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109TH CONGRESS, 1st Session | HOUSE OF REPRESENTATIVES | REPORT 109–143

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2006

JUNE 21, 2005.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 3010]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), and Education, Committee for Purchase from People Who are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicare Payment Advisory Commission, National Commission on Libraries and Information Science, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and the Social Security Administration for the fiscal year ending September 30, 2006, and for other purposes.

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Summary of Estimates and Appropriations

The following table compares on a summary basis the appropriations including trust funds for fiscal year 2005, the budget estimate for fiscal year 2006 and the Committee recommendation for fiscal year 2006 in the accompanying bill.

2006 LABOR, HHS, EDUCATION APPROPRIATIONS BILL

[In millions of dollars]

	Fiscal year—			2006 committee compared to—	
	2005 comparable	2006 budget	2006 committee	2005 comparable	2006 budget
Department of Labor	$15,309	$14,756	$14,808	−$501	+$52
Advances	2,544	2,512	2,537	−7	+25
Department of Health and Human Services	373,872	474,273	474,824	+100,952	+551
Advances	68,101	67,103	67,114	−987	+11
Department of Education	59,213	58,939	63,715	+4,502	+4,776
Advances	15,022	15,022	15,022	0	0
Related Agencies	49,256	49,194	49,066	−190	−128
Advances	11,330	11,110	11,510	+180	+400
Grand Total, current year	497,650	597,162	602,413	+104,763	+5,251
Advances	96,997	95,747	96,183	−814	+436
Current year total using 302(b) scorekeeping	496,900	596,798	601,942	+105,042	+5,144
Mandatory	354,222	455,208	459,428	+105,206	+4,220
Discretionary	142,678	141,590	142,514	−164	+924

PROGRAM LEVEL DISCRETIONARY

[In millions of dollars]

	Fiscal year—			2006 committee compared to—	
	2005 comparable	2006 budget	2006 committee	2005 comparable	2006 budget
Department of Labor	$12,055	$11,586	$11,662	−$393	$76
Department of Health and Human Services	63,782	62,507	63,149	−633	642
Department of Education	56,577	56,219	56,695	118	476
Related Agencies	11,046	11,608	11,479	433	−129
Subtotal Program Level	143,460	141,920	142,985	−475	1,065

General Summary of the Bill

Funding levels in the fiscal year 2006 appropriation bill for the Departments of Health and Human Services, and Education and Related Agencies reflect the Committee's attempt to establish priorities within the very stringent limitations. As in past years, the Committee has increased funding for programs that work for people and represent a core Federal responsibility.

Bill total.—Total funding, including offsets, for fiscal year 2006 in the Departments of Health, and Human Services and Education and Related Agencies Appropriations Act, 2006 is $601,942,078,000.

Discretionary Programs.—For Discretionary accounts for 2006 the bill provides $142,514,000,000, including offsets. This is $164,093,000 below the fiscal year 2005 comparable level. After adjusting for fluctuations in advance appropriations, the comparable program level decrease is $474,597,000.

Mandatory programs.—The bill provides $459,428,078,000 for entitlement programs in fiscal year 2006. This is $105,206,218,000 above the fiscal year 2005 comparable level, or an increase of 29.7 percent. Over three quarters of the funding in the bill is for these mandatory costs. Funding requirements for entitlement programs are determined by the basic authorizing statutes. Mandatory programs include general fund support for the Medicare and Medicaid programs, Supplemental Security Income, Trade Adjustment Assistance and Black Lung payments. The following chart indicates the funding levels for the major mandatory programs in fiscal years 2005 and 2006 and the growth in these programs.

MANDATORY

[Dollars in thousands]

Program	Fiscal year 2005	Fiscal year 2006	Change
Department of Labor:			
Federal Unemployment Benefits and Allowances	$1,057,300	$966,400	−$90.900
Advances to the UI and other trust funds	517,000	465,000	−52,000
Special Benefits	233,000	237,000	+4,000
Special Benefits for Disabled Coal Miners	257,997	232,250	−25,747
Energy Employees Occupational Illness Compensation Fund	40,321	96,081	+55,760
Black Lung Disability Trust Fund	1,061,969	1,068,000	+6,031
Department of Health and Human Services:			
Vaccine Injury Compensation Trust Fund	66,000	70,884	+4,884
Medicaid current law benefits	171,407,893	204,166,276	+32,758,383
Medicaid State and local administration	9,318,602	9,803,100	+484,498
CMS Vaccines for Children	1,468,799	1,502,333	+33,534
Medicare Payments to Healthcare Trust Funds	114,608,900	177,742,200	+63,133,300
Welfare Payments	24,000	34,300	+10,300
Child Support Enforcement	4,066,465	4,185,816	+119,351
Social Services Block Grant	1,700,000	1,700,000	0
Promoting Safe and Stable Families	305,000	305,000	0
Payments to States for Foster Care and Adoption	5,037,900	4,852,800	−185,100
Medical Benefits for Commissioned Officers	330,636	328,552	−2,084
Department of Education:			
Vocational Rehabilitation	2,635,845	2,720,192	+84,347
Pell Grant Shortfall Payoff	0	4,300,000	+4,300,000
Related Agencies:			
Payments to Social Security Trust Funds	20,454	20,470	+16
Supplemental Security Income	38,189,929	37,566,174	−623,755

EFFECT STATEMENTS

The Committee directs the Departments of Labor, Health and Human Services, Education and the Corporation for National and Community Service, and the Social Security Administration to provide it with effect statements within 45 days of enactment of this Act.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

(INCLUDING RESCISSION)

The Committee recommends $5,121,792,000 for this account, which provides funding authorized primarily by the Workforce Investment Act of 1998 (WIA). This is $215,980,000 below the fiscal year 2005 level and $66,279,000 below the budget request.

The Training and Employment Services account is comprised of programs that enhance the employment and earnings of those in need of such services, operated through a decentralized system of skill training and related services. The account is mostly forward-funded on a July to June cycle, with funds provided for fiscal year 2006 supporting the effort from July 1, 2006 through June 30, 2007.

The Committee directs that Department take no action in fiscal year 2006 to amend, through regulatory or other administrative action, the definition established in 20 CFR 667.220 for functions and activities under title I of the Workforce Investment Act until such time as legislation reauthorizing the Act is enacted.

Adult employment and training activities

For adult employment and training activities, the Committee recommends $865,736,000. This is $30,882,000 below the fiscal year 2005 level and the same as the budget request. Of the amount recommended $712,000,000 will become available on October 1, 2006. This program is authorized by the Workforce Investment Act of 1998. The funds are allocated by formula to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

Dislocated worker employment and training activities

For dislocated worker employment and training activities, the Committee recommends $1,405,264,000. This is $70,800,000 below the fiscal year 2005 level and $61,680,000 above the budget request. Of the amount recommended, $1,060,000,000 will become available on October 1, 2006. Of the total, $1,193,264,000 is designated for State formula grants that support core services, intensive services, training, and supportive services. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The bill includes $212,000,000 for the National Reserve, which supports National Emergency Grants to respond to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects.

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

The Committee requested that the Department submit its report on pilot and demonstration grants as required by the Workforce Investment Act by March 31, 2005. The Committee expects this report from the Department immediately.

Youth activities

For youth activities, the Committee recommends $950,000,000. This is $36,288,000 below the fiscal year 2005 level and the same as the budget request.

The Workforce Investment Act of 1998 consolidated the Summer Youth Employment and Training Program and Youth Training Grants under the Job Training Partnership Act into a single youth training activity. The funds are allocated by formula to States and further distributed to local workforce investment boards.

Job Corps

For Job Corps, the Committee recommends $1,542,019,000. This is $9,841,000 below the fiscal year 2005 level and $25,000,000 above the budget request. Of the amount recommended, $691,000,000 will become available on October 1, 2005. The Committee does not include a rescission of funds as requested within construction and rehabilitation account. The Committee understands that previously appropriated funds are available for the construction of two new centers. The Committee further understands that there is a backlog of construction and rehabilitation projects at existing centers.

The Job Corps, authorized by the Workforce Investment Act of 1998, is a nationwide network of residential facilities chartered by Federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is open to economically disadvantaged young people in the 16 to 24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation. The Committee supports the effort of the Workforce Investment Act of 1998 to more fully integrate Job Corps centers in their local communities.

The Committee recognizes the shortage of health care professionals and the need to provide access to health care vocational opportunities for many disadvantaged young people. The Committee is also aware that the Job Corps is uniquely qualified to utilize the Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) grant programs to train students to pursue health careers while generating more health care professionals to serve economically disadvantaged communities.

The Committee commends the common mission of the Job Corps and HRSA in exposing under-represented minorities and disadvantaged students to seek strategically important careers. Nearly three quarters of the nation's 122 Job Corps Centers offer health occupations training as well as training in health care related fields. The Committee recognizes and commends the Job Corps success in training students with the skills they need to fill critical shortages through major national employer partners. Through preferred access to HRSA grant funds, Job Corps' training can generate even more qualified and prepared allied health professionals in the coming decade.

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

The Committee is committed to promoting and expanding cost-effective federal programs: that have proven records of success; that provide consistent and positive results for the people they serve; and that help address national labor shortages. Therefore, the Committee supports the incremental expansion of Job Corps. The Committee supports the concept of "High Growth Job Corps Centers" that are focused on addressing the country's most vital workforce needs in high growth, high demand industries such as automotive, construction, financial services, health professions, hospitality, information technology, homeland security, and transportation.

The Committee commends the Job Corps program for developing mutually beneficial partnerships with community colleges across the country. Community college partners including the Mississippi Gulf Coast Community College and the Cincinnati State and Technical Community College find that it is efficient to work with Job Corps because they share the same basic goals of providing access and opportunity for disadvantaged Americans and they have the ability to partner with employers looking for high-skilled workers. The Committee encourages the Department of Labor's Community College Initiative to collaborate with the Job Corps program to offer advanced co-enrollment programs, increase opportunities for disadvantaged youth pursuing a career in high growth areas, and maximize access to industry-recognized certification programs. The Committee also directs a minimum of $10 million of the Community College Initiative funding dedicated to community colleges partnerships with Job Corps centers. The Committee requests this portion be designated to: (1) develop strategic partnerships with community colleges, business and industry leaders, and Job Corps centers to train students in high, growth, high demand industries; and (2) design "dual enrollment" programs based on reciprocal agreements between Job Corps and adjacent community colleges.

