
Health Centers Cluster (proposed legislation)	.....	757,124	.....	.....	.....	−757,124	.....
Subtotal, Health Centers Activities	758,132	757,124	802,124	778,000	+19,868	+20,876	−24,124
National Health Service Corps:							
Field placements	37,244	.....	37,244	37,244	.....	+37,244	.....
Recruitment	75,189	.....	78,189	78,189	+3,000	+78,189	.....
Subtotal, National Health Service Corps	112,433	.....	115,433	115,433	+3,000	+115,433	.....
Health Professions							
Grants to communities for scholarships	474	.....	532	474	.....	+474	−58
Health professions data system	212	.....	238	212	.....	+212	−26
Research on certain Health Profession issues	.....	.....	.....	450	+450	+450	+450
Nurse loan repayment for shortage area service	1,962	.....	2,197	2,197	+235	+2,197	.....
Workforce Development Cluster (proposed leg)	.....	117,205	.....	.....	.....	−117,205	.....
Centers of excellence	22,072	.....	24,718	22,072	.....	+22,072	−2,646
Health careers opportunity program	23,918	.....	26,785	23,918	.....	+23,918	−2,867
Exceptional financial need scholarships	10,120	.....	11,333	10,120	.....	+10,120	−1,213
Faculty loan repayment	947	.....	1,061	947	.....	+947	−114
Fin assistance for disadvantaged HP students	5,999	.....	6,718	5,999	.....	+5,999	−719
Scholarships for disadvantaged students	16,677	.....	18,676	16,677	.....	+16,677	−1,999
Minority/Disadvantaged Cluster (proposed leg)	.....	64,085	.....	.....	.....	−64,085	.....
Family medicine training/departments	44,002	.....	49,277	44,002	.....	+44,002	−5,275
General internal medicine and pediatrics	15,741	.....	17,628	15,741	.....	+15,741	−1,887
Physician assistants	5,697	.....	6,380	5,697	.....	+5,697	−683
Public health and preventive medicine	7,148	.....	8,005	7,148	.....	+7,148	−857

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Health administration traineeships/projects	978		1,095	978		+978	−117
Primary Care Medicine and Public Health Cluster (proposed legislation)		80,000				−80,000	
Area health education centers	23,123		28,495	26,000	+2,877	+26,000	−2,495
Border health training centers	3,350		3,752	3,350		+3,350	−402
General dentistry residencies	3,381		3,786	3,381		+3,381	−405
Allied health special projects	3,424		3,834	3,424		+3,424	−410
Geriatric education centers and training	7,933		8,884	7,933		+7,933	−951
Rural interdisciplinary traineeships	3,709		4,154	4,154	+445	+4,154	
Podiatric medicine	605		678	605		+605	−73
Chiropractic demonstration grants	916		1,026	916		+916	−110
Enhanced Area Health Education Cluster (proposed legislation)		35,000				−35,000	
Advanced nurse education	11,134		12,469	11,134		+11,134	−1,335
Nurse practitioners/nurse midwives	15,460		17,588	17,588	+2,128	+17,588	
Special projects	9,436		10,567	9,436		+9,436	−1,131
Nurse disadvantaged assistance	3,453		3,867	3,867	+414	+3,867	
Professional nurse traineeships	14,235		15,942	14,235		+14,235	−1,707
Nurse anesthetists	2,469		2,765	2,469		+2,469	−296
Nurse Education/Practice Initiatives Cluster (proposed legislation)		70,000				−70,000	
Subtotal, Health professions	258,575	366,290	292,450	265,124	+6,549	−101,166	−27,326
Other HRSA Programs:							
Hansen's disease services	17,094	16,371	17,094	17,094		+723	
Maternal and child health block grant	678,204	676,061	681,061	678,204		+2,143	−2,857
Healthy start	92,816	74,838		96,000	+3,184	+21,162	+96,000
Organ transplantation	2,069	2,296	2,400	2,296	+227		−104
Health teaching facilities interest subsidies	411	297	297	297	−114		
Bone marrow program	15,272	15,332	15,272	15,272		−60	
Rural outreach grants	27,797	30,254	4,000	27,797		−2,457	+23,797

Emergency medical services for children	10,755	.....	12,500	12,500	+1,745	+12,500	.....
Emergency Medical Services (EMS) Cluster (proposed legislation)	.....	9,333	.....	.....	.....	−9,333	.....
Black lung clinics	3,811	.....	3,900	4,000	+189	+4,000	+100
Alzheimers demonstration grants	3,980	.....	6,000	6,000	+2,020	+6,000	.....
Payment to Hawaii, treatment of Hansen's Disease	2,045	.....	2,045	2,045	.....	+2,045	.....
Pacific Basin initiative	1,200	.....	.....	1,000	−200	+1,000	+1,000
Special Populations Cluster (proposed legislation)	.....	7,485	.....	.....	.....	−7,485	.....
Brain injury demonstration grants	.....	.....	.....	3,000	+3,000	+3,000	+3,000
Ryan White AIDS Programs:							
Emergency assistance	391,700	423,943	401,700	401,700	+10,000	−22,243	.....
Comprehensive care programs	260,847	349,954	290,847	332,847	+72,000	−17,107	+42,000
Early intervention program	56,918	64,568	61,918	61,918	+5,000	−2,650	.....
Pediatric demonstrations	29,000	34,000	34,000	34,000	+5,000	.....	.....
AIDS dental services	6,937	6,937	7,500	7,500	+563	+563	.....
Education and training centers	12,000	16,287	16,287	16,287	+4,287	.....	.....
Subtotal, Ryan White AIDS programs	757,402	895,689	812,252	854,252	+96,850	−41,437	+42,000
Family planning	192,592	198,452	192,592	198,452	+5,860	.....	+5,860
Rural health research	9,353	7,884	7,884	9,553	+200	+1,669	+1,669
Health care facilities	20,000	2,000	.....	13,000	−7,000	+11,000	+13,000
Buildings and facilities	741	828	2,828	828	+87	.....	−2,000
National practitioner data bank	6,000	6,000	6,000	6,000	.....	.....	.....
User fees	−6,000	−6,000	−6,000	−6,000	.....	.....	.....
Program management	112,058	112,949	112,058	112,949	+891	.....	+891
Undistributed reduction	.....	−13,000	.....	.....	.....	+13,000	.....
Total, Health resources and services	3,076,740	3,160,483	3,082,190	3,213,096	+136,356	+52,613	+130,906
MEDICAL FACILITIES GUARANTEE AND LOAN FUND:							
Interest subsidy program	8,000	7,000	7,000	7,000	−1,000	.....	.....
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM (HEAL):							
New loan subsidies	126	477	477	477	+351	.....	.....
Liquidating account (non-add)	.....	(14,481)	(14,481)	(14,481)	(+14,481)	.....	.....
HEAL loan limitation (non-add)	(210,000)	(140,000)	(140,000)	(140,000)	(−70,000)	.....	.....
Program management	2,688	2,695	2,688	2,688	.....	−7	.....
Total, HEAL	2,814	3,172	3,165	3,165	+351	−7	.....
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:							
Postfiscal year 1988 claims (trust fund)	56,721	56,721	56,721	56,721	.....	.....	.....
HRSA administration (trust fund)	3,000	3,000	3,000	3,000	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Subtotal, Vaccine injury compensation trust fund	59,721	59,721	59,721	59,721			
VACCINE INJURY COMPENSATION:							
Prefiscal year 1989 claims (appropriation)	110,000	110,000	110,000	110,000			
Total, Vaccine injury	169,721	169,721	169,721	169,721			
Total, Health Resources and Services Admin	3,257,275	3,340,376	3,262,076	3,392,982	+135,707	+52,606	+130,906
CENTERS FOR DISEASE CONTROL							
DISEASE CONTROL, RESEARCH AND TRAINING							
Preventive Health Services Block Grant	145,229	145,229	157,000	136,081	−9,148	−9,148	−20,919
Prevention centers	8,099	7,106	7,106	8,099		+993	+993
CDC/HCFA vaccine program:							
Immunization partnership grant (proposed leg)		176,656				−176,656	
Childhood immunization	467,890	311,237	467,890	467,890		+156,653	
HCFA vaccine purchase (non-add)	(409,759)	(523,952)	(523,952)	(523,952)	(+114,193)		
Subtotal, CDC/HCFA vaccine program level	(877,649)	(1,011,845)	(991,842)	(991,842)	(+114,193)	(−20,003)	
1995 Vaccine rescission (non-add)	(−53,000)				(+53,000)		
HIV partnership grant (proposed legislation)		297,875				−297,875	
Acquired Immune Deficiency Syndrome (AIDS)	584,080	319,106	599,080	589,080	+5,000	+269,974	−10,000
Subtotal	584,080	616,981	599,080	589,080	+5,000	−27,901	−10,000
STD/TB partnership grant (proposed legislation)		182,290				−182,290	
Tuberculosis	119,303	16,404	119,303	119,303		+102,899	
Sexually transmitted diseases	105,299	24,578	105,299	106,299	+1,000	+81,721	+1,000
Subtotal	224,602	223,272	224,602	225,602	+1,000	+2,330	+1,000