The Committee recognizes the significant impact that the home building industry continues to have on the health of the U.S. economy, and its efforts to expand opportunities for homeownership to all of our nation's working families. The Committee notes the ongoing shortage of skilled laborers in the residential construction industry and the industry's need to alleviate that shortage in order to continue to meet the demand for affordable housing in the United States. The Committee also recognizes the essential role played by the Home Builders Institute (HBI), the workforce development arm of the National Association of Home Builders, in training Job Corps youth for careers in this high growth industry. The Committee commends HBI on its 31-year partnership with Job Corps and its proven results in developing our nation's workforce by providing at-risk youth with the skills training and employment opportunities they need to have successful careers in residential construction. The Committee encourages the Department to identify existing and future sites for potential expansion of construction trades training by employer-based industry groups like HBI, to help alleviate the shortage of skilled workers and to further the goal of American homeownership.

The Committee believes that Job Corps' partnerships with national non-profit faith founded organizations such as Joint Action in Community Services (JACS), Women in Community Services, and the YWCA are essential to the success of Job Corps. The Committee commends JACS and its national network of nearly 3,000 volunteers for their proven record in providing at-risk young adults supportive services as they transition from Job Corps back to their home communities and into the world of work. As such, the Committee encourages the Department to expand its Job Corps partnership with such national volunteer programs in order to ensure the continued availability of youth of transition services that are national in scope, yet local in focus.

Native Americans

For Native Americans, the Committee recommends $54,238,000. This is the same as the fiscal year 2005 level and the budget request. This program, authorized by the Workforce Investment Act of 1998, is designed to improve the economic well being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs. The Department of Labor allocates formula grants to Indian tribes and other Native American groups whose eligibility for such grants is established in accordance with Department regulations.

Migrant and seasonal farmworkers

For Migrant and Seasonal Farmworkers, the Committee recommends $75,759,000. This is the same as the fiscal year 2005 level. The budget request did not include funds for this program. The Committee recommendation includes bill language directing that $4,546,000 of this amount be used for migrant and seasonal farmworker housing grants. The bill language further directs that not less than 70 percent of this amount be used for permanent housing grants. The recommendation also provides that the re-

maining amount be used for State service area grants, including funding grantees in those States impacted by formula reductions at no less than eighty-five percent of the comparable 1998 levels for such States. Within the National Activities/Other line item, the Committee includes $500,000 to be used for Section 167 training, technical assistance and related activities, including continuing funding for migrant rest center activities at the current level.

This program, authorized by the Workforce Investment Act of 1998, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

National programs

This activity includes Workforce Investment Act authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research.

Pilots, Demonstrations and Research: The Committee recommends $74,000,000 for grants or contracts to conduct research, pilots or demonstrates that improve techniques or demonstrate the effectiveness of programs. This is $11,167,000 below the fiscal year 2005 level and $44,000,000 above the budget request.

Evaluation: The Committee recommends $7,936,000 to provide for the continuing evaluation of program conducted under the Workforce Investment Act of 1998, as well as of federally funded employment-related activities under other provisions of law. This is the same as the fiscal year 2005 level and the budget request.

Responsible Reintegration of Youthful Offenders: The Committee does not include funding for the Responsible Reintegration of Youthful Offenders program. The budget did not request funds for this program. The fiscal year 2005 level was $49,600,000.

Prisoner Re-entry: The Committee recommends $19,840,000 for the Prisoner Re-entry initiative. The is the same as the fiscal year 2005 level and $15,160,000 below the budget request.

The Committee notes the importance of providing adjudicated youth with opportunities to expand and cultivate job skills that can provide them with successful careers. The Committee recognizes Project CRAFT (Community, Restitution, and Apprenticeship-Focused Training), a program of the Home Builders Institute (HBI), the workforce development arm of the National Association of Home Builders, as a noteworthy effort in the rehabilitation and reduced recidivism of adjudicated youth. The Committee believes that Project CRAFT serves as an example of the success achieved during the Youth Reintegration pilot demonstration, and applauds HBI for its ongoing dedication to serving the workplace education needs of this segment of the youth population. The Committee also recognizes the role Project CRAFT plays in preparing young people to join the residential construction workforce and the continuing importance of the home building industry to our nation's economy. The Committee encourages the Department to replicate Project CRAFT so that its outcomes-oriented approach will assist adju-

dicated juveniles to become productive members of the industry's workforce.

Community Based Job Training Initiative: The Committee recommends $125,000,000 for the Community Based Job Training Initiative and rescinds $125,000,000 in funds provided in fiscal year 2005 for this program.

The Committee's recommendations reflect efforts to improve the efficiency of the workforce system and support opportunities to get people back to work. Therefore the Committee has not funded the new Community Based Job Training Initiative at the level requested by the Administration, but has instead increased funding for Dislocated Worker Assistance.

The Committee is concerned by the Department's first solicitation for grant applications (SGA) under the President's Community Based Job Training initiative issued on May 3, 2005 which restricts eligible applicants to community colleges. The Committee has on numerous occasions encouraged the Secretary to ensure that funds used for the Community Based Job Training Initiative strengthen partnerships between community colleges, employers, and local workforce investment boards. During the fiscal year 2005 budget hearings and in multiple communications with the Department, the Committee conveyed its interest in broad eligibility for application to the Community Based Job Training Initiative. Specifically, the Committee had made clear its interest that One Stop Career Centers be eligible to compete for these funds. The Committee is concerned that the Department has misunderstood or ignored the Committee's interest in including One Stop Career Centers as an eligible applicant for funding under the Community Based Job Training Initiative. Therefore, the Committee directs that future solicitations for grant applications for the Community Based Job Training initiative include One Stop Career Centers as an eligible applicant.

Within the funds provided, the Committee encourages the Department of Labor to structure the Community Based Job Training initiative in a manner that allows community college to use federal funding to partner with a high school or career and technology center. Such partnerships would provide educational services to traditional and non-traditional students in a larger geographic area than would otherwise be served if the community college was not taking part in such a partnership.

Technical Assistance: The Committee recommends $2,000,000. The funds recommended support the development of performance management systems, the provision of quality services, and promoting accountability and collaboration. This is $1,486,000 below the fiscal year 2005 level and the same as the budget request.

Rescissions: The Committee has included language rescinding $20,000,000 in unobligated Health Care Tax Credit Funds and $5,000,000 in unobligated funds provided for emergency response activities.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommends $436,678,000 for community service employment for older Americans. This is the same as the fiscal year 2005 level and the budget request.

The community service employment for older Americans program provides grants to public and private nonprofit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older, whose family's annual income does not exceed 125 percent of the poverty level.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The Committee recommends $966,400,000. This is $90,900,000 below the fiscal year 2005 level and the same as the budget request.

The Trade Adjustment Assistance Program provides assistance to certified workers adversely affected by imports and trade with countries covered by the North America Free Trade Agreement. Funding will continue the implementation of the TAA program with an emphasis on integrating the program into the One-Stop System. The Trade Adjustment Assistance Reform Act of 2002 increased the possibility of training and income support benefits.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The Committee recommends $3,470,366,000 for this account. This is $166,343,000 below the fiscal year 2005 level and the same as the budget request. Included in the total availability is $3,339,381,000 authorized to be drawn from the Employment Security Administration Account of the Unemployment Trust Fund and $130,985,000 to be provided from the general fund of the Treasury. The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service.

For Unemployment Insurance Services, the Committee recommends $2,632,915,000. This is $40,541,000 below the fiscal year 2005 level and the same as the budget request. The total includes $2,622,499,000 for State Operations and $10,416,000 for national activities. Included in the amount provided for State Operations is up to $10,000,000 to station staff in One-Stop Centers to conduct Unemployment Insurance eligibility interviews.

The Committee suggests that the Department encourage states to consider supporting Rapid Reemployment Pilot demonstration programs that use an already-developed tool for building résumés over the phone to assist unemployment insurance claimants to quickly move back into the job market.

For the Employment Service, the Committee recommends $696,000,000, which includes $23,300,000 in general funds together with an authorization to spend $672,700,000 from the Employment Security Administration Account of the Unemployment Trust Fund. This is $84,592,000 below the fiscal year 2005 level and the same as the budget request.

The Committee recommends $33,766,000 for ES national activities. This is $31,210,000 below the fiscal year 2005 level and the same as the budget request.

The Committee recommends $87,974,000 for America's Labor Market Information System. This is $10,000,000 below the fiscal year 2005 level and the same as the budget request. This funding supports core employment statistics, universal access for cus-

tomers, improving efficiency in labor market transactions, and measuring and displaying WIA performance information.

The Committee recommendation includes $19,711,000 for the Work Incentives Grants program, the same as the 2005 level and the budget request, to help persons with disabilities find and retain jobs through the One-Stop Career Center system mandated by the Workforce Investment Act. Funding will support systems building grants intended to ensure that One-Stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends $465,000,000. This is $52,000,000 below the fiscal year 2005 level and the same as the budget request. 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.

PROGRAM ADMINISTRATION

The Committee recommends $206,111,000. This is $36,010,000 below the fiscal year 2005 level and the same as the budget request. This includes $118,123,000 in general funds and authority to expend $87,988,000 from the Employment Security Administration Account of the Unemployment Trust Fund. Within the amounts provided, the Committee has included $6,993,000 for Executive Direction. This is $148,000 below the fiscal year 2005 comparable level and the same as the request. General funds in this account provide the Federal staff to administer employment and training programs under the Workforce Investment Act of 1998, the Older Americans Act, the Trade Act, 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.

WORKERS COMPENSATION PROGRAMS

The Committee rescinds $120,000,000 in unobligated emergency response funds as requested by the Administration.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

The bill provides $137,000,000 for the Employee Benefits Security Administration, $5,787,000 above the fiscal year 2005 level and the same amount as the budget request.

The Employee Benefits Security Administration (EBSA) is responsible for the enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA) in both civil and criminal areas. This involves ERISA fiduciary and reporting/disclosure requirements. EBSA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986. The agency was also given responsibilities under the Health Insurance Portability and Accountability Act of 1996.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's budget for fiscal year 2005 is $296,978,000, which is $30,648,000 above the fiscal year 2005 level and the same as the budget request.

The Corporation is a wholly owned government corporation established by the Employee Retirement Income Security Act of 1974 (ERISA). The law places it within the Department of Labor and makes the Secretary of Labor the chairperson of its board of directors. The Corporation receives its income from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by ERISA, and investment earnings. It is also authorized to borrow up to $100,000,000 from the United States 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.

The bill includes language permitting obligations in excess of the amount provided in the bill after approval by both the Office of Management and Budget as well as the Committee on Appropriations. The Committee has an interest in approving obligations that may change the total amount available to any agency.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $416,332,000 for this account. This is $15,485,000 above the fiscal year 2005 level and the same as the budget request. The bill includes $414,284,000 in general funds for this account and contains authority to expend $2,048,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

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, the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung). The agency also administers Executive Order 11246 related to affirmative action by Federal contractors and the Labor-Management Reporting and Disclosure Act.

SPECIAL BENEFITS

The bill includes $237,000,000. This is $4,000,000 below the fiscal year 2005 appropriation and the same as the budget request. This appropriation primarily provides benefits under the Federal Employees' Compensation Act (FECA). The payments are required by law. In fiscal year 2005, an estimated 155,000 injured Federal workers or their survivors will file claims; 55,500 will receive long-term wage replacement benefits for job-related injuries, diseases, or deaths.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The Committee recommends an appropriation of $232,250,000 for special benefits for disabled coal miners. This is in addition to the

$81,000,000 appropriated last year as an advance for the first quarter of fiscal year 2005, the same as the budget request. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

The Committee recommends an advance appropriation of $74,000,000 for the first quarter of fiscal year 2006, the same as the budget request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

The Black Lung Consolidation of Administrative Responsibility Act of 2002 amends the Black Lung Benefits Act to transfer part B black lung benefits responsibility from the Commissioner of Social Security to the Secretary of Labor.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

The bill includes $96,081,000 for the Energy Employees Occupational Illness Compensation Program authorized by Title XXXVI of the National Defense Authorization Act of 2001. This is $55,760,000 above the fiscal year 2005 level and the same as the budget request. Funds will be used to administer the program that provides compensation to employees or survivors of employees of the Department of Energy (DOE), its contractors and subcontractors, companies that provided beryllium to DOE, and atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons, and uranium workers covered under the Radiation Exposure Compensation Act.

BLACK LUNG DISABILITY TRUST FUND

The bill includes $1,068,000,000 for this account. This is $6,031,000 above the comparable fiscal year 2005 level and the same as the budget request. The bill language provides such sums as may be necessary to pay for benefits.

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

The basic financing for the Trust Fund comes from a coal excise tax for underground and surface-mines 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. 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

The bill includes $477,199,000 for the Occupational Safety and Health Administration. This is $13,041,000 above the fiscal year 2005 level and $10,218,000 above the budget request. This agency

is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee directs OSHA to take no further action regarding respiratory protection for occupational exposure to TB until such time as the CDC has completed the ongoing revisions to the TB guidelines. The Committee further directs that upon completion of the TB guidelines OSHA should modify its rules so that OSHA respiratory regulations with regard to TB are not more strenuous than the CDC recommends. The Committee is disappointed that OSHA applied its general industry respiratory protection standard (GIRPS) to occupational exposure to tuberculosis (TB). Occupational exposure to TB is unique to healthcare facilities and currently is governed by the CDC's TB Guidelines, which, according to the CDC, have reduced the number of TB cases in the United States by over forty percent in recent years and controlled outbreaks in healthcare facilities. In light of this fact, and the CDC's Advisory Council for the Elimination of Tuberculosis' (ACET) letter urging OSHA not to apply the general industry respiratory standard to occupational exposure to TB, the Committee feels that this arbitrary regulation is unnecessarily burdensome for healthcare facilities, who have already shown success in reducing the number of TB cases.

The Committee is once again disappointed with the lack of progress on the agency's regulation concerning Employer Payment for Personal Protective Equipment, the public comment period for which ended over six years ago. The Committee is especially concerned because the rate of worker deaths and injuries, which has decreased in the last decade for all American workers, has increased among Hispanic workers during that same time because they take on a disproportionate number of jobs in the nation's most dangerous professions, including the construction industry. Despite some recent promising trends in workplace injury and death rates for Hispanic workers, the Department cannot attribute the trends to better provision of personal protective equipment because the Department has not issued the regulation. The Committee expects the Secretary to report to the Committee, within 30 days of the enactment of the bill, the definitive status of this regulation, the agency's reasons for not issuing the regulation sooner, and a timetable for its issuance.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $280,490,000 for this agency. This is $1,354,000 above the fiscal year 2005 comparable level and the same as the budget request. This agency enforces the Federal Mine Safety and Health Act in underground and surface coal and metal and nonmetal mines.

The Committee includes a provision granting authority for continued MSHA participation with the Holmes Safety Association to continue to promote miner safety and welfare.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The total funding recommended by the Committee for the Bureau of Labor Statistics (BLS) is $542,523,000. This is $13,520,000 above the fiscal year 2005 comparable level and the same as the budget request. The bill includes $464,678,000 in general funds for this account and authority to spend $77,845,000 from the Employment Security Administration Account of the Unemployment Trust Fund. The BLS is the principal fact-finding agency in the Federal government in the broad field of labor economics. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

The Committee is aware of a report by the Government Accountability Office titled, "Current Government Data Provide Limited Insight into Offshoring of Services" that found that government data do not adequately capture business transactions that offshoring can encompass; and government data provide only limited information about the effects of offshoring on the U.S. employment and the U.S. economy. The Committee therefore encourages the Department of Labor to examine ways to improve data collection on the impact of offshore outsourcing on employment trends and the U.S. economy.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

The bill includes $27,934,000 for the Office of Disability Employment Policy, which is $19,230,000 below the fiscal year 2005 comparable level and the same as the budget request. The Office provides leadership to eliminate employment barriers to people with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

The bill includes $244,423,000 for Departmental Management activities. This is $76,265,000 below the fiscal year 2005 level and the same as the budget request. The bill includes $244,112,000 in general funds for this account along with authority to transfer $311,000 from the Employment Security Administration Account of the Unemployment Trust Fund.

The Departmental Management appropriation finances staff is responsible for formulating and overseeing the implementation of Departmental policy and management activities. In addition, this appropriation includes a variety of operating programs and activities that are not involved in Departmental Management functions, but for which other salaries and expenses appropriations are not suitable.

The Committee recommendation includes $29,504,000 for Executive Direction, $2,784,000 below the fiscal year 2005 level and the same as the budget request.

The bill provides $29,760,000 for the Department-wide information technology crosscut, the same as the fiscal year 2005 comparable level and the budget request. The Committee commends the Department in streamlining its information technology infra-

structure into a single, uniform system and encourages the Department in this effort.

The bill provides $1,700,000 for the Departmental Management Crosscut. This is $3,260,000 below the fiscal year 2005 level and the same as the budget request.

The bill includes $33,197,000 for the Administration and Management program that provides leadership and policy guidance for a number of Department-wide activities. This is $783,000 below the fiscal year 2005 level and the same as the budget request.

The Committee is interested in ensuring that qualified job training programs of the Department of Labor fully extend priority of service for veterans as required by the Jobs for Veterans Act. Toward this effort, the Committee urges the Secretary to develop a guide for veterans in accessing workforce investment services; a guide for assisting veterans service organizations and homeless veteran service providers in accessing workforce investment funds and workforce investment planning processes; and a guide to inform workforce systems on the employment services needs of veterans and the responsibility of such systems to prioritize veterans for services and to collaborate with veterans' organizations and providers.

The Committee urges the Secretary to instruct state workforce agencies to increase their outstationing of disabled veterans outreach program specialists and local veterans employment representatives in locations where homeless veterans congregate, including grantees under the homeless provider grant and per diem program and the homeless veterans reintegration program.

The Committee is interested in better understanding the full impact of federal assistance programs, including the number of individuals who access multiple federal programs, either concurrently or during the course of their lifetime. As such, the Committee directs the U.S. Department of Labor to develop the infrastructure necessary to cross-reference individuals participating in multiple federal programs. As part of this effort, DOL is encouraged to partner with other federal agencies to develop common measures across all programs that will allow such cross-referencing to occur. The Department shall report to Congress, by March 1, 2006, on the status of this initiative, including a specific list of barriers that may preclude the agency from full compliance with this directive.

The Committee directs that all financial service or other employee benefit products that are covered by the Employee Retirement Income Security Act (ERISA) carry the following warning, outlined in a box on the cover page, in nothing less than 16 point, bold Arial font:

"This product is covered by the Employee Retirement Income Security Act (ERISA). Under ERISA, recourse is greatly limited in disputes of service. It is the responsibility of the consumer to read all language pertaining to ERISA and/or consult with independent advisors prior to enrolling in this benefit plan."

The Committee is concerned about the implementation of the department's "policy guidance" pursuant to Executive Order 13166, published on August 16, 2000, regarding limited English proficiency. The Committee feels it is important to keep track of the costs of this policy to make sure that the provision of language services is being done as cost effectively as possible. Therefore, the

U.S. Department of Labor should report to the Committee the total funding spent on the provision of services in languages other than English, including publications costs, web site development and maintenance costs, outreach activities, translation activities, and language line contracts.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

The Committee recommends $224,334,000 for veteran employment and training activities. This is $1,501,000 above the fiscal year 2005 level and the same as the budget request. Within this amount, the bill includes $194,834,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund for the traditional State and Federal administration of veterans' employment and training activities.

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

OFFICE OF THE INSPECTOR GENERAL

The bill includes $70,819,000 for the Office of the Inspector General (OIG). This is $1,824,000 above the fiscal year 2005 comparable level and the same as the budget request. This includes $65,211,000 in general funds for this account along with the authority to transfer $5,608,000 from the Employment Security Administration Account of the Unemployment Trust Fund.

The OIG was created by law to protect the integrity of Departmental programs as well as the welfare of beneficiaries served by those programs. Through a program of audits, investigations, 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.

WORKING CAPITAL FUND

The Committee includes $6,230,000 for a new core accounting system for the Department of Labor, including hardware and software infrastructure. This is $3,690,000 below the comparable fiscal year 2005 level and the same as the budget request.

GENERAL PROVISIONS

Sec. 101. The Committee continues a provision to prohibit the use of Job Corps funding for compensation of an individual at a rate in excess of Executive Level II.

Sec. 102. The Committee modifies a provision permitting the Secretary of Labor to transfer up to one percent of any discretionary appropriation from an account.