Chronic diseases:							
Chronic diseases partnership grant (proposed leg)	.....	117,351	.....	.....	.....	−117,351	.....
Chronic and environmental disease prevention	143,744	106,156	155,000	155,000	+11,256	+48,844	.....
Breast and cervical cancer screening	124,670	44,677	134,670	139,670	+15,000	+94,993	+5,000
Subtotal, Chronic diseases	268,414	268,184	289,670	294,670	+26,256	+26,486	+5,000
Infectious disease	62,153	87,820	82,153	86,153	+24,000	−1,667	+4,000
Lead poisoning prevention	36,188	36,188	38,188	36,188	.....	.....	−2,000
Injury control	43,198	43,198	40,598	40,598	−2,600	−2,600	.....
Occupational Safety and Health (NIOSH)	128,623	136,584	128,623	136,584	+7,961	.....	+7,961
Mine safety and health [11]	.....	32,000	.....	32,000	+32,000	.....	+32,000
Traumatic Brain Injury	.....	.....	.....	3,000	+3,000	+3,000	+3,000
Epidemic services	67,410	67,413	67,413	69,813	+2,403	+2,400	+2,400
National Center for Health Statistics:							
Program operations	37,398	35,400	40,063	33,000	−4,398	−2,400	−7,063
1 percent evaluation funds (non-add)	(40,063)	(53,063)	(48,400)	(53,063)	(+13,000)	.....	(+4,663)
Subtotal, health statistics	(77,461)	(88,463)	(88,463)	(86,063)	(+8,602)	(−2,400)	(−2,400)
Buildings and facilities	4,353	8,353	8,353	7,553	+3,200	−800	−800
Program management	2,637	2,637	2,637	2,637	.....	.....	.....
Undistributed reduction	.....	−17,000	.....	.....	.....	+17,000	.....
Subtotal, Centers for Disease Control	2,080,274	2,181,258	2,153,376	2,168,948	+88,674	−12,310	+15,572
Crime Bill Activities:							
Rape prevention and education	28,542	35,000	28,642	35,000	+6,458	.....	+6,358
Domestic violence community demonstrations	3,000	6,000	5,000	6,000	+3,000	.....	+1,000
Crime victim study	100	.....	.....	.....	−100	.....	.....
Subtotal, Crime bill activities	31,642	41,000	33,642	41,000	+9,358	.....	+7,358
Total, Disease Control	2,111,916	2,222,258	2,187,018	2,209,948	+98,032	−12,310	+22,930
NATIONAL INSTITUTES OF HEALTH							
National Cancer Institute	2,248,000	2,060,392	2,385,741	2,102,949	−145,051	+42,557	−282,792
Transfer, Office of AIDS Research	.....	(220,539)	.....	(223,147)	(+223,147)	(+2,608)	(+223,147)
Subtotal	(2,248,000)	(2,280,931)	(2,385,741)	(2,326,096)	(+78,096)	(+45,165)	(−59,645)
National Heart, Lung, and Blood Institute	1,354,946	1,320,555	1,438,265	1,344,742	−10,204	+24,187	−93,523
Transfer, Office of AIDS Research	.....	(58,115)	.....	(58,815)	(+58,815)	(+700)	(+58,815)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Subtotal	(1,354,946)	(1,378,670)	(1,438,265)	(1,403,557)	(+48,611)	(+24,887)	(−34,708)
National Institute of Dental Research	182,923	174,463	195,596	177,701	−5,222	+3,238	−17,895
Transfer, Office of AIDS Research	.....	(12,318)	.....	(12,483)	(+12,483)	(+165)	(+12,483)
Subtotal	(182,923)	(186,781)	(195,596)	(190,184)	(+7,261)	(+3,403)	(−5,412)
National Institute of Diabetes and Digestive and Kidney Diseases	770,582	772,975	819,224	787,473	+16,891	+14,498	−31,751
Transfer, Office of AIDS Research	.....	(11,948)	.....	(12,109)	(+12,109)	(+161)	(+12,109)
Subtotal	(770,582)	(784,923)	(819,224)	(799,582)	(+29,000)	(+14,659)	(−19,642)
National Institute of Neurological Disorders and Stroke	680,902	671,148	725,478	683,721	+2,819	+12,573	−41,757
Transfer, Office of AIDS Research	.....	(23,950)	.....	(24,238)	(+24,238)	(+288)	(+24,238)
Subtotal	(680,902)	(695,098)	(725,478)	(707,959)	(+27,057)	(+12,861)	(−17,519)
National Institute of Allergy and Infectious Diseases	1,168,483	584,362	1,256,149	595,016	−573,467	+10,654	−661,133
Transfer, Office of AIDS Research	.....	(624,368)	.....	(633,993)	(+633,993)	(+9,625)	(+633,993)
Subtotal	(1,168,483)	(1,208,730)	(1,256,149)	(1,229,009)	(+60,526)	(+20,279)	(−27,140)
National Institute of General Medical Sciences	946,896	936,573	1,003,722	953,214	+6,318	+16,641	−50,508
Transfer, Office of AIDS Research	.....	(27,050)	.....	(27,408)	(+27,408)	(+358)	(+27,408)
Subtotal	(946,896)	(963,623)	(1,003,722)	(980,622)	(+33,726)	(+16,999)	(−23,100)
National Institute of Child Health and Human Development	594,547	543,441	631,989	554,251	−40,296	+10,810	−77,738
Transfer, Office of AIDS Research	.....	(60,209)	.....	(60,993)	(+60,993)	(+784)	(+60,993)
Subtotal	(594,547)	(603,650)	(631,989)	(615,244)	(+20,697)	(+11,594)	(−16,745)
National Eye Institute	313,933	310,072	333,131	315,948	+2,015	+5,876	−17,183
Transfer, Office of AIDS Research	.....	(9,135)	.....	(9,204)	(+9,204)	(+69)	(+9,204)
Subtotal	(313,933)	(319,207)	(333,131)	(325,152)	(+11,219)	(+5,945)	(−7,979)

National Institute of Environmental Health Sciences	288,378	289,114	308,258	294,745	+6,367	+5,631	−13,513
Transfer, Office of AIDS Research	.....	(6,028)	.....	(6,108)	(+6,108)	(+80)	(+6,108)
Subtotal	(288,378)	(295,142)	(308,258)	(300,853)	(+12,475)	(+5,711)	(−7,405)
National Institute on Aging	453,541	461,541	484,375	470,256	+16,715	+8,715	−14,119
Transfer, Office of AIDS Research	.....	(1,824)	.....	(1,818)	(+1,818)	(−6)	(+1,818)
Subtotal	(453,541)	(463,365)	(484,375)	(472,074)	(+18,533)	(+8,709)	(−12,301)
National Institute of Arthritis and Musculoskeletal and Skin Diseases	242,655	243,169	257,637	247,731	+5,076	+4,562	−9,906
Transfer, Office of AIDS Research	.....	(3,972)	.....	(4,029)	(+4,029)	(+57)	(+4,029)
Subtotal	(242,655)	(247,141)	(257,637)	(251,760)	(+9,105)	(+4,619)	(−5,877)
National Institute on Deafness and Other Communication Disorders	176,383	179,090	189,243	182,693	+6,310	+3,603	−6,550
Transfer, Office of AIDS Research	.....	(1,726)	.....	(1,744)	(+1,744)	(+18)	(+1,744)
Subtotal	(176,383)	(180,816)	(189,243)	(184,437)	(+8,054)	(+3,621)	(−4,806)
National Institute of Nursing Research	55,814	51,951	59,715	52,936	−2,878	+985	−6,779
Transfer, Office of AIDS Research	.....	(5,015)	.....	(5,078)	(+5,078)	(+63)	(+5,078)
Subtotal	(55,814)	(56,966)	(59,715)	(58,014)	(+2,200)	(+1,048)	(−1,701)
National Institute on Alcohol Abuse and Alcoholism	198,401	192,280	212,079	195,891	−2,510	+3,611	−16,188
Transfer, Office of AIDS Research	.....	(10,334)	.....	(10,450)	(+10,450)	(+116)	(+10,450)
Subtotal	(198,401)	(202,614)	(212,079)	(206,341)	(+7,940)	(+3,727)	(−5,738)
National Institute on Drug Abuse	458,112	312,014	487,341	317,936	−140,176	+5,922	−169,405
Transfer, Office of AIDS Research	.....	(154,311)	.....	(156,200)	(+156,200)	(+1,889)	(+156,200)
Subtotal	(458,112)	(466,325)	(487,341)	(474,136)	(+16,024)	(+7,811)	(−13,205)
National Institute of Mental Health	660,514	578,149	701,247	589,187	−71,327	+11,038	−112,060
Transfer, Office of AIDS Research	.....	(93,056)	.....	(94,188)	(+94,188)	(+1,132)	(+94,188)
Subtotal	(660,514)	(671,205)	(701,247)	(683,375)	(+22,861)	(+12,170)	(−17,872)
National Center for Research Resources	390,298	309,344	416,523	324,844	−65,454	+15,500	−91,679
Transfer, Office of AIDS Research	.....	(68,255)	.....	(71,008)	(+71,008)	(+2,753)	(+71,008)
Subtotal	(390,298)	(377,599)	(416,523)	(395,852)	(+5,554)	(+18,253)	(−20,671)
National Center for Human Genome Research	169,768	177,788	189,267	180,807	+11,039	+3,019	−8,460
Transfer, Office of AIDS Research	.....	(2,087)	.....	(1,030)	(+1,030)	(−1,057)	(+1,030)
Subtotal	(169,768)	(179,875)	(189,267)	(181,837)	(+12,069)	(+1,962)	(−7,430)
John E. Fogarty International Center	25,327	15,790	26,707	16,838	−8,489	+1,048	−9,869

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Transfer, Office of AIDS Research	.....	(9,757)	.....	(9,869)	(+9,869)	(+112)	(+9,869)
Subtotal	(25,327)	(25,547)	(26,707)	(26,707)	(+1,380)	(+1,160)	.....
National Library of Medicine	140,936	143,268	150,093	142,070	+1,134	−1,198	−8,023
Transfer, Office of AIDS Research	.....	(3,311)	.....	(3,094)	(+3,094)	(−217)	(+3,094)
Subtotal	(140,936)	(146,579)	(150,093)	(145,164)	(+4,228)	(−1,415)	(−4,929)
Office of the Director	260,072	226,913	275,423	243,319	−16,753	+16,406	−32,104
Office of AIDS research (non-add)	(26,598)	(24,600)	(26,598)	(33,306)	(+6,708)	(+8,706)	(+6,708)
Transfer, Office of AIDS Research	.....	(24,600)	.....	(33,306)	(+33,306)	(+8,706)	(+33,306)
Subtotal	(260,072)	(251,513)	(275,423)	(276,625)	(+16,553)	(+25,112)	(+1,202)
Buildings and facilities	146,151	390,261	200,000	180,000	+33,849	−210,261	−20,000
Office of AIDS Research	.....	1,431,908	.....	1,460,312	+1,460,312	+28,404	+1,460,312
Total N.I.H	11,927,562	12,376,561	12,747,203	12,414,580	+487,018	+38,019	−332,623
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION							
Mental Health:							
Knowledge development and application	38,032	62,133	38,032	38,032	.....	−24,101	.....
Mental health performance partnership	275,420	275,420	275,420	275,420	.....	.....	.....
Children's mental health	59,927	59,958	59,927	59,927	.....	−31	.....
Grants to States for the homeless (PATH)	20,000	.....	20,000	20,000	.....	+20,000	.....
Protection and advocacy	19,850	21,957	21,957	21,957	+2,107	.....	.....
Subtotal, mental health	413,229	419,468	415,336	415,336	+2,107	−4,132	.....
Substance Abuse Treatment:							
Knowledge development and application	89,777	176,043	101,333	110,000	+20,223	−66,043	+8,667
Substance abuse performance partnership (BA)	1,234,107	1,271,957	1,184,107	1,184,107	−50,000	−87,850	.....