Sec. 103. The Committee includes a provision directing the Secretary to provide to the Department of Labor employees in the National Capital Region the full transit subsidy that they are eligible to receive.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

The bill includes $6,446,357,000 for health resources and services programs, which is $356,655,000 below the fiscal year 2005 comparable level for these activities and $480,213,000 above the budget request. This includes $500,000,000 that was previously provided in the Public Health and Social Services Emergency Fund for two bioterrorism programs administered by the Health Resources and Services Administration (HRSA)—$472,479,000 for hospital preparedness grants and $27,521,000 for education incentives for medical school curricula.

HRSA supports programs which provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

Community health centers

The Committee provides $1,834,311,000 for community health centers, which is $100,000,000 above the fiscal year 2005 comparable level and $203,560,000 below the budget request. These funds support programs which include community health centers, migrant health centers, health care for the homeless and public housing health service grants.

The Committee includes bill language similar to previous years limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to $45,000,000, which is the same as the budget request and the limitation in the fiscal year 2005 bill.

The Committee does not provide additional funds for loan guarantee authority for community health centers under section 330(d) of the Public Health Service Act. The Committee notes that $105 million remains, of the $160 million appropriated in fiscal years 1997 and 1998, for loan guarantee authority for guarantees of both loan principal and interest.

The Committee supports the long-standing HRSA policy of approving specific qualified applications for future funding. This process enables high-quality applicants to take steps to develop and implement care delivery systems in their communities instead of wasting scarce resources to reapply for funding. The Committee intends that HRSA should use $56,000,000 of the funding provided above the fiscal year 2005 level for this purpose.

The Committee provides $26,000,000 as requested by the Administration for a new initiative to fund health centers in approximately 40 high poverty counties across the country, as well as 25 planning grants. The Committee includes bill language requested

by the Administration to direct this funding to high-poverty counties.

The Committee encourages community health centers to make ultrasound services available to their patients.

Free clinics medical malpractice

The Committee does not provide fiscal year 2006 funding for payments of claims under the Federal Tort Claims Act to be made available for volunteer free clinic health care professionals. $99,000 was provided for this purpose in fiscal year 2005 and claims are not expected against the fund until at least fiscal year 2007. The program extends Federal Tort Claims Act coverage to health care professional volunteers in free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. According to Title 42, Section 233(o), a free clinic must apply, consistent with the provisions applicable to community health centers, to have each health care professional 'deemed' an employee of the Public Health Service Act, and therefore eligible for coverage under the Federal Tort Claims Act.

Radiation exposure compensation act

The Committee provides $1,900,000 for the radiation exposure compensation act, which is $58,000 below fiscal year 2005 comparable level and $36,000 below the budget request. This program provides grants for the education, prevention and early detection of radiogenic cancers and diseases resulting from exposure to uranium during its mining and milling at nuclear test sites.

Healthy community access program

The Committee does not provide funding for the healthy community access program, which is $82,993,000 below the fiscal year 2005 comparable level and the same as the Administration request. The program was designed to increase the capacity and effectiveness of the variety of community health care institutions and providers who serve patients regardless of their ability to pay through development of community consortia. Congress has appropriated $541 million for this program since fiscal year 2000.

Hansen's disease services

The Committee provides $16,066,000 for the Hansen's disease program, which is $1,185,000 below the fiscal year 2005 comparable level and the same as the budget request. This program offers Hansen's disease treatment to 11 long-term residents who continue to receive care from the National Hansen's Disease Center and to others who receive care from grant-supported outpatient regional clinics. Other former long-term residents have been offered and elected to receive a living allowance from the program and now live independently. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the continental United States.

Buildings and facilities

The Committee provides $222,000 for buildings and facilities, which is $25,000 below fiscal year 2005 comparable level and the same as the budget request. These funds are used to finance the

repair and upkeep of buildings at the Gillis W. Long Hansen's Disease Center at Carville, Louisiana.

Payment to Hawaii for treatment of Hansen's disease

The Committee provides $2,016,000 for the treatment of persons with Hansen's disease in the State of Hawaii, which is $1,000 below the fiscal year 2005 comparable level and the same as the Administration request. The program, which provides a partial matching payment to the State of Hawaii, dates to the period of Father Damien's facility for sufferers of Hansen's disease. That facility now has only 40 residents who live there by choice, and the grounds have been converted to a historical site. Most patients diagnosed with Hansen's disease in Hawaii are now treated in the same manner as new patients on the mainland; their care is handled on an out-patient basis, with the program paying for 247 active ambulatory Hansen's Disease cases.

Black lung clinics

The Committee provides $5,912,000 for black lung clinics, which is the $39,000 below the fiscal year 2005 comparable level and the same as budget request. The program supports fifteen grantees that treat a declining population of coal miners with respiratory and pulmonary impairments. The clinics presently receive more than one-third of their funding from other sources, such as Medicaid and Medicare. Of the fifteen grantees, six receive health center funding as well as black lung grants.

National Health Service Corps: Field placements

The Committee provides $40,705,000 for field placements, which is $4,363,000 below the fiscal year 2005 comparable level and the same as the budget request. These funds are used to support the activities of National Health Service Corps (NHSC) obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of students, residents and clinicians and retention activities. Salary costs of most new assignees are paid by the employing entity.

National Health Service Corps: Recruitment

The Committee provides $86,091,000 for recruitment activities, which is $289,000 below the fiscal year 2005 comparable level and the same as the budget request. The program awards scholarships to health professions students and assists graduates in repaying their student loans. In return for every year of support, these individuals are obligated to provide a year of service in health professional shortage areas of greatest need. The minimum obligation is two years.

The Committee believes that the inclusion of optometrists in the National Health Service Corps' (NHSC) Student Loan Repayment Program would result in the expanded accessibility of eye care in communities where it is most needed. Accordingly, the Committee encourages HRSA to take immediate steps to fully utilize Doctors of Optometry in the NHSC Student Loan Repayment Program as part of an effort to make preventive eye care services more accessible in community health centers within rural and urban primary care health professional shortage areas.

Health professions

The Committee provides $197,119,000 for all health professions training programs, which is $253,094,000 below the fiscal year 2005 comparable level and $36,585,000 above the budget request. The Committee was unable to restore much of the $289,679,000 reduction in health professions funding proposed by the Administration, but the Committee felt it was especially important to support programs for disadvantaged students and nurse training programs. The table at the end of the report identifies how funding is allocated for programs authorized by titles VII and VIII of the Public Health Service Act.

The Committee commends HRSA for its efforts to address the growing gap between the size of the Nation's aging baby boom population and the number of pulmonary/critical care physicians. The Committee is aware that HRSA has prepared a report on the healthcare workforce shortage issue, and that the portion of the report that will attempt to identify the causes of, and potential responses to, the critical care workforce shortage will be informed, in part, by *The Critical Care Medicine Crisis: A Call for Federal Action* prepared by the Critical Care Workforce Partnership. The Committee expects HRSA to provide a copy of this report to the Committee within 120 days.

Centers of excellence

The Committee provides $12,000,000 for centers of excellence, which is $21,609,000 below the fiscal year 2005 comparable level. The Administration did not request funding for this program. The program is designed to strengthen the national capacity to educate underrepresented minority (URM) students in the health professions by offering special support to those institutions which train a significant number of URM individuals. Funds are used for the recruitment and retention of students and faculty, information resources and curricula, faculty and student research, and the development of plans to achieve institutional improvements.

Scholarships for disadvantaged students

The Committee provides $35,128,000 for scholarships for disadvantaged students, which is $12,000,000 below the fiscal year 2005 comparable level and $25,297,000 above the budget request. The program provides grants to eligible health professions and nursing schools to provide scholarships to eligible individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. By statute, not less than 16 percent of the funds must go to schools of nursing.

Advanced education nursing

The Committee provides $57,637,000 for advanced education nursing, which is $523,000 below the fiscal year 2005 comparable level and $14,831,000 above the budget request. The program provides grants and contracts to eligible entities to meet the costs of: (1) projects that support the enhancement of advanced nursing education and practice; and (2) traineeships for individuals in advanced nursing education programs. The program prepares nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, public health

nurses or other nurse specialists for advanced practice roles. Within the allocation, the Committee encourages HRSA to allocate funding at least at the fiscal year 2001 level for nurse anesthetist education.

Nurse education, practice and retention

The Committee provides $36,468,000 for nurse education, practice and retention, which is the same as fiscal year 2005 comparable level and 9,857,000 below the budget request. As amended by the Nurse Reinvestment Act of 2002, the nurse education, practice and retention program is a broad authority with targeted purposes under three priority areas—education, practice and retention—in response to the growing nursing shortage.

Nursing workforce diversity

The Committee provides $16,270,000 for nursing workforce diversity, which is the same as the fiscal year 2005 comparable level and $4,974,000 below the budget request. The program provides grants and contracts to schools of nursing and other eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities, by providing student scholarships or stipends, pre-entry preparation, and retention activities. The program also contributes to the basic preparation of disadvantaged and minority nurses for leadership positions within the nursing and health care community.

Loan repayment and scholarship program

The Committee provides $31,369,000 for the nurse loan repayment and scholarship program, which is $113,000 below the fiscal year 2005 comparable level and the same as the budget request. This program offers student loan repayment to nurses or scholarships to nursing students in exchange for an agreement to serve not less than two years at a health care facility with a critical shortage of nurses.

The Committee recognizes the ongoing nursing shortage crisis and believes that new strategies are needed to increase the numbers of nursing faculty to prepare the future nursing workforce. The Committee encourages the Secretary to designate schools of nursing as health care facilities for the purposes the Nurse Loan Repayment and Scholarship Program as authorized by the Public Health Service Act. The Committee further urges the Secretary to give increased consideration to eligible nurses in the loan repayment program with a commitment to working in a faculty setting.

Comprehensive geriatric nurse education

The Committee provides $3,426,000 for comprehensive geriatric nurse education, which is $24,000 below the fiscal year 2005 comparable level and the same as the Administration request. The comprehensive geriatric education program supports grants for (1) providing training to individuals who will provide geriatric care for the elderly; (2) develop and disseminate curricula relating to the treatment of the health care problems of elderly individuals; (3) train faculty members in geriatrics; or (4) provide continuing education to individuals who provide geriatric care.