Public Law 104–121 funding (non-add)	.....	(50,000)	(50,000)	(50,000)	(+50,000)	.....	.....
Subtotal, Substance Abuse Treatment (BA)	1,323,884	1,448,000	1,285,440	1,294,107	−29,777	−153,893	+8,667
Program level	(1,323,884)	(1,498,000)	(1,335,440)	(1,344,107)	(+20,223)	(−153,893)	(+8,667)
Substance Abuse Prevention:							
Knowledge development and application	89,799	176,043	93,959	110,000	+20,201	−66,043	+16,041
Program management	56,188	54,500	54,500	54,500	−1,688	.....	.....
Total, Substance Abuse and Mental Health (BA)	1,883,100	2,098,011	1,849,235	1,873,943	−9,157	−224,068	+24,708
Program level	(1,883,100)	(2,148,011)	(1,899,235)	(1,923,943)	(+40,843)	(−224,068)	(+24,708)
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS							
Retirement payments	129,808	136,421	136,421	136,421	+6,613	.....	.....
Survivors benefits	9,208	11,001	11,001	11,001	+1,793	.....	.....
Dependent's medical care	25,108	26,414	26,414	26,414	+1,306	.....	.....
Military Services Credits	2,801	2,556	2,556	2,556	−245	.....	.....
Total, Retirement pay and medical benefits	166,925	176,392	176,392	176,392	+9,467	.....	.....
AGENCY FOR HEALTH CARE POLICY AND RESEARCH							
Research on Health Care Systems Cost and Access:							
Research	7,019	29,132	39,239	22,992	+15,973	−6,140	−16,247
1 percent evaluation funding (non-add)	(45,124)	(19,284)	.....	(25,424)	(−19,700)	(+6,140)	(+25,424)
Subtotal	(52,143)	(48,416)	(39,239)	(48,416)	(−3,727)	.....	(+9,177)
Health Insurance and Expenditure Surveys:							
Research	.....	10,000	10,000	10,000	+10,000	.....	.....
1 percent evaluation funding (non-add)	(15,000)	(34,700)	(34,700)	(34,700)	(+19,700)	.....	.....
Subtotal	(15,000)	(44,700)	(44,700)	(44,700)	(+29,700)	.....	.....
Research on Health Care Outcomes and Quality:							
Federal funds	55,796	42,445	39,000	48,241	−7,555	+5,796	+9,241
Trust funds	.....	(5,796)	.....	.....	.....	(−5,796)	.....
Subtotal	(55,796)	(48,241)	(39,000)	(48,241)	(−7,555)	.....	(+9,241)
Program support	2,230	2,423	2,230	2,230	.....	−193	.....
Total, Health Care Policy and Research:							
Federal Funds	65,045	84,000	90,469	83,463	+18,418	−537	−7,006
Trust funds	.....	(5,796)	.....	.....	.....	(−5,796)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Total, 1 percent evaluation funding (non-add)	(60,124)	(53,984)	(34,700)	(60,124)	.....	(+6,140)	(+25,424)
Total, Health Care Policy and Research (non-add)	(125,169)	(143,780)	(125,169)	(143,587)	(+18,418)	(−193)	(+18,418)
Total, Public Health Service:							
Federal Funds	19,411,823	20,297,598	20,312,393	20,151,308	+739,485	−146,290	−161,085
Trust funds	.....	(5,796)	.....	.....	.....	(−5,796)	.....
HEALTH CARE FINANCING ADMINISTRATION							
GRANTS TO STATES FOR MEDICAID [12]							
Medicaid current law benefits	91,140,563	98,141,139	98,141,139	98,141,139	+7,000,576	.....	.....
State and local administration	3,742,000	4,171,923	4,171,923	4,171,923	+429,923	.....	.....
Subtotal, Medicaid program level, fiscal year 1996/1997	94,882,563	102,313,062	102,313,062	102,313,062	+7,430,499	.....	.....
Carryover balance	−12,740,491	−1,101,094	−1,101,094	−1,101,094	+11,639,397	.....	.....
Less funds advanced in prior year	−27,047,717	−26,155,350	−26,155,350	−26,155,350	+892,367	.....	.....
Total, request, fiscal year 1996/1997	55,094,355	75,056,618	75,056,618	75,056,618	+19,962,263	.....	.....
New advance, 1st quarter, fiscal year 1997/1998	26,155,350	27,988,993	27,988,993	27,988,993	+1,833,643	.....	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS							
Supplemental medical insurance	55,385,000	59,456,000	59,456,000	59,456,000	+4,071,000	.....	.....
Hospital insurance for the uninsured	358,000	405,000	405,000	405,000	+47,000	.....	.....
Federal uninsured payment	63,000	76,000	76,000	76,000	+13,000	.....	.....
DOD adjustment	625,000	.....	.....	.....	−625,000	.....	.....
SMI matching, prior year shortfall	6,737,000	.....	.....	.....	−6,737,000	.....	.....
Program management	145,000	142,000	142,000	142,000	−3,000	.....	.....

Total, Payment to Trust Funds, current law	63,313,000	60,079,000	60,079,000	60,079,000	−3,234,000	.....	.....
Net Medicare trust fund/general fund cash flow (NA)	(9,200,000)	(15,000,000)	(15,000,000)	(15,000,000)	(+5,800,000)	.....	.....
PROGRAM MANAGEMENT							
Research, demonstration, and evaluation:							
Regular program, trust funds	(40,000)	(50,810)	(42,000)	(45,000)	(+5,000)	(−5,810)	(+3,000)
Rural hospital transition demonstrations, trust funds	(13,089)	.....	.....	.....	(−13,089)	.....	.....
Insurance Counseling	.....	(4,500)	.....	.....	.....	(−4,500)	.....
Subtotal, research, demonstration, and evaluation	(53,089)	(55,310)	(42,000)	(45,000)	(−8,089)	(−10,310)	(+3,000)
Medicare contractors (Trust Funds)	(1,597,642)	(1,614,200)	(1,207,200)	(1,207,200)	(−390,442)	(−407,000)	.....
H.R. 3103 funding (non-add)	.....	.....	(435,000)	(435,000)	(+435,000)	(+435,000)	.....
Subtotal, Contractors program level	(1,597,642)	(1,614,200)	(1,642,200)	(1,642,200)	(+44,558)	(+28,000)	.....
State Survey and Certification:							
Medicare certification, trust funds	(147,625)	(163,800)	(158,000)	(158,000)	(+10,375)	(−5,800)	.....
Federal Administration:							
Trust funds	(326,053)	(359,974)	(326,053)	(319,512)	(−6,541)	(−40,462)	(−6,541)
Less current law user fees	(−128)	(−132)	(−128)	(−128)	.....	(+4)	.....
Subtotal, Federal Administration	(325,925)	(359,842)	(325,925)	(319,384)	(−6,541)	(−40,458)	(−6,541)
Total, Program management	(2,124,281)	(2,193,152)	(1,733,125)	(1,729,584)	(−394,697)	(−463,568)	(−3,541)
Total, Health Care Financing Administration:							
Federal funds	144,562,705	163,124,611	163,124,611	163,124,611	+18,561,906	.....	.....
Current year, fiscal year 1995/1996	(118,407,355)	(135,135,618)	(135,135,618)	(135,135,618)	(+16,728,263)	.....	.....
New advance, 1st quarter, fiscal year 1996/1997	(26,155,350)	(27,988,993)	(27,988,993)	(27,988,993)	(+1,833,643)	.....	.....
Trust funds	(2,124,281)	(2,193,152)	(1,733,125)	(1,729,584)	(−394,697)	(−463,568)	(−3,541)
ADMINISTRATION FOR CHILDREN AND FAMILIES							
FAMILY SUPPORT PAYMENTS TO STATES							
Aid to Families with Dependent Children (AFDC)	12,999,000	11,713,000	11,713,000	11,713,000	−1,286,000	.....	.....
Quality control liabilities	−71,121	−52,000	−52,000	−52,000	+19,121	.....	.....
Payments to territories	19,428	25,000	25,000	25,000	+5,572	.....	.....
Emergency assistance	974,000	1,867,000	1,867,000	1,867,000	+893,000	.....	.....
Repatriation	1,000	1,000	1,000	1,000	.....	.....	.....
State and local welfare administration	1,770,000	1,875,000	1,875,000	1,875,000	+105,000	.....	.....
Work activities child care	734,000	879,405	879,405	879,405	+145,405	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Transitional child care	220,000	267,595	267,595	267,595	+47,595		
At risk child care	300,000	300,000	300,000	300,000			
Subtotal, Welfare payments	16,946,307	16,876,000	16,876,000	16,876,000	−70,307		
Child Support Enforcement:							
State and local administration	1,943,000	2,132,000	2,132,000	2,132,000	+189,000		
Federal incentive payments	439,000	459,000	459,000	459,000	+20,000		
Less federal share collections	−1,314,000	−1,366,000	−1,366,000	−1,366,000	−52,000		
Subtotal, Child support	1,068,000	1,225,000	1,225,000	1,225,000	+157,000		
Total, Payments, fiscal year 1996/1997 program level	18,014,307	18,101,000	18,101,000	18,101,000	+86,693		
Less funds advanced in previous years	−4,400,000	−4,800,000	−4,800,000	−4,800,000	−400,000		
Total, Payments, current request, fiscal year 1996/1997	13,614,307	13,301,000	13,301,000	13,301,000	−313,307		
New advance, 1st quarter, fiscal year 1997/1998	4,800,000	4,700,000	4,700,000		−4,800,000	−4,700,000	−4,700,000
JOB OPPORTUNITIES AND BASIC SKILLS (JOBS)	1,000,000	1,000,000	1,000,000	1,000,000			
LOW INCOME HOME ENERGY ASSISTANCE							
Advance from prior year (non-add)	(999,997)				(−999,997)		
Adjustment	−100,000	1,000,000	900,000	1,000,000	+1,100,000		+100,000
Fiscal year 1996/1997 program level	(899,997)	(1,000,000)	(900,000)	(1,000,000)	(+100,003)		(+100,000)
Prior year emergency allocation			(300,000)				(−300,000)
New emergency allocation (non-add)				(300,000)	(+300,000)	(+300,000)	(+300,000)
Advance funding (fiscal year 1997/1998)		1,000,000		1,000,000	+1,000,000		+1,000,000
REFUGEE AND ENTRANT ASSISTANCE							
Transitional and medical services	263,267	246,502	246,502	237,202	−26,065	−9,300	−9,300