Nurse faculty loan program

The Committee provides $4,821,000 for the nurse faculty loan program, which is $10,000 below the fiscal year 2005 comparable level and the same as the Administration request. The nurse faculty loan program supports the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty. Students may receive loans up to $30,000 per year for a maximum of 5 years. The program has a cancellation provision for up to 85 percent of the loan for recipients working full-time as nursing faculty for a period of 4 years.

Children's hospitals graduate medical education program

The Committee provides $300,000,000 for the children's hospitals graduate medical education program, which is $730,000 below the fiscal year 2005 comparable bill and $100,000,000 above the budget request. The program provides support for health professions training in children's teaching hospitals that have a separate Medicare provider number ("free-standing" children's hospitals). The funding in this program is intended to make the level of Federal Graduate Medical Education support more consistent with other teaching hospitals, including children's hospitals which share provider numbers with other teaching hospitals. Payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings. The Committee believes this program is vital to restoring the reimbursement inequity faced by pediatric hospitals, which provide very high quality care to children with difficult and expensive conditions.

National practitioner data bank

The Committee does not provide funding for the national practitioner data bank for fiscal year 2006, which is the same as both the fiscal year 2005 action on appropriations and the budget request. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $15,700,000 in user fees. The national data bank receives, stores and disseminates information on paid medical malpractice judgments and settlements, sanctions taken by Boards of Medical Examiners, losses of membership in professional societies, and certain professional review actions taken by health care entities. Insurance companies, State licensure boards and authorities, and other health care entities and professional societies are required to report information to the data bank within 30 days of each action. The coverage of the data bank includes dentists and physicians, and, with respect to malpractice settlements and judgments, other categories of licensed health professionals. Hospitals are required to search the data bank when a health care provider applies for employment and once every two years thereafter. State licensing boards, other health care entities, licensing authorities, and professional societies also have access to the data bank. Traditional bill language is included to ensure that user fees are collected to cover the full costs of the data bank operations.

Health care integrity and protection data bank

The Committee does not provide funding for the health care integrity and protection data bank (HIPDB) for fiscal year 2006. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $4,000,000 in user fees. HIPDB receives, stores, and disseminates information on final adverse actions taken against health care providers, suppliers, and practitioners, health care related civil judgments and criminal convictions. This information is collected from and made available to Government agencies and health plans.

Maternal and child health block grant

The Committee provides $700,000,000 for the maternal and child health (MCH) block grant, which is $23,928,000 below both the fiscal year 2005 comparable level and the budget request.

The MCH block grant provides funds to States to meet a broad range of basic and enabling health services, including personal health services; general, population-wide health services, such as screening; family support services; and integrated systems of care. The authorizing statute provides that, up to a funding level of $600,000,000, 85 percent of the funds are distributed to the States, with 15 percent of the funds set aside for special projects of regional and national significance (SPRANS). When the appropriation exceeds $600,000,000, 12.75 percent of the amount over $600,000,000 is directed to the Community Integrated Service Systems set-aside program. The remaining 87.25 percent is distributed by the same 85/15 percent allocation as in the basic block grant formula.

The Committee has included bill language identifying $116,124,000 for the SPRANS set-aside. Within that total, $5,000,000 is provided for the continuation of oral health programs in the States. Through grants, cooperative agreements or contracts, these funds may be used to increase access to dental care for the most vulnerable low-income children, such as Medicaid, SCHIP, and Head Start children and to implement state-identified objectives for improving oral health. Anticipated activities include those targeting the reduction of early childhood caries and strengthening school-linked dental sealant programs.

The Committee has also provided $4,000,000 within the SPRANS set-aside to support the continuation of the community-based sickle cell disease outreach and supportive service initiative.

In addition, the Committee provides $3,000,000 within the SPRANS set-aside to continue the newborn screening for heritable disorders demonstrations begun two years ago. Newborn screening is used for early identification of infants affected by certain genetic, metabolic, hormonal or functional conditions for which there is effective treatment or intervention. Screening detects disorders in newborns that, left untreated, can cause death, disability, mental retardation and other serious illnesses. The Committee is aware that wide disparities exist on the number and types of conditions screened for in each State. The Committee commends HRSA for convening the Secretary's Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children to make national recommendations to standardize newborn screening programs in the U.S. The Committee encourages HRSA to use some

of the funds provided for the development of parental and provider education material and programs to promote the importance of newborn screening.

The Committee has also provided $3,000,000 within the SPRANS set-aside to continue epilepsy demonstration programs. These programs are designed to improve access to health and other services regarding seizures and to encourage early detection and treatment in children and others residing in medically underserved and rural areas. The Committee is pleased that HRSA has partnered with a national voluntary epilepsy agency to carry out these activities. Of the amount provided, the Committee recommends that up to thirty percent be used to continue to fund the development and testing of a national public health awareness campaign to increase seizure recognition and improve access to care among minorities and underserved populations.

The Committee reiterates its long-standing support for the continuation of funding that Maternal and Child Health Block Grant has provided to comprehensive thalassemia treatment centers under the SPRANS program. The Committee strongly encourages HRSA to continue this program and to coordinate with the relevant voluntary organizations.

The Committee is aware that some States have made reductions in MCH resources that are allocated for children with special health needs. The Committee encourages HRSA to continue to work with State MCH programs to assure the availability of services for children with special health care needs, including medical and support services to maintain their physical, mental and emotional health and development.

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

The Committee recognizes the contributions of the longstanding Provider's Partnership program and encourages HRSA to continue its funding. The Partnership includes a series of state-level projects initiated to address female psychosocial issues through integration of medical care with psychosocial services. Such partnerships enhance service integration, minimize demands on individual providers, and facilitate movement between providers and agencies to create comprehensive care.

Sickle cell anemia demonstration program

The Committee does not provide funding for the sickle cell anemia demonstration program, which is the same as the budget request and $198,000 less than the fiscal year 2005 comparable level. This program was funded for the first time in fiscal year 2005. The Committee has provided $4,000,000 within the Maternal and Child Health SPRANS funding for sickle cell demonstrations.

Traumatic brain injury

The Committee provides $9,000,000 for the traumatic brain injury (TBI) program. This is $297,000 below the fiscal year 2005

comparable level. The budget request did not fund the program. The TBI program funds the development and implementation of statewide systems to ensure access to care including prehospital care, emergency department care, hospital care, rehabilitation, transitional services, and long-term community support. Grants also go to State protection and advocacy systems.

Healthy Start

The Committee provides $97,747,000 for Healthy Start, which is $4,796,000 below the fiscal year 2005 comparable level and the same as the budget request. Healthy Start provides grants to select communities with high rates of infant mortality to help them identify, plan, and implement a diverse range of community-driven strategies that can successfully reduce disparities in perinatal health that contribute to the Nation's high infant mortality rate.

Since 1990, the Maternal and Child Health Bureau has worked in cooperative agreement to run the National Fetal Infant Mortality Review (NFIMR) program. NFIMR provides training and assistance to enhance cooperative partnerships among local community health professionals, public health officers, community advocates and consumers to reduce infant mortality. The goal is to improve local services and resources for women, infants and families, to remove barriers to care, and to ensure culturally appropriate, family friendly services. Such efforts are crucial to understanding and addressing infant health disparities in communities at highest risk. The Committee encourages HRSA to continue to use Healthy Start funds to support the NFIMR project.

Universal newborn hearing screening

The Committee provides $10,000,000 for the universal newborn hearing screening program, which is $208,000 above the fiscal year 2005 comparable level. The Administration did not request funding for this program. The program provides competitive grants to States for universal newborn hearing screening by means of physiologic testing prior to hospital discharge, audiologic evaluation by three months of age, and entry into a program of early intervention by six months of age.

Currently, 52 states and territories have received competitive grants for the purpose of implementing statewide early hearing detection and intervention (EHDI) programs. Since these grants have only been operational for a few years, the Committee believes that a small amount of continued Federal funding is critical at this time to ensure that state EHDI programs become fully operational and that screening programs are properly linked with diagnosis, early intervention, and the child's routine medical care (often referred to as the child's medical home). The Committee is concerned that even though approximately 90 percent of babies are now screened for hearing loss before 1 month of age, about one-third of those who are referred from screening do not receive diagnostic evaluations by 3 months of age. Moreover, only about half of the infants and toddlers diagnosed with permanent hearing loss are enrolled in appropriate early intervention programs by 6 months of age.

The Committee has provided an increase to: (a) enable states to institutionalize the State EHDI programs developed during the last 3–5 years; (b) increase the availability of qualified pediatric audiol-

ogists; (c) educate health care providers and families about the importance and procedures for EHDI; (d) strengthen linkages between EHDI and early intervention programs funded by Part C of IDEA; (e) continue and expand the National EHDI Technical Assistance System; (f) evaluate the impact of statewide EHDI programs; and (g) increase the capacity of states to screen children for progressive and late-onset hearing losses. To minimize the loss to follow-up, the Committee urges HRSA to ensure that all infants identified through the screening process are linked to an identifiable and ongoing source of routine health care.

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

Emergency medical services for children

The Committee provides $19,000,000 for the Emergency Medical Services for Children (EMSC) program, which is $830,000 below the fiscal year 2005 comparable level. The Administration did not request funding for the program. The Committee recognizes that this program is the only Federal source of funding and expertise for improving EMS systems for children. The Committee commends the EMSC program for its twenty years of achievement in this arena and applauds its commitment to improving the delivery of emergency medical services to ill and injured children.

Poison control centers

The Committee provides $23,301,000 for poison control centers, which is $198,000 below the fiscal year 2005 comparable level and the same as the Administration request. These funds support a grant program for poison control centers. In addition, funds are used to maintain a national toll-free number and to implement a media campaign to advertise that number, as well as to support the development of uniform patient management guidelines and the improvement of data collection.

Ryan White AIDS programs

The Committee provides $2,058,296,000 for Ryan White AIDS programs, which is $10,000,000 above the fiscal year 2005 comparable level and the same as the budget request. The bill also makes available $25,000,000 in program evaluation funding under section 241 of the Public Health Service for special projects of national significance. Within the total provided, the Committee expects that Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders will be supported at no less than the fiscal year 2005 level.

The Committee is aware that over thirty percent of HIV-infected persons in the United States are also chronically infected with the hepatitis C virus (HCV). Chronic hepatitis C infection may lead to

cirrhosis of the liver and liver cancer, and is the leading cause of liver transplantation in the U.S. In addition, chronic hepatitis C disease progresses more rapidly in HIV-infected persons, and end stage liver disease resulting from chronic hepatitis C infection is now a leading cause of death for people with HIV/AIDS. The Committee encourages HRSA to provide guidance to CARE Act grantees to encourage them to proactively address HCV care and treatment among their HIV/HCV co-infected patient populations, and encourages State AIDS Assistance Programs to provide coverage of therapies approved by the FDA for the treatment of HCV in HIV/HCV co-infected patients.

Emergency assistance

The Committee provides $610,094,000 for the Part A, emergency assistance program, which is the same as the fiscal year 2005 comparable level and the budget request. These funds provide grants to metropolitan areas with very high numbers of AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process.

Comprehensive care programs

The Committee provides $1,131,836,000 for Part B, comprehensive care programs, which is $10,000,000 above the fiscal year 2005 comparable level and the same as the budget request. The funds provided support formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, for the provision of home and community-based care, for continuation of health insurance coverage for infected persons, and for purchase of therapeutic drugs. The Committee has included bill language identifying $797,521,000 specifically to support State AIDS Drug Assistance Programs (ADAP) as requested by the Administration. In fiscal year 2005, $787,521,000 was designated for this purpose.

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

Early intervention program

The Committee provides $195,578,000 for Part C, the early intervention program, which is the same as the fiscal year 2005 comparable level and the budget request. Funds are used for discretionary grants to migrant and community health centers, health care for the homeless grantees, family planning grantees, hemophilia centers and other private non-profit entities that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, and clinical care; case management, outreach, and eligibility assistance are optional services.

Pediatric HIV/AIDS

The Committee provides $72,519,000 for Part D, pediatric AIDS demonstrations, which is the same as the fiscal year 2005 comparable level and the budget request. The program supports demonstration grants to foster collaboration between clinical research institutions and primary community-based medical and social service providers for the target population of HIV-infected children, pregnant women and their families. The projects are intended to increase access to comprehensive care, as well as voluntary participation in NIH and other clinical trials.

AIDS dental services

The Committee provides $13,218,000 for AIDS dental services, which is the same as the fiscal year 2005 comparable level and the budget request. The program provides reimbursements to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with human immunodeficiency virus disease. Dental students and residents participating in this program receive extensive training in the understanding and management of the oral health care needs of people living with HIV/AIDS.

Education and training centers

The Committee provides $35,051,000 for AIDS education and training centers (AETCs), which is the same as the fiscal year 2005 comparable level and the budget request. The centers train health care personnel who care for AIDS patients and develop model education programs.

Telehealth

The Committee provides $3,888,000 for telehealth, which is $28,000 below the fiscal year 2005 comparable level and the same as the budget request. The telehealth program works with and supports communities in their efforts to develop cost-effective uses of telehealth technologies. These technologies bring health services to populations that are isolated from health care, and health-related education to the practitioners who serve them.

Organ transplantation

The Committee provides $23,282,000 for organ transplantation activities, which is $1,131,000 below the fiscal year 2005 comparable level and same as the budget request. The program supports a scientific registry of organ transplant recipients; the National Organ Procurement and Transplantation Network, which matches organ donors with potential recipients; and grants and contracts with public and private non-profit organizations to promote and improve organ donation. Several of the new authorities created in the Organ Donation Recovery and Improvement Act are funded in the Administration request, including demonstration grants for reimbursement of travel and subsistence expenses toward living organ donation.

The Committee encourages the Administration to provide priority consideration to hospitals serving rural, medically underserved communities and those who have a long history of transplant sur-

gery but whose accreditation is in jeopardy due to their declining number of transplant surgeries.

The Committee is encouraged by the continuing success of the Organ Donation Breakthrough Collaborative and has included funds for its continuation, as requested by the Administration. This project is focused on increasing organ donation consent rates among the nation's hospitals where the greatest number of donors exist. As a result, an additional 4,000 organs annually are expected to be made available for transplant.

The Committee commends HRSA for its leadership in promoting increased organ and tissue donations across the nation and encourages the Division of Transplantation to continue its partnership with the pulmonary hypertension (PH) community in this important area. Moreover, the Committee encourages the Organ Procurement and Transplantation Network/United Network for Organ Sharing to continue to work with the PH community to address concerns regarding the methodology used to determine transplantation eligibility for PH patients.

Cord blood bank

The Committee does not provide additional funding for the cord blood program pending the HRSA response to the Institute of Medicine report on the structure and administration of such a program. $19,800,000 was provided for this purpose in fiscal years 2004 and 2005, to remain available until expended. The Administration budget did not request funding for fiscal year 2006.

Bone marrow program

The Committee provides $25,416,000 for the bone marrow program, which is the same as the fiscal year 2005 comparable level and $2,500,000 above the budget request. In addition to funding from HRSA in fiscal year 2006, the National Marrow Donor Program (NMDP) is expected to receive $17,500,000 from the U.S. Navy. Funds are used for donor medical costs, donor centers, tissue typing, research, minority recruitment, and program administration. The Committee recognizes the important life-saving role of the Registry in the lives of thousands of Americans. The NMDP, which operates the Registry through a contract with HRSA, has facilitated more than 20,000 transplants since its inception. The Committee understands that the Registry lists three sources of blood forming non-embryonic stem cells used in transplantation: marrow and peripheral blood from adult donors, and umbilical cord blood units. The NMDP now lists 5,500,000 potential volunteer, adult donors of marrow and peripheral blood stem cells on the Registry. In addition, 17 of the 20 public cord blood banks are, or have applied to be, NMDP network members. The Committee strongly urges the NMDP to continue innovative, technological, and scientific advances in non-embryonic cell therapies that have the potential to help some of the hundreds of thousands of Americans with leukemia or other life threatening blood diseases. The Committee also strongly encourages the NMDP to continue the expansion of the Registry through its umbilical cord blood program to reduce racial and ethnic disparities and improve access for all Americans for this lifesaving therapy. The Committee encourages the NMDP to implement an education effort on the use of umbilical cord blood from

all sources to increase donation and awareness of this resource. In addition, the Committee supports the NMDP's important and expanding role in conducting and supporting research to improve the availability, efficiency, safety, and cost of transplants and the effectiveness of Registry operations; maintaining and expanding its medical emergency contingency response capabilities for national security; and increasing donor and patient outreach programs, especially for minorities and medically underserved population groups.

Trauma care

The Committee does not provide funding for the trauma care program, which is the same as the Administration request and $3,418,000 below fiscal year 2005 comparable level. The program has provided small grants to States to establish State offices to coordinate trauma systems within the States. Almost $17 million has been provided for these State grants in the past five years.

State planning grants for health care

The Committee does not provide funding for state planning grants, which is $10,910,000 below the fiscal year 2005 comparable level. The Administration did not request funding for this program. The program has made grants to States to gather and analyze information on problems of access to health insurance within the State and to develop plans for providing access to affordable health insurance coverage to all their residents. Almost $71 million has been provided for this demonstration program in the last five years.

Rural outreach grants

The Committee provides $10,767,000 for rural outreach grants, which is $28,511,000 below the fiscal year 2005 comparable level and the same as the budget request. The program supports projects that provide health services to rural populations not currently receiving them and that enhance access to existing services.

Rural health research

The Committee does not provide funding for rural health research, which is $8,825,000 below the fiscal year 2005 comparable level and $8,528,000 below the budget request. This activity supports several rural health research centers and the Secretary's rural health advisory committee.

Rural hospital flexibility grants

The Committee provides $39,180,000 for rural hospital flexibility grants, which is the same as the fiscal year 2005 comparable level and $39,180,000 above the budget request. The program is comprised of two components: (1) flexibility grants to States to assist small, at risk rural hospitals that wish to convert to Critical Access Hospitals and receive cost-based payments from Medicare and (2) small hospital improvement grants that provide modest amounts to hospitals to assist them in automation and compliance with confidentiality requirements. Funding is to be allocated between the two programs consistent with the fiscal year 2005 distribution.

Rural and community access to emergency devices

The Committee provides $1,960,000 for the public access defibrillation demonstration grant program, which is $6,967,000 below the fiscal year 2005 comparable level and the same as the budget request. The program assists both urban and rural communities in increasing survivability from sudden cardiac arrest by providing funding for the purchase, placement, and training in the use of automated external defibrillators (AEDs).

Rural EMS

The Committee does not provide funding for the new rural emergency training and equipment assistance program, which is $496,000 lower than the fiscal year 2005 comparable level and the same as the budget request. The Committee does not believe the program at its current level can provide adequate assistance nationwide and believes there are other emergency programs funded in the bill that can address some of these problems in rural areas.

State offices of rural health

The Committee provides $8,223,000 for State offices of rural health, which is $98,000 below the fiscal year 2005 comparable level and the same as the budget request. The State office of rural health program creates a focal point for rural health within each of the fifty States. In each State, the office collects and disseminates information on rural health, coordinates rural health resources and activities, provides technical assistance to rural providers and communities, and helps communities recruit and retain health professionals.

Denali Commission

The Committee has not included funding for the Denali Commission, which is $39,680,000 below the fiscal year 2005 comparable level and the same as the budget request.

Family planning

The Committee provides $285,963,000 for the family planning program, which is the same as the fiscal year 2005 comparable level and the budget request. The program provides grants to public and private non-profit agencies to support a range of family planning and reproductive services, as well as related preventive health services such as patient education and counseling, breast and cervical cancer examinations, STD and HIV prevention education, counseling and testing and referral, and pregnancy diagnosis and counseling. The program also supports training for providers, an information and education program, and a research program which focuses on family planning service delivery improvements. The Committee encourages HRSA to work with CDC to implement HIV/AIDS testing and counseling as a part of the services provided in family planning centers.

The bill repeats language from the 2005 appropriations bill making clear that these funds shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that these funds shall not be used to promote public opposition to or support of any legislative proposal or candidate for public office.

Health care facilities and other programs

The Committee has not provided funding for health care facilities. A total of $482,729,000 was provided for this purpose in fiscal year 2005; no funding was included in the budget request. This program provides funds to public and private nonprofit entities for construction or modernization of outpatient medical facilities.

Bioterrorism hospital grants to States

The Committee provides $500,000,000 for bioterrorism hospital grants to States. The Administration requested $510,000,000 for this program in the Public Health and Social Services Emergency Fund. Within this total, $472,479,000 is provided for hospital preparedness grants and $27,521,000 is provided for education incentives for medical school curriculum. The Committee intends that these bioterrorism activities continue to be coordinated with those in other parts of HHS and directs HRSA to work with the Office of the Secretary in the development of the Department-wide operating plan requested in the Public Health and Social Services Emergency Fund section of this report.