Social services	80,802	80,802	110,882	99,802	+19,000	+19,000	−11,080
Preventive health	2,700	4,835	4,835	2,448	−252	−2,387	−2,387
Targeted assistance	55,397	49,397	49,857	46,157	−9,240	−3,240	−3,700
Carryover (non-add)	(10,590)		(9,300)	(9,300)	(−1,290)	(+9,300)	
Total, Refugee and entrant assistance (BA)	402,166	381,536	412,076	385,609	−16,557	+4,073	−26,467
Total program level	(412,756)	(381,536)	(421,376)	(394,909)	(−17,847)	(+13,373)	(−26,467)
CHILD CARE AND DEVELOPMENT BLOCK GRANT:							
Forward funded [13]	934,642	1,048,825	937,000	937,000	+2,358	−111,825	
Current funded			13,000	19,120	+19,120	+19,120	+6,120
Total	934,642	1,048,825	950,000	956,120	+21,478	−92,705	+6,120
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	2,381,000	2,800,000	2,480,000	2,240,000	−141,000	−560,000	−240,000
CHILDREN AND FAMILIES SERVICES PROGRAMS							
Programs for Children, Youth, and Families:							
Head start	3,569,329	3,981,000	3,600,000	3,600,000	+30,671	−381,000	
Consolidated runaway, homeless youth program		68,572				−68,572	
Runaway and homeless youth	43,653		43,653	43,653		+43,653	
Runaway youth—transitional living	14,949		14,949	14,949		+14,949	
Subtotal, runaway	58,602	68,572	58,602	58,602		−9,970	
Teen pregnancy prevention initiative		30,000				−30,000	
Child abuse state grants	21,026	22,854	21,026	21,026		−1,828	
Child abuse discretionary activities	14,154		14,154	14,154		+14,154	
Temporary childcare/crisis nurseries	9,835				−9,835		
Abandoned infants assistance	12,251	14,406	12,251	12,251		−2,155	
Child welfare services	277,389	291,989	277,389	277,389		−14,600	
Child welfare training	2,000		4,000	4,000	+2,000	+4,000	
Child welfare innovative programs		39,178				−39,178	
Adoption opportunities	11,000		11,000	15,000	+4,000	+15,000	+4,000
Social services and income maintenance research		10,000		17,000	+17,000	+7,000	+17,000
Family violence [14]	32,643	32,619	35,042		−32,643	−32,619	−35,042
Community Based Resource Centers	23,000	50,569		32,835	+9,835	−17,734	+32,835
Developmental disabilities program:							
State councils	64,803	70,438	64,803	64,803		−5,635	
Protection and advocacy	26,718	26,718	26,718	26,718			
Developmental disabilities special projects	5,250	5,715		5,715	+465		+5,715
Developmental disabilities university affiliated programs	17,461	18,979	17,461	17,461		−1,518	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Subtotal, Developmental disabilities	114,232	121,850	108,982	114,697	+465	−7,153	+5,715
Native American Programs	34,933	38,382	34,933	34,933	.....	−3,449	.....
Community services:							
Community Services Block Grants	389,598	389,600	489,600	414,600	+25,002	+25,000	−75,000
Discretionary funds:							
Community initiative program:							
Economic development	27,332	.....	27,332	27,332	.....	+27,332	.....
Rural community facilities	3,009	.....	3,009	3,500	+491	+3,500	+491
Subtotal, discretionary funds	30,341	.....	30,341	30,832	+491	+30,832	+491
National youth sports	11,520	.....	12,000	12,000	+480	+12,000	.....
Community Food and Nutrition	4,000	.....	.....	4,000	.....	+4,000	+4,000
Subtotal, Community services	435,459	389,600	531,941	461,432	+25,973	+71,832	−70,509
Program direction	150,117	160,279	147,115	143,115	−7,002	−17,164	−4,000
Rescission	.....	.....	.....	−27,000	−27,000	−27,000	−27,000
Total, Children and Families Services Programs	4,765,970	5,251,298	4,856,435	4,779,434	+13,464	−471,864	−77,001
VIOLENT CRIME REDUCTION PROGRAMS:							
Community schools	.....	13,600	.....	12,800	+12,800	−800	+12,800
Runaway Youth Prevention	5,558	8,000	2,000	8,000	+2,442	.....	+6,000
Domestic violence hotline	400	400	400	1,200	+800	+800	+800
Battered women's shelters	15,000	27,381	24,958	60,000	+45,000	+32,619	+35,042
Youth education demonstration	400	.....	.....	.....	−400	.....	.....
Total, Violent crime reduction programs	21,358	49,381	27,358	82,000	+60,642	+32,619	+54,642
FAMILY SUPPORT AND PRESERVATION	225,000	240,000	240,000	240,000	+15,000	.....	.....

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE							
Foster care	3,742,338	3,807,143	3,807,143	3,807,143	+64,805	.....	.....
Adoption assistance	509,900	567,888	567,888	567,888	+57,988	.....	.....
Independent living	70,000	70,000	70,000	70,000	.....	.....	.....
Total, Payment to States	4,322,238	4,445,031	4,445,031	4,445,031	+122,793	.....	.....
New advance, 1st quarter, fiscal year 1997/1998	.....	1,111,000	1,111,000	1,111,000	+1,111,000	.....	.....
Total, Administration for Children and Families	32,366,681	36,328,071	34,422,900	30,540,194	−1,826,487	−5,787,877	−3,882,706
Current year, fiscal year 1996/1997	(27,566,681)	(29,517,071)	(28,611,900)	(28,429,194)	(+862,513)	(−1,087,877)	(−182,706)
Fiscal year 1997/1998	(4,800,000)	(6,811,000)	(5,811,000)	(2,111,000)	(−2,689,000)	(−4,700,000)	(−3,700,000)
ADMINISTRATION ON AGING							
AGING SERVICES PROGRAMS							
Grants to States:							
Supportive services and centers	300,556	294,787	300,556	300,556	.....	+5,769	.....
Ombudsman services	.....	4,449	.....	.....	.....	−4,449	.....
Prevention of elder abuse	.....	4,732	.....	.....	.....	−4,732	.....
Pension counseling	.....	1,976	.....	.....	.....	−1,976	.....
Preventive health	15,623	16,982	.....	15,623	.....	−1,359	+15,623
Nutrition:							
Congregate meals	364,535	357,019	364,535	364,535	.....	+7,516	.....
Home-delivered meals	105,339	94,191	105,339	105,339	.....	+11,148	.....
Frail elderly in-home services	9,263	9,263	9,263	9,263	.....	.....	.....
Grants to Indians	16,057	16,057	16,057	16,057	.....	.....	.....
Aging research, training and special projects	2,850	11,666	.....	4,000	+1,150	−7,666	+4,000
Federal Council on Aging	.....	226	.....	.....	.....	−226	.....
Program administration	15,097	16,789	14,795	14,795	−302	−1,994	.....
Total, Administration on Aging	829,320	828,137	810,545	830,168	+848	+2,031	+19,623
OFFICE OF THE SECRETARY							
GENERAL DEPARTMENTAL MANAGEMENT:							
Federal funds	97,866	91,436	98,439	99,139	+1,273	+7,703	+700
Trust funds	(6,628)	(9,187)	(5,851)	(5,851)	(−777)	(−3,336)	.....
1 percent Evaluation Funds (ASPE) (non-add)	(19,820)	(19,820)	(19,820)	(19,820)	.....	.....	.....
Subtotal	(124,314)	(120,443)	(124,110)	(124,810)	(+496)	(+4,367)	(+700)
Emergency preparedness	.....	2,020	.....	.....	.....	−2,020	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Population affairs: Adolescent family life	7,698	6,187	7,698	12,698	+5,000	+6,511	+5,000
Physical fitness and sports	1,000	1,007	1,000	1,000	.....	−7	.....
Minority health	27,000	19,945	33,000	20,500	−6,500	+555	−12,500
Office of Research Integrity	.....	3,732	.....	.....	.....	−3,732	.....
Office of Women's Health	5,362	2,570	8,862	12,500	+7,138	+9,930	+3,638
Office of Disease Prevention	.....	4,266	.....	.....	.....	−4,266	.....
Anti-Terrorism	.....	5,000	.....	8,000	+8,000	+3,000	+8,000
Total, General Departmental Management:							
Federal funds	138,926	136,163	148,999	153,837	+14,911	+17,674	+4,838
Trust funds	(6,628)	(9,187)	(5,851)	(5,851)	(−777)	(−3,336)	.....
Total	(145,554)	(145,350)	(154,850)	(159,688)	(+14,134)	(+14,338)	(+4,838)
OFFICE OF THE INSPECTOR GENERAL:							
Federal funds	58,149	56,139	29,399	29,399	−28,750	−26,740	.....
Trust funds	(20,670)	(18,810)	.....	.....	(−20,670)	(−18,810)	.....
H.R. 3103 funding (non-add)	.....	.....	(60,000)	(60,000)	(+60,000)	(+60,000)	.....
Total, Office of the Inspector General:							
Federal funds	58,149	56,139	29,399	29,399	−28,750	−26,740	.....
Trust funds	(20,670)	(18,810)	.....	.....	(−20,670)	(−18,810)	.....
Total (BA)	(78,819)	(74,949)	(29,399)	(29,399)	(−49,420)	(−45,550)	.....
Total program level	(78,819)	(74,949)	(89,399)	(89,399)	(+10,580)	(+14,450)	.....
OFFICE FOR CIVIL RIGHTS:							
Federal funds	16,066	18,188	16,066	16,366	+300	−1,822	+300
Portion treated as budget authority	(3,314)	(3,602)	(3,314)	(3,314)	.....	(−288)	.....

Total, Office for Civil Rights:							
Federal funds	16,066	18,188	16,066	16,366	+300	−1,822	+300
Trust funds	(3,314)	(3,602)	(3,314)	(3,314)	.....	(−288)	.....
Total	(19,380)	(21,790)	(19,380)	(19,680)	(+300)	(−2,110)	(+300)
POLICY RESEARCH	8,968	9,000	9,000	9,000	+32	.....	.....
Total, Office of the Secretary:							
Federal funds	222,109	219,490	203,464	208,602	−13,507	−10,888	+5,138
Trust funds	(30,612)	(31,599)	(9,165)	(9,165)	(−21,447)	(−22,434)	.....
Total	(252,721)	(251,089)	(212,629)	(217,767)	(−34,954)	(−33,322)	(+5,138)
UNDISTRIBUTED REDUCTION	.....	−20,000	.....	.....	.....	+20,000	.....
PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND	8,987	.....	.....	.....	−8,987	.....	.....
Total, Department of Health and Human Services:							
Federal Funds	197,401,625	220,777,907	218,873,913	214,854,883	+17,453,258	−5,923,024	−4,019,030
Current year, fiscal year 1996/1997	(166,446,275)	(185,977,914)	(185,073,920)	(184,754,890)	(+18,308,615)	(−1,223,024)	(−319,030)
Fiscal year 1997/1998	(30,955,350)	(34,799,993)	(33,799,993)	(30,099,993)	(−855,357)	(−4,700,000)	(−3,700,000)
Trust funds	(2,154,893)	(2,230,547)	(1,742,290)	(1,738,749)	(−416,144)	(−491,798)	(−3,541)
TITLE III—DEPARTMENT OF EDUCATION[15]							
EDUCATION REFORM[16]							
Goals 2000: Educate America Act:							
State and local educ systemic improvement grants	340,000	476,000	.....	340,000	.....	−136,000	+340,000
Parental assistance	10,000	15,000	.....	15,000	+5,000	.....	+15,000
Subtotal, Goals 2000	350,000	491,000	.....	355,000	+5,000	−136,000	+355,000
School-to-work opportunities:							
State grants and local partnerships	180,000	200,000	175,000	180,000	.....	−20,000	+5,000
Total	530,000	691,000	175,000	535,000	+5,000	−156,000	+360,000
EDUCATION FOR THE DISADVANTAGED[17]							
Grants to local education agencies:							
Basic grants, forward funded[18]	6,042,766	5,490,065	6,043,766	6,042,766	.....	+552,701	−1,000
Basic grants, current funded	3,500	4,000	3,500	3,500	.....	−500	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Subtotal, Basic grants	6,046,266	5,494,065	6,047,266	6,046,266		+552,201	−1,000
Concentration grants	684,082	670,935	704,082	684,082		+13,147	−20,000
Targeted grants		1,000,000				−1,000,000	
Subtotal	6,730,348	7,165,000	6,751,348	6,730,348		−434,652	−21,000
Capital expenses for private school children	38,119	20,000	20,000	41,119	+3,000	+21,119	+21,119
Even start	101,997	102,000	101,997	101,997		−3	
State agency programs:							
Migrant	305,474	320,000	305,474	305,474		−14,526	
Neglected and delinquent/high risk youth	39,311	40,000	39,311	39,311		−689	
State school improvement		15,000				−15,000	
Demonstration of innovative practices		10,000				−10,000	
Evaluation	3,359	7,000	7,000	7,000	+3,641		
Total, ESEA	7,218,608	7,679,000	7,225,130	7,225,249	+6,641	−453,751	+119
Migrant education:							
High school equivalency program	7,441				−7,441		
College assistance migrant program	2,028				−2,028		
Subtotal, migrant education	9,469				−9,469		
Total, Compensatory education programs	7,228,077	7,679,000	7,225,130	7,225,249	−2,828	−453,751	+119
Subtotal, forward funded	(7,211,749)	(7,658,000)	(7,214,630)	(7,214,749)	(+3,000)	(−443,251)	(+119)
IMPACT AID [19]							
Basic support payments	581,707	550,000	615,500	591,707	+10,000	+41,707	−23,793
Payments for children with disabilities	40,000	40,000	40,000	40,000			
Payments for heavily impacted districts (sec. f)	50,000	20,000	50,000	50,000		+30,000	

Subtotal	671,707	610,000	705,500	681,707	+10,000	+71,707	−23,793
Facilities maintenance (sec. 8008)	.....	3,000	.....	.....	.....	−3,000	.....
Construction (sec. 8007)	5,000	4,000	5,000	5,000	.....	+1,000	.....
Payments for Federal property (Sec. 8002)	16,293	.....	17,500	16,293	.....	+16,293	−1,207
Total, Impact aid	693,000	617,000	728,000	703,000	+10,000	+86,000	−25,000
SCHOOL IMPROVEMENT PROGRAMS							
Professional development [20]	275,000	610,000	.....	275,000	.....	−335,000	+275,000
Program innovation [20]	275,000	.....	606,517	275,000	.....	+275,000	−331,517
Safe and drug-free schools and communities:							
State grants [20]	440,978	515,000	440,978	530,978	+90,000	+15,978	+90,000
National programs	24,993	25,000	.....	25,000	+7	.....	+25,000
Subtotal, Safe and drug-free schools and communities	465,971	540,000	440,978	555,978	+90,007	+15,978	+115,000
Inexpensive book distribution (RIF)	10,265	9,000	9,000	10,265	.....	+1,265	+1,265
Arts in education	9,000	10,000	9,000	9,000	.....	−1,000	.....
Christa McAuliffe fellowships	.....	2,000	.....	.....	.....	−2,000	.....
Other school improvement programs:							
Magnet schools assistance	95,000	95,000	95,000	95,000	.....	.....	.....
Educational support services for homeless children and youth [20]	23,000	29,000	23,000	23,000	.....	−6,000	.....
Women's educational equity [21]	.....	4,000	2,000	1,000	+1,000	−3,000	−1,000
Training and advisory services (Civil Rights IV–A)	7,334	14,000	7,334	7,334	.....	−6,666	.....
Ellender fellowships/Close up [20]	1,500	.....	1,000	1,500	.....	+1,500	+500
Education for Native Hawaiians	12,000	6,000	4,000	15,000	+3,000	+9,000	+11,000
Alaska Native Education equity	.....	.....	.....	8,000	+8,000	+8,000	+8,000
Charter schools	18,000	40,000	18,000	21,000	+3,000	−19,000	+3,000
Subtotal, other school improvement programs	156,834	188,000	150,334	171,834	+15,000	−16,166	+21,500
Technical assistance for improving ESEA programs:							
Comprehensive regional assistance centers	21,507	45,000	21,554	21,554	+47	−23,446	.....
Total, School improvement programs	1,213,577	1,404,000	1,237,383	1,318,631	+105,054	−85,369	+81,248
Subtotal, forward funded	(1,015,478)	(1,154,000)	(1,071,495)	(1,105,478)	(+90,000)	(−48,522)	(+33,983)
BILINGUAL AND IMMIGRANT EDUCATION [22]							
Bilingual education:							
Instructional services	117,200	117,190	117,190	130,000	+12,800	+12,810	+12,810
Support services	9,700	14,330	.....	.....	−9,700	−14,330	.....
Professional development	1,100	25,180	.....	.....	−1,100	−25,180	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Immigrant education [23]	50,000	100,000	50,000	50,000		−50,000	
Foreign language assistance [24]	10,039	5,000		5,000	−5,039		+5,000
Total	188,039	261,700	167,190	185,000	−3,039	−76,700	+17,810
SPECIAL EDUCATION							
State grants: [25]							
Grants to States part "b"	2,323,837	2,603,247	2,323,837	2,333,837	+10,000	−269,410	+10,000
Preschool grants	360,409	380,000	360,409	360,409		−19,591	
Grants for infants and families	315,754	315,632	315,754	315,754		+122	
Subtotal, State grants	3,000,000	3,298,879	3,000,000	3,010,000	+10,000	−288,879	+10,000
Proposed legis: Program Support and Improvement:							
Research to practice		95,720				−95,720	
State improvement		37,076				−37,076	
Professional development		76,700				−76,700	
Parent training and information		14,534				−14,534	
Technology development and ed. media sevices		30,004				−30,004	
Subtotal, Proposed legislation		254,034				−254,034	
Special purpose funds:							
Deaf-blindness	12,832		12,832	12,832		+12,832	
Serious emotional disturbance	4,147		4,147	4,147		+4,147	
Severe disabilities	10,030		10,030	10,030		+10,030	
Early childhood education	25,147		25,147	25,147		+25,147	
Secondary and transitional services	23,966		23,966	23,966		+23,966	
Postsecondary education	8,839		8,839	8,839		+8,839	
Innovation and development	14,000		14,000	16,000	+2,000	+16,000	+2,000
Media and captioning services	19,130		20,030	20,030	+900	+20,030	
Technology applications	9,993		9,993	9,993		+9,993	