The Committee includes $8,000,000 as requested by the Administration within the hospital grants program to continue the credentialing emergency system for advance registration of volunteer health professionals. The Committee directs HRSA to explore expansion of this program to provide cross-State information on volunteer health professionals. The Committee believes expansion of this ongoing program is preferable to the proposed new credentialing program within the Office of the Secretary and does not provide funding for that effort.

Program management

The Committee provides $145,992,000 for the cost of Federal staff and related activities to coordinate, direct and manage the programs of the Health Resources and Services Administration, which is $1,088,000 below the comparable fiscal year 2005 level and the same as the budget request.

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM

The Health Education Assistance Loans (HEAL) program insured loans provided by non-Federal lenders to students in health professions schools. Under the accounting rules established in the Budget Enforcement Act of 1990, one account is maintained to pay the obligations arising from loans guaranteed prior to fiscal year 1992. A second account pays obligations and collects income from premiums on loans guaranteed in fiscal year 1992 and beyond. Each annual cohort of loans is independently tracked in this account. The authority for this program expired in fiscal year 1999. Fiscal year 1998 was the last year in which loans were obligated to previous borrowers under the HEAL authority.

The Committee provides $4,000,000 to liquidate obligations from loans guaranteed prior to 1992, which is the same as fiscal year 2005 level and the budget request.

The Committee provides $2,916,000 for HEAL program management, which is $328,000 below the fiscal year 2005 comparable level and the same as the budget request.

NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The Committee makes available the release of $74,384,000 from the Vaccine Injury Compensation Trust Fund in fiscal year 2006, which is $5,233,000 above the fiscal year 2005 level and $668,000 above the budget request.

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Funds for claims from vaccines administered on or after October 1, 1988 are generated by a per-dose excise tax on the sale of selected prescribed vaccines. Revenues raised by this tax are maintained in a Vaccine Injury Compensation Trust Fund.

Trust funds made available in the bill will support the liability costs of vaccines administered after September 30, 1988. They will also support the $3,500,000 in costs incurred by the agency in the operation of the program, which is $349,000 above the comparable fiscal year 2005 level and $668,000 above the budget request.

CENTERS FOR DISEASE CONTROL

DISEASE CONTROL, RESEARCH AND TRAINING

The Committee provides a program level of $6,103,786,000 for the Centers for Disease Control and Prevention (CDC), which is $294,781,000 below the fiscal year 2005 comparable level and $181,000,000 above the comparable request. Of the funds provided, $157,795,000 shall be derived from evaluation set-aside funds available under Section 241 of the Public Health Service Act, as proposed in the request.

The Committee notes that it has included the $1,616,723,000 requested for CDC Terrorism Preparedness and Response within this account. These funds were provided in fiscal year 2005, and requested by the President for fiscal year 2006, within the Public Health and Social Services Emergency Fund.

The budget request included an information technology reduction of $10,000,000, which is realized in project-specific areas across CDC's budget. The Committee recommendation assumes the realization of these savings, including the reduction of $4,903,000 in information technology efficiencies within HIV/AIDS, STD and TB Prevention activities within Infectious Diseases.

The CDC assists State and local health authorities and other non-governmental health-related organizations to understand, control, and reduce disease and other health problems affecting their people and communities. The activities of CDC focus on several major priorities, including providing core public health functions, responding to urgent health threats, monitoring the Nation's health using scientific methods, building the Nation's public health infrastructure to insure our national security against bioterrorist threats, promoting health throughout each life-stage, and providing leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

The Committee considers the table accompanying this report and the numbers identified in the paragraphs that follow to be determinative of the CDC budget. Funds should be apportioned and allo-

cated accordingly, and any changes in funding are subject to the normal reprogramming and notification procedures.

INFECTIOUS DISEASES

The Committee provides a program level of $1,717,323,000 for infectious diseases, which is $34,434,000 above the fiscal year 2005 comparable level and $7,565,000 above the request. Of the funds provided, $12,794,000 shall be derived from evaluation set-aside funds available under Section 241 of the Public Health Service Act, as proposed in the request.

Infectious diseases control

The Committee provides $229,471,000 for infectious diseases control, which is $3,882,000 above the fiscal year 2005 comparable level and $4,710,000 above the request.

The program supports national surveillance of infectious diseases, the development of new or improved prevention and control methods and techniques, the acceleration of the general application of accepted prevention technologies, and strengthening of the capability to respond to outbreaks of new and re-emerging infectious diseases.

Botulinum Neurotoxin Research.—The Committee understands that botulinum neurotoxin is one of the most toxic substances known to mankind and that a recent technological breakthrough, using fluorescent sensors, may for the first time enable the detection of neurotoxin activity in a person's body and in living cells on a near real-time basis. The Committee encourages CDC to evaluate, develop, and validate the fluorescence resonance energy transfer assay for the detection of botulinum toxins to meet its mission requirements, and to incorporate it into its bioterrorism preparedness program. The Committee also encourages CDC to continue to investigate new and advanced methods for measuring botulinum toxins and other toxins using mass spectrometry.

Emerging Infectious Diseases.—The Committee provides $102,650,000 to support CDC's emerging infectious disease activities, which is $3,498,000 above fiscal year 2005.

Hepatitis.—The Committee has included $17,912,000 to support activities of the Viral Hepatitis Division and to implement the National Hepatitis C Prevention Strategy. The Committee urges that this funding be focused on supporting the capability of state health departments, particularly to maintain resources available to the hepatitis C state coordinators.

The Committee is concerned that more than 75% of the 4 million HCV positive individuals are unaware of their condition and therefore urges a public education campaign to urge appropriate screening and medical follow up of target populations. The Committee also is concerned with increasing rates of adult infections of Hepatitis A & B and urges an expanded vaccination program be launched in response to this critical public health issue. Finally, CDC is encouraged to focus on education and awareness programs targeted at specific populations where there is a high prevalence of hepatitis B and where therapeutic interventions are increasingly effective.

Meningococcal Disease.—Meningococcal disease is one of the few diseases that can be fatal or severely debilitating to a victim within

a matter of hours of initial onset and yet is vaccine-preventable in most cases. The Committee is aware of the recent improvements in the meningitis vaccine and of recent CDC efforts to increase the availability and focus of information on meningococcal disease and ways to prevent it so that the general public will be better educated on the symptoms and prevention methods. The Committee encourages the CDC to improve meningicocccal education and adolescent immunization programs, including giving consideration to partnering with relevant professional and voluntary health associations to ensure that all families, especially those with adolescents and young adults, are effectively educated on this disease, vaccine availability, and all methods of prevention.

Prion Disease.—Within the funds provided, not less than $5,500,000 is for activities related to Prion diseases, including the work of the National Prion Disease Pathology Surveillance Center.

Sepsis.—The Committee is aware that sepsis kills more than 215,000 Americans every year. Despite new, increasingly effective treatments and a new diagnosis protocol, sepsis remains a leading cause of death because too few medical personnel know how to identify and diagnose it. The Committee applauds the CDC's ongoing demonstration program to reduce hospital-based transmission of sepsis and other infections, but recognizes that significant reductions in morbidity and mortality could be achieved through improved, timely diagnosis and treatment. Within the funds provided, the Committee encourages CDC to consider establishing an education program to train critical care nurses, emergency room physicians, and infectious disease specialists, especially those in rural and traditionally underserved areas, in use of the new protocol to identify sepsis and improve patient outcomes. The Committee encourages CDC to work towards this end in collaboration with the relevant voluntary health organizations, such as the American Sepsis Alliance.

West Nile Virus.—Within the funds provided, not less than $37,809,000 is for activities to detect, prevent and control the West Nile Virus.

HIV/AIDS, STD and TB prevention

The Committee provides $956,138,000 for HIV/AIDS, STD and TB prevention, which is $4,573,000 below the fiscal year 2005 comparable level and $145,000 below the request. Of the amount provided, $657,694,000 is for HIV/AIDS programs (the same as the request); $159,633,000 is for the STD program; and $138,811,000 is for the TB program. The Committee recommendation assumes the $4,903,000 in information technology savings proposed in the budget within HIV/AIDS, STD and TB Prevention activities.

The HIV/AIDS programs support HIV research, surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to state and local health departments to develop and implement integrated community prevention plans. The STD program awards grants to state and local health departments and other nonprofit entities to support a wide variety of public health activities to prevent and treat STDs. CDC directly conducts special investigations, surveillance and epidemiologic research. The tuberculosis program provides grants to States and large cities for a broad range of tuberculosis control activities. In addition, the CDC

supports state and local laboratories and conducts research, epidemiological investigations, and education and training seminars.

Minority HIV/AIDS Initiative.—Within the total provided, not less than the fiscal year 2005 amount is provided for activities that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders.

Partner Notification.—The Committee supports CDC's efforts to require state, territorial, and municipal grantees of HIV/AIDS prevention programs to conduct partner counseling and referral services of newly diagnosed individuals, with strong linkages to prevention and care services. The Committee understands that all states, territories, and large cities with HIV/AIDS prevention cooperative agreements with CDC must provide partner notification and counseling services. The Committee encourages CDC to ensure that all grantees are in compliance with this requirement.

Tuberculosis.—The Committee understands that the CDC plans to undertake a new initiative, the Intensified Support and Activities to Accelerate Control (ISAAC). ISAAC targets tuberculosis in African Americans, tuberculosis along the U.S./Mexico border, allows for universal genotyping of all culture positive TB cases, and expands clinical trials for new tools for the diagnosis and treatment of TB. The Committee encourages the CDC to implement ISSAC to enhance and maximize strategies to accelerate the control and elimination of TB.

Tuberculosis is an enormous public health crisis in the developing world, killing millions of people in the prime of their lives every year. To help stem this growing pandemic, the Committee encourages CDC to enhance ongoing efforts involving the TB vaccine research cooperative agreement.

Immunization

The Committee provides a program level of $531,714,000 for immunization, which is $38,126,000 over the fiscal year 2005 comparable level and $3,000,000 above the request. Of the amount provided, $12,794,000 is to be derived from section 241 evaluation set-aside funds, as proposed in the request. In addition, the Vaccines for Children (VFC) program is expected to provide $1,502,333,000 in vaccine purchases and distribution support in fiscal year 2005, for a total of $2,034,047,000 for immunization activities in fiscal year 2006.