Special studies	3,827		3,827	3,827		+3,827	
Personnel development	91,339		91,339	93,339	+2,000	+93,339	+2,000
Parent training	13,535		13,535	15,535	+2,000	+15,535	+2,000
Clearinghouses	1,989		1,989	1,989		+1,989	
Regional resource centers	6,641		6,641	6,641		+6,641	
Subtotal, Special purpose funds	245,415		246,315	252,315	+6,900	+252,315	+6,000
Total, Special education	3,245,415	3,552,913	3,246,315	3,262,315	+16,900	−290,598	+16,000
REHABILITATION SERVICES AND DISABILITY RESEARCH							
Vocational rehabilitation State grants	2,118,834	2,176,038	2,176,038	2,183,038	+64,204	+7,000	+7,000
Client assistance State grants	10,119	10,392	10,392	10,392	+273		
Training	39,629	39,629	39,629	39,629			
Special demonstration programs	27,441	18,942	18,942	18,942	−8,499		
Migratory workers	1,421	1,850	1,850	1,850	+429		
Recreational programs	2,596	2,596	2,596	2,596			
Protection and advocacy of individual rights	7,456	7,657	7,657	7,657	+201		
Projects with industry	22,065	22,071	22,071	22,071	+6		
Supported employment State grants	38,152	38,152	38,152	38,152			
Independent living:							
State grants	21,859	21,859	21,859	21,859			
Centers	41,749	42,876	42,876	42,876	+1,127		
Services for older blind individuals	8,952	9,952	9,952	9,952	+1,000		
Subtotal, Independent living	72,560	74,687	74,687	74,687	+2,127		
Program improvement[26]	1,000	2,400	2,400	2,400	+1,400		
Evaluation	1,582	1,587	1,587	1,587	+5		
Helen Keller National Center for Deaf-Blind Youths and Adults	7,144	7,337	7,337	7,337	+193		
National Institute on Disability and Rehabilitation Research	69,984	70,000	70,000	70,000	+16		
Subtotal, mandatory programs	2,419,983	2,473,338	2,473,338	2,480,338	+60,355	+7,000	+7,000
Assistive technology	36,109	39,249	36,109	36,109		−3,140	
Total, Rehabilitation services	2,456,092	2,512,587	2,509,447	2,516,447	+60,355	+3,860	+7,000
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES							
AMERICAN PRINTING HOUSE FOR THE BLIND	6,680	6,495	6,680	6,680		+185	
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF:							
Consolidated account	42,180		43,041	43,041	+861	+43,041	
Operations		42,705				−42,705	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Endowment grant	.....	336	.....	.....	.....	−336	.....
Subtotal	42,180	43,041	43,041	43,041	+861	.....	.....
GALLAUDET UNIVERSITY:							
Consolidated account	77,629	.....	79,182	79,182	+1,553	+79,182	.....
Operations	.....	79,030	.....	.....	.....	−79,030	.....
Endowment grant	.....	1,000	.....	.....	.....	−1,000	.....
Subtotal	77,629	80,030	79,182	79,182	+1,553	−848	.....
Total, Special institutions for persons with disabilities	126,489	129,566	128,903	128,903	+2,414	−663	.....
VOCATIONAL AND ADULT EDUCATION[27]							
Vocational education:							
Basic State grants	972,750	1,100,000	972,750	972,750	.....	−127,250	.....
Tech-Prep education	100,000	.....	100,000	100,000	.....	+100,000	.....
Tribally controlled postsecondary vocational institutions	2,919	2,919	2,919	2,919	.....	.....	.....
State councils	.....	.....	.....	.....	.....	.....	.....
National programs: Research	4,998	17,081	.....	4,500	−498	−12,581	+4,500
Subtotal, Vocational education	1,080,667	1,120,000	1,075,669	1,080,169	−498	−39,831	+4,500
Adult education:							
State programs	250,000	290,000	250,000	252,000	+2,000	−38,000	+2,000
National programs:							
Evaluation and technical assistance	.....	5,000	.....	.....	.....	−5,000	.....
National Institute for Literacy	4,860	5,000	4,000	4,860	.....	−140	+860
Subtotal, National programs	4,860	10,000	4,000	4,860	.....	−5,140	+860
Literacy programs for prisoners	4,723	.....	.....	4,723	.....	+4,723	+4,723

Subtotal, adult education	259,583	300,000	254,000	261,583	+2,000	−38,417	+7,583
Total, Vocational and adult education	1,340,250	1,420,000	1,329,669	1,341,752	+1,502	−78,248	+12,083
STUDENT FINANCIAL ASSISTANCE							
Federal Pell Grants: Regular program	4,914,000	5,919,000	5,342,000	5,342,000	+428,000	−577,000	.....
Memo (non-add): Maximum grant	(2,470)	(2,700)	(2,500)	(2,500)	(+30)	(−200)	.....
Memo (non-add): Outlay effect for fiscal year 1997 [28]	(1,301,000)	(1,320,000)	(1,180,000)	(1,180,000)	(−121,000)	(−140,000)	.....
Federal supplemental educational opportunity grants	583,407	583,407	583,407	583,407	.....	.....	.....
Federal work-study	616,508	679,000	685,000	616,508	.....	−62,492	−68,492
Federal Perkins loans:							
Capital contributions	93,297	158,000	.....	67,915	−25,382	−90,085	+67,915
Loan cancellations	20,000	20,000	20,000	20,000	.....	.....	.....
Subtotal, Federal Perkins loans	113,297	178,000	20,000	87,915	−25,382	−90,085	+67,915
State student incentive grants	31,375	.....	.....	13,000	−18,375	+13,000	+13,000
Total, Student financial assistance	6,258,587	7,359,407	6,630,407	6,642,830	+384,243	−716,577	+12,423
FEDERAL FAMILY EDUCATION LOANS PROGRAM							
(EXISTING GUARANTEED STUDENT LOANS PROGRAM)							
Federal education loans: Federal administration	29,977	46,572	29,977	29,977	.....	−16,595	.....
Total Outstanding Loan Volume as of 10/96 (non-add)	(71,400,000)	(71,400,000)	(71,400,000)	(71,400,000)	.....	.....	.....
FEDERAL DIRECT STUDENT LOAN PROGRAM							
Mandatory administrative costs (indefinite)	(435,652)	(595,000)	(420,000)	(440,000)	(+4,348)	(−155,000)	(+20,000)
Total Outstanding Loan Volume as of 10/96 (non-add)	(12,200,000)	(12,200,000)	(12,200,000)	(12,200,000)	.....	.....	.....
HIGHER EDUCATION							
Aid for institutional development:							
Strengthening institutions	55,450	40,000	55,450	55,450	.....	+15,450	.....
Hispanic serving institutions	10,800	12,000	10,800	10,800	.....	−1,200	.....
Hispanic serving institutions (Agriculture bill)	.....	.....	(2,000)	(2,000)	(+2,000)	(+2,000)	.....
Subtotal, Hispanic serving institutions	(10,800)	(12,000)	(12,800)	(12,800)	(+2,000)	(+800)	.....
Strengthening historically black colleges and univ	108,990	108,990	108,990	108,990	.....	.....	.....
Strengthening historically black grad institutions	19,606	19,606	19,606	19,606	.....	.....	.....
Endowment challenge grants, HBCU set-aside	.....	2,015	.....	.....	.....	−2,015	.....
Subtotal, Institutional development	194,846	182,611	194,846	194,846	.....	+12,235	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Program development:							
Fund for the Improvement of Postsecondary Educ	15,000	18,000	15,000	18,000	+3,000		+3,000
Minority teacher recruitment	2,212	2,458	2,212	2,212		−246	
Minority science improvement	5,255	5,839	5,255	5,255		−584	
International educ and foreign language studies:							
Domestic programs	50,481	52,283	53,481	52,283	+1,802		−1,198
Overseas programs	4,750	5,790	4,750	5,790	+1,040		+1,040
Institute for International Public Policy	920	1,000		1,500	+580	+500	+1,500
Subtotal, International education	56,151	59,073	58,231	59,573	+3,422	+500	+1,342
Law school clinical experience	5,500				−5,500		
Urban community service	9,200		8,280	9,200		+9,200	+920
Subtotal, Program development	93,318	85,370	88,978	94,240	+922	+8,870	+5,262
Construction:							
Interest subsidy grants, prior year construction	16,712	15,673	15,673	15,673	−1,039		
Special grants and grants to institutions:							
Bethune Cookman College Fine Arts Center	3,680			1,400	−2,280	+1,400	+1,400
Federal TRIO programs	462,993	500,000	500,000	476,993	+14,000	−23,007	−23,007
Early intervention scholarships and partnerships	3,108			4,000	+892	+4,000	+4,000
Scholarships:							
Byrd honors scholarships	29,117	29,117		29,117			+29,117
Presidential honors scholarships [29]		130,000				−130,000	
George H. W. Bush fellowships				3,000	+3,000	+3,000	+3,000
Edmund S. Muskie foundation				3,000	+3,000	+3,000	+3,000
Subtotal, Scholarships	29,117	159,117		35,117	+6,000	−124,000	+35,117
Graduate fellowships:							
Javits fellowships	5,931				−5,931		

Graduate assistance in areas of national need	27,252	30,000	30,000	30,000	+2,748		
Subtotal, Graduate fellowships	33,183	30,000	30,000	30,000	−3,183		
Total, Higher education	836,957	972,771	829,497	852,269	+15,312	−120,502	+22,772
HOWARD UNIVERSITY							
Academic program	152,859	162,944	157,859	159,511	+6,652	−3,433	+1,652
Endowment		3,530				−3,530	
Howard University Hospital	29,489	29,489	29,489	29,489			
Total, Howard University	182,348	195,963	187,348	189,000	+6,652	−6,963	+1,652
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM:							
Federal administration	698	700	698	698		−2	
HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM							
Federal administration	166	104	104	104	−62		
EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT							
Research and statistics:							
Research	56,021	108,000	70,641	56,021		−51,979	−14,620
Regional education laboratories	51,000		51,000	51,000		+51,000	
Statistics	46,227	50,000	50,000	46,227		−3,773	−3,773
Assessment:							
National assessment	29,752	29,750	29,752	29,752		+2	
National assessment governing board	2,871	3,000	2,871	2,871		−129	
Subtotal, Assessment	32,623	32,750	32,623	32,623		−127	
Subtotal, Research and statistics	185,871	190,750	204,264	185,871		−4,879	−18,393
Fund for the Improvement of Education	37,611	40,000	40,000	40,000	+2,389		
International education exchange (title VI)	5,000	3,000	3,000	6,000	+1,000	+3,000	+3,000
21st century community learning centers	750			1,000	+250	+1,000	+1,000
Civic Education	4,000	4,000	4,000	5,000	+1,000	+1,000	+1,000
Eisenhower professional development national activities	17,984	15,000		13,342	−4,642	−1,658	+13,342
Eisenhower regional mathematics and science education consortia	15,000	15,000	15,000	15,000			
Javits gifted and talented education	3,000	10,000	3,000	3,000		−7,000	
National writing project	2,955			3,100	+145	+3,100	+3,100
Education technology:							
Technology for education	48,000	325,000	48,000	48,000		−277,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Star schools	23,000	25,000	.....	23,000	.....	−2,000	+23,000
Ready to learn television	6,440	7,000	.....	6,440	.....	−560	+6,440
Telecommunications demo project for mathematics	1,035	.....	.....	1,035	.....	+1,035	+1,035
Subtotal, Education technology	78,475	357,000	48,000	78,475	.....	−278,525	+30,475
Total, ERSI	350,646	634,750	317,264	350,788	+142	−283,962	+33,524
LIBRARIES							
Public libraries:							
Services	92,636	.....	92,636	92,636	.....	+92,636	.....
Construction	16,369	.....	.....	16,369	.....	+16,369	+16,369
Interlibrary cooperation	18,000	.....	11,864	11,864	−6,136	+11,864	.....
Library education and training	2,500	.....	2,500	2,500	.....	+2,500	.....
Research and demonstrations	3,000	.....	1,000	5,000	+2,000	+5,000	+4,000
Undistributed [30]	.....	110,000	.....	.....	.....	−110,000	.....
Total, Libraries	132,505	110,000	108,000	128,369	−4,136	+18,369	+20,369
DEPARTMENTAL MANAGEMENT							
PROGRAM ADMINISTRATION	326,686	355,476	297,229	320,152	−6,534	−35,324	+22,923
HEADQUARTERS RENOVATION [31]	7,000	.....	.....	.....	−7,000	.....	.....
OFFICE FOR CIVIL RIGHTS	55,277	60,000	54,171	54,171	−1,106	−5,829	.....
OFFICE OF THE INSPECTOR GENERAL	28,563	30,500	27,143	27,991	−572	−2,509	+848
Total, Departmental management	417,526	445,976	378,543	402,314	−15,212	−43,662	+23,771
Total, Department of Education	25,230,349	28,034,009	25,228,875	25,812,646	+582,297	−2,221,363	+583,771

TITLE IV—RELATED AGENCIES							
ARMED FORCES RETIREMENT HOME							
Operation and maintenance (trust fund limitation)	53,829	55,772	52,752	55,772	+1,943	.....	+3,020
Capital program (trust fund limitation)	1,954	432	432	432	−1,522	.....	.....
Total, AFRH	55,783	56,204	53,184	56,204	+421	.....	+3,020
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE							
Domestic Volunteer Service Programs (formerly Action):							
Volunteers in Service to America:							
VISTA operations	41,235	51,600	41,235	41,235	.....	−10,365	.....
National Senior Volunteer Corps:							
Foster Grandparents Program	62,237	72,812	67,812	67,812	+5,575	−5,000	.....
Senior Companion Program	31,155	34,244	31,244	31,244	+89	−3,000	.....
Retired Senior Volunteer Program	34,949	37,708	35,708	35,708	+759	−2,000	.....
Subtotal, Senior Volunteers	128,341	144,764	134,764	134,764	+6,423	−10,000	.....
Program Administration	28,541	29,745	27,970	27,970	−571	−1,775	.....
Total, Domestic Volunteer Service Programs	198,117	226,109	203,969	203,969	+5,852	−22,140	.....
Corporation for Public Broadcasting:							
Fiscal year 1999 (current request) with fiscal year 1998 comparable	250,000	275,000	250,000	250,000	.....	−25,000	.....
1998 advance (non-add) with fiscal year 1997 comparable	(260,000)	(250,000)	(250,000)	(250,000)	(−10,000)	.....	.....
1997 advance (non-add) with fiscal year 1996 comparable	(275,000)	(260,000)	(260,000)	(260,000)	(−15,000)	.....	.....
Federal Mediation and Conciliation Service	32,815	32,579	32,579	32,579	−236	.....	.....
Federal Mine Safety and Health Review Commission	6,184	6,332	6,060	6,060	−124	−272	.....
National Commission on Libraries and Information Science	829	897	812	897	+68	.....	+85
National Council on Disability	1,793	1,793	1,757	1,793	.....	.....	+36
National Education Goals Panel	994	2,785	974	1,500	+506	−1,285	+526
National Labor Relations Board	170,266	181,134	144,692	170,266	.....	−10,868	+25,574
National Mediation Board	7,812	8,300	7,656	8,300	+488	.....	+644
Occupational Safety and Health Review Commission	8,081	7,753	7,753	7,753	−328	.....	.....
Physician Payment Review Commission (trust funds)	(2,920)	(4,000)	(2,920)	(3,263)	(+343)	(−737)	(+343)
Prospective Payment Assessment Commission (trust funds)	(3,263)	(3,902)	(3,263)	(3,263)	.....	(−639)	.....
RAILROAD RETIREMENT BOARD							
Dual benefits payments account	239,000	223,000	223,000	223,000	−16,000	.....	.....
Less income tax receipts on dual benefits	−17,000	−9,000	−9,000	−9,000	+8,000	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Subtotal, Dual Benefits	222,000	214,000	214,000	214,000	−8,000		
Federal payment to the Railroad Retirement Account	300	300	300	300			
Limitation on administration:							
Consolidated account		(90,558)	(87,898)	(87,898)	(+87,898)	(−2,660)	
Retirement	(72,955)				(−72,955)		
Unemployment	(16,737)				(−16,737)		
Subtotal, administration	(89,692)	(90,558)	(87,898)	(87,898)	(−1,794)	(−2,660)	
Special management improvement fund	(657)				(−657)		
Total, limitation on administration	(90,349)	(90,558)	(87,898)	(87,898)	(−2,451)	(−2,660)	
Inspector General	(5,656)	(5,750)	(5,268)	(5,540)	(−116)	(−210)	(+272)
SOCIAL SECURITY ADMINISTRATION							
PAYMENTS TO SOCIAL SECURITY TRUST FUNDS	22,641	20,923	20,923	20,923	−1,718		
ADDITIONAL ADMINISTRATIVE EXPENSES[32]	10,000	10,000	10,000	10,000			
SPECIAL BENEFITS FOR DISABLED COAL MINERS							
Benefit payments	660,215	625,450	625,450	625,450	−34,765		
Administration	5,181	4,620	4,620	4,620	−561		
Subtotal, Black Lung, fiscal year 1997 program level	665,396	630,070	630,070	630,070	−35,326		
Less funds advanced in prior year	−180,000	−170,000	−170,000	−170,000	+10,000		
Total, Black Lung, current request, fiscal year 1997	485,396	460,070	460,070	460,070	−25,326		
New advances, 1st quarter fiscal year 1997/1998	170,000	160,000	160,000	160,000	−10,000		
SUPPLEMENTAL SECURITY INCOME							
Federal benefit payments	23,548,636	26,559,100	26,559,100	26,559,100	+3,010,464		

Beneficiary services	176,400	179,000	100,000	100,000	−76,400	−79,000	.....
Research and demonstration	8,200	7,000	7,000	7,000	−1,200	.....	.....
Administration [33]	1,817,276	2,018,973	1,961,015	1,931,015	+113,739	−87,958	−30,000
Automation investment initiative	55,000	104,927	55,000	19,895	−35,105	−85,032	−35,105
Subtotal, SSI fiscal year 1997 program level	25,605,512	28,869,000	28,682,115	28,617,010	+3,011,498	−251,990	−65,105
Less funds advanced in prior year	−7,060,000	−9,260,000	−9,260,000	−9,260,000	−2,200,000	.....	.....
Subtotal, regular SSI current year, fiscal year 1996/1997	18,545,512	19,609,000	19,422,115	19,357,010	+811,498	−251,990	−65,105
Additional CDR funding	15,000	260,000	25,000	25,000	+10,000	−235,000	.....
SSI reforms (welfare)	.....	250,000	.....	150,000	+150,000	−100,000	+150,000
Total, SSI, current request, fiscal year 1996/1997	18,560,512	20,119,000	19,447,115	19,532,010	+971,498	−586,990	+84,895
New advance, 1st quarter, fiscal year 1997/1998	9,260,000	9,690,000	9,690,000	9,690,000	+430,000	.....	.....
LIMITATION ON ADMINISTRATIVE EXPENSES							
OASDI trust funds	(2,667,238)	(2,835,077)	(3,091,183)	(3,042,525)	(+375,287)	(+207,448)	(−48,658)
HI/SMI trust funds	(864,099)	(918,418)	(846,099)	(846,099)	(−18,000)	(−72,319)	.....
SSI	(1,817,276)	(2,018,973)	(1,961,015)	(1,931,015)	(+113,739)	(−87,958)	(−30,000)
Social Security Advisory Board	.....	.....	(1,500)	(1,268)	(+1,268)	(+1,268)	(−232)
Subtotal, regular LAE	(5,348,613)	(5,772,468)	(5,899,797)	(5,820,907)	(+472,294)	(+48,439)	(−78,890)
DI disability initiative	(289,322)	.....	.....	.....	(−289,322)	.....	.....
OASDI automation	(112,000)	(195,073)	(195,073)	(206,396)	(+94,396)	(+11,323)	(+11,323)
SSI automation	(55,000)	(104,927)	(55,000)	(19,895)	(−35,105)	(−85,032)	(−35,105)
Subtotal, automation initiative	(167,000)	(300,000)	(250,073)	(226,291)	(+59,291)	(−73,709)	(−23,782)
Total, REGULAR LAE	(5,804,935)	(6,072,468)	(6,149,870)	(6,047,198)	(+242,263)	(−25,270)	(−102,672)
Additional CDR funding	(60,000)	(260,000)	(160,000)	(160,000)	(+100,000)	(−100,000)	.....
SSI reforms (welfare)	.....	(250,000)	.....	(150,000)	(+150,000)	(−100,000)	(+150,000)
Total, LAE	(5,864,935)	(6,582,468)	(6,309,870)	(6,357,198)	(+492,263)	(−225,270)	(+47,328)
OFFICE OF INSPECTOR GENERAL							
Federal funds	4,801	6,335	6,335	6,335	+1,534	.....	.....
Trust funds	(10,037)	(21,089)	(21,089)	(21,089)	(+11,052)	.....	.....
Portion treated as budget authority	(10,977)	.....	.....	.....	(−10,977)	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1996 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1997—Continued

[In thousands of dollars]

Item	1996 appropriation	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1996 appropriation	Budget estimate	House allowance
Total, Office of the Inspector General:							
Federal funds	4,801	6,335	6,335	6,335	+1,534	.....	.....
Trust funds	(21,014)	(21,089)	(21,089)	(21,089)	(+75)	.....	.....
Total	(25,815)	(27,424)	(27,424)	(27,424)	(+1,609)	.....	.....
Total, Social Security Administration:							
Federal funds	28,513,350	30,466,328	29,794,443	29,879,338	+1,365,988	−586,990	+84,895
Current year fiscal year 1996/1997	(19,083,350)	(20,616,328)	(19,944,443)	(20,029,338)	(+945,988)	(−586,990)	(+84,895)
New advances, 1st quarter fiscal year 1997/1998	(9,430,000)	(9,850,000)	(9,850,000)	(9,850,000)	(+420,000)	.....	.....
Trust funds	(5,885,949)	(6,603,557)	(6,330,959)	(6,378,287)	(+492,338)	(−225,270)	(+47,328)
Trust funds considered BA	(875,076)	(918,418)	(846,099)	(846,099)	(−28,977)	(−72,319)	.....
United States Institute of Peace	11,481	11,160	11,160	11,160	−321	.....	.....
Total, Title IV, Related Agencies:							
Federal Funds (all years)	29,479,805	31,490,674	30,729,339	30,844,119	+1,364,314	−646,555	+114,780
Current year, fiscal year 1996/1997	(19,799,805)	(21,365,674)	(20,629,339)	(20,744,119)	(+944,314)	(−621,555)	(+114,780)
Fiscal year 1997/1998	(9,430,000)	(9,850,000)	(9,850,000)	(9,850,000)	(+420,000)	.....	.....
Fiscal year 1998/1999	(250,000)	(275,000)	(250,000)	(250,000)	.....	(−25,000)	.....
Trust funds	(5,988,137)	(6,707,767)	(6,430,308)	(6,478,251)	(+490,114)	(−229,516)	(+47,943)
Trust funds considered BA	(977,264)	(1,022,628)	(945,448)	(946,063)	(−31,201)	(−76,565)	(+615)
SUMMARY							
Title I—Department of Labor:							
Federal Funds	7,976,741	9,059,601	7,973,792	8,021,538	+44,797	−1,038,063	+47,746
Trust Funds	(3,380,133)	(3,674,428)	(3,504,434)	(3,380,771)	(+638)	(−293,657)	(−123,663)
Title II—Department of Health and Human Services:							
Federal Funds	197,401,625	220,777,907	218,873,913	214,854,883	+17,453,258	−5,923,024	−4,019,030

Current year	(166,446,275)	(185,977,914)	(185,073,920)	(184,754,890)	(+18,308,615)	(−1,223,024)	(−319,030)
1998 advance	(30,955,350)	(34,799,993)	(33,799,993)	(30,099,993)	(−855,357)	(−4,700,000)	(−3,700,000)
Trust Funds	(2,154,893)	(2,230,547)	(1,742,290)	(1,738,749)	(−416,144)	(−491,798)	(−3,541)
Title III—Department of Education:							
Federal Funds	25,230,349	28,034,009	25,228,875	25,812,646	+582,297	−2,221,363	+583,771
Title IV—Related Agencies:							
Federal Funds	29,479,805	31,490,674	30,729,339	30,844,119	+1,364,314	−646,555	+114,780
Current year	(19,799,805)	(21,365,674)	(20,629,339)	(20,744,119)	(+944,314)	(−621,555)	(+114,780)
1998 advance	(9,430,000)	(9,850,000)	(9,850,000)	(9,850,000)	(+420,000)	.....	.....
1999 advance	(250,000)	(275,000)	(250,000)	(250,000)	.....	(−25,000)	.....
Trust Funds	(5,988,137)	(6,707,767)	(6,430,308)	(6,478,251)	(+490,114)	(−229,516)	(+47,943)
Total, all titles:							
Federal Funds	260,088,520	289,362,191	282,805,919	279,533,186	+19,444,666	−9,829,005	−3,272,733
Current year	(219,453,170)	(244,437,198)	(238,905,926)	(239,333,193)	(+19,880,023)	(−5,104,005)	(+427,267)
1998 advance	(40,385,350)	(44,649,993)	(43,649,993)	(39,949,993)	(−435,357)	(−4,700,000)	(−3,700,000)
1999 advance	(250,000)	(275,000)	(250,000)	(250,000)	.....	(−25,000)	.....
Trust Funds	(11,523,163)	(12,612,742)	(11,677,032)	(11,597,771)	(+74,608)	(−1,014,971)	(−79,261)
Grand total, current year	263,772,305	293,595,292	285,217,745	285,194,820	+21,422,515	−8,400,472	−22,925

[1] Forward funded except where noted.
[2] Current funded.
[3] Three year availability.
[4] Fifteen month availability.
[5] Request proposes transfer of these funds to the Administration on Aging in the Department of HHS.
[6] Senate bill includes $10,000,000 for administration the work opportunity tax credit program.
[7] Two year availability.
[8] Budget requests $9,000,000 to remain available through September 30, 1998.
[9] Includes Federal and Trust funds.
[10] All HHS accounts are current funded unless otherwise noted.
[11] Budget requests transfer of this activity from the Bureau of Mines to CDC in fiscal year 1997.
[12] Administration proposes $3,277,338,000 in legislative additions.
[13] In fiscal year 1997 $937,000,000 is delayed until October 1, 1997 in Senate bill.
[14] $32,643,000 funded in Senate bill under battered women's shelters with the violent crime reduction trust fund.
[15] All Education accounts are current funded unless otherwise noted.
[16] Forward funded with the exception of parental assistance.
[17] All programs in this account are forward funded with the exception of current funded basic grants, Title I evaluation, Demonstration of Innovative Practices, High School Equivalency Program and the College Assistance Migrant Program.
[18] Availability of $1,298,386,000 of the fiscal year 1996 funds is delayed until October 1, 1996. In fiscal year 1997 $1,298,386,000 is also delayed in House bill and $670,597,000 in Senate bill.
[19] 1996 figures do not include $35,000,000 provided for Impact Aid basic support payments in the 1996 House National Security Appropriations Bill.
[20] Forward funded.
[21] The President's 1997 request earmarks $120,000 for an evaluation of this program.
[22] The Department reprogrammed $9.7 million and $1.1 million from Instructional Services to Support Services and Professional Development respectively for 1996.

[23] The President's budget request permits States to award this funding competitively to LEA's.
[24] Fiscal year 1996 funding for foreign language assistance was provided in the School Improvement account.
[25] Forward funded. The President's request is based on legislation proposed for later transmittal.
[26] 1996 funding for this activity was provided in the Technical Assistance to States line item.
[27] All programs are forward funded with the exception of Tribally Controlled Postsecondary Vocational Institutions.
[28] The 1996 appropriation capped participation in the 1995–96 school year at 3,650,000 students.
[29] This new unauthorized program is proposed for transmittal in late June.
[30] The President has not requested funding for library programs, but has indicated his intention to do so at a future time.
[31] Funds available for 3 years.
[32] No-year availability for these funds related to sections 9704 and 9706 of the Internal Revenue Code of 1986.
[33] Figures include amounts for the SSI disability initiative previously displayed as a separate line item.

○