Immunization project grants are awarded to States and local agencies for planning, developing, and conducting childhood immunization programs including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for state and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines. The Committee notes that there are other Federal programs that provide immunizations to children, including the State Children's Health Insurance Program (SCHIP), the Maternal and Child Health Block Grant, and community health centers.

Immunization Safety.—The committee commends the CDC for moving the Immunization Safety Branch (ISB) out from under the

National Immunization Program (NIP) to the office of the Director of Science. This is a positive step. The committee urges the CDC to carefully review and implement the recommendations in the Institute of Medicine report: Vaccine Safety Research, Data Access and Public Trust. The Committee is particularly interested in the CDC prioritizing IOM recommendations that the CDC (1) establish an independent oversight board to review CDC's vaccine safety research agenda, study protocols, and changes in study protocols, and (2) initiate conversations with Managed Care Organizations involved in the Vaccine Safety Datalink to ensure that independent researchers have access to all VSD data, particularly post-2000 data through the National Center for Health Statistics.

Vaccine Safety Research.—The Committee recognizes the importance of directing additional funding toward vaccine safety research, specifically funding to develop better screening methods for children at risk for serious adverse reactions. The Committee recommendation includes $3,000,000 above the request for the CDC to expand funding for vaccine safety research, particularly with respect to investigator initiated, peer-reviewed, extramural research. Furthermore, the Committee urges that this funding be used for non-epidemiology research, to better understand risk factors for serious adverse reactions, to develop screening tools to eliminate from vaccination those children at greater risk for such reactions, and to develop effective treatments and interventions for children suffering severe adverse reactions.

HEALTH PROMOTION

The Committee provides $983,647,000 for health promotion, which is $38,062,000 below the fiscal year 2005 comparable level and $19,226,000 above the request.

Chronic disease prevention and health promotion

The Committee provides $856,468,000 for chronic disease prevention and health promotion, which is $40,665,000 below the fiscal year 2005 comparable level and $15,610,000 above the request.

Chronic diseases have had a profound human and economic toll on our nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, obesity and various neurological conditions such as epilepsy. Complications from these conditions include vision loss, kidney disease, limb loss, oral disease and paralysis.

The National Center for Chronic Disease Prevention and Health Promotion at CDC supports research and programs to prevent the leading causes of death and disability (e.g., heart disease and stroke, cancer, diabetes, and arthritis) that are among the most prevalent, costly, and preventable of all health problems. CDC plays a leadership role in coordinating and catalyzing the efforts of numerous public and private partners, which allows CDC to substantially extend its effectiveness in reaching people at highest risk for chronic disease. The Committee recognizes the essential infrastructure that CDC has built in state health departments and encourages CDC to expand its state-based leadership in surveillance, public health education, communications and model programs and research.

The Committee urges the CDC to examine ways of maximizing the federal investments in prevention, such as incorporating performance measures into state and local health department cooperative agreements where they may not currently exist, including incentives or requirements for state and local matches of federal funds, and/or streamlining funding mechanisms to focus on common risk factors among the leading chronic conditions.

Within the total provided, the Committee includes the following amounts for chronic disease prevention and health promotion activities: $46,120,000 for heart disease and stroke, $1,502,000 above fiscal year 2005; $64,960,000 for diabetes, $1,503,000 above fiscal year 2005; $312,600,000 for Cancer Prevention and Control, $2,895,000 above fiscal year 2005 (including not less then $204,425,000 for the National Breast and Cervical Cancer Early Detection program); $22,920,000 for Arthritis and Other Chronic Diseases, $433,000 above fiscal year 2005; $104,370,000 for Tobacco, $25,000 above fiscal year 2005; $41,930,000 for Nutrition and Physical Activity, the same as fiscal year 2005; $25,870,000 for Health Promotion, $276,000 below fiscal year 2005; $56,760,000 for School Health, $14,000 above fiscal year 2005; $44,740,000 for Safe Motherhood/Infant Health, the same as fiscal year 2005; $12,000,000 for Oral Health, $796,000 above fiscal year 2005; $29,700,000 for Prevention Centers, the same as fiscal year 2005; $11,200,000 for Verb, $47,595,000 below fiscal year 2005; $44,300,000 for Steps for a Healthier U.S., $24,000 above fiscal year 2005; $34,513,000 for REACH, the same as fiscal year 2005; and $4,485,000 for Genomics.

Adolescent Health.—The Committee encourages the CDC to maintain a focus on public health issues confronting adolescents, including maintaining support of the National Network of State Adolescent Health Coordinators (NNSAHC) Annual Meeting, which brings together specific expertise on the health issues that face adolescents and on the special programmatic considerations for this population.

Alzheimer's disease.—A growing body of evidence suggests that many of the same strategies that preserve overall health may also help prevent or delay the onset of Alzheimer's disease and dementia. In fiscal year 2005, CDC, in cooperation with the Alzheimer's Association, launched a new program aimed at educating the general public and health professionals on ways to reduce the risks of developing Alzheimer's disease by maintaining a healthy lifestyle. The Committee supports this initiative and urges CDC to consider expanding it within the funds made available for fiscal year 2006.

Breast and Cervical Cancer Screening.—The Committee commends the CDC for creating partnerships to address the early detection of breast cancer, particularly in historically underserved communities, including the Native American, Hispanic and African American populations. As part of this initiative, the Committee is very interested in the innovative approach of the Men Against Breast Cancer Partners In Survival Program focusing on the role of the male support-giver as an integral component of the early detection, patient care and survivorship of breast cancer. The Committee encourages CDC's continued support of programs of this type that might also have secondary benefits, such as greater par-

ticipation of the male support-giver in their own health management, including early-detection and health screening activities.

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

Cancer Survivorship.—The Committee supports the ongoing partnership between CDC and the Lance Armstrong Foundation (LAF) to address the needs of the nearly 10 million cancer survivors. The Committee encourages CDC to enhance support for the Live Strong, National Cancer Survivorship Resource Center, to serve cancer survivors and their families across the country.

Diabetes.—The Committee commends CDC for implementation of SEARCH, a pilot study to determine the incidence and prevalence of diabetes in youth under the age of 20 years in six locations around the United States. The Committee encourages the CDC to consider developing a plan to use the information gathered from SEARCH to create a national registry of patients afflicted with juvenile diabetes. In addition, the Committee urges the CDC to examine the feasibility of collecting information about the standard of care available to people with diabetes nationwide and consider making samples from this study available to the research community. CDC should be prepared to report to the Committee on these issues during the fiscal year 2007 budget hearings.

Epilepsy.—The Committee provides $8,000,000 for Epilepsy activities, which is $440,000 above fiscal year 2005. The Committee supports the CDC's epilepsy program and applauds the collaboration the Agency developed with the Epilepsy Foundation in crafting the recommendations of Living Well With Epilepsy II. The Committee encourages CDC to maintain support for ongoing epilepsy public health programs as well to begin implementation of the new recommendations from Living Well With Epilepsy II as funds become available. It is also expected that CDC be prepared to report on the current results on implementation of those recommendations and future plans, including those involving coordination with other agencies, during the fiscal year 2007 budget hearings.

Genomic Medicine.—The Committee understands that steps need to be taken now to prepare the public health system for the expected widespread future use of genetic technologies in healthcare. The Committee encourages CDC to move forward aggressively with the creation and implementation of partnerships with industry and the nonprofit sector to achieve the widest benefits from the coming era of genomic medicine.

Heart Disease and Stroke.—The Committee understands that the CDC is creating a Heart Disease and Stroke Division to consolidate and elevate its efforts to prevent and control heart disease, stroke and other cardiovascular diseases and is supportive of this effort. The Committee supports the goal of implementing statewide heart disease and stroke prevention programs and urges the CDC to maintain and expand its support for these activities within the funds provided for fiscal year 2006.

Infertility Prevention.—The Committee understands that there are other causes of infertility beyond sexually transmitted diseases, such as delayed child bearing, smoking, low or excessive body weight, exposure to hazardous environmental toxins, drug and alcohol abuse and, particularly for men, exposure to high temperatures. The Committee encourages CDC to consider expanding the scope of the Agency's efforts regarding the prevention of infertility and to providing greater support to public education on the broader risks to fertility.

Inflammatory Bowel Disease.—In fiscal year 2005, the Committee provided funds to continue a national IBD epidemiology program established through a partnership between CDC and the Crohn's and Colitis Foundation of America. The Committee encourages the CDC to continue this initiative in fiscal year 2006.

Interstitial Cystitis (IC).—The Committee is pleased by the establishment of a cooperative agreement between the CDC and the Interstitial Cystitis Association and has provided sufficient funds to continue the campaign to educate the public and professional community about IC.

Kidney Disease.—The Committee urges the CDC to develop the capacity and infrastructure for a kidney disease surveillance, epidemiology, and health outcomes program, including awarding grants to support several state-based demonstration projects for chronic kidney disease prevention and control. Furthermore, the Committee urges CDC, in partnership with the relevant national voluntary health organization, or organizations, convene a consensus conference of experts in the area of kidney disease and other stakeholders to lay the groundwork for a formal Public Health Kidney Disease Action Plan for prevention and control of kidney disease. The Committee provides $1,800,000 to undertake this initiative.

Oral Health.—The Committee is concerned about the rising obesity rate among America's youth. Some eating habits can adversely affect not only body weight but also oral health. The Committee understands that the dental community has developed some instructional materials and encourages the CDC to work with the American Dental Association in producing an instructional video for school-aged children on the harmful effects of excessive consumption of high sugar products, such as soda.

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

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

In addition, the Committee urges CDC to develop evidenced-based recommendations on body fat measurement to be used in the evaluation of obesity prevention programs.

The Committee also is very concerned about the adverse health toll that the twin epidemics of diabetes and obesity are taking on the health of minorities. The Committee encourages CDC to collaborate with organizations directed by and serving individuals from communities with disproportionate diabetes and obesity rates to ensure that the Agency's prevention efforts effectively reach all communities.

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

Finally, the Committee supports research into the link between disadvantaged or physically and sexually abused youth, and obesity programs that target the physical health of children who have been abused and are in treatment programs. The CDC is encouraged to partner with organizations that treat or otherwise serve youth who have been abused in efforts to identify links between abuse and obesity and programs to address childhood obesity among this population.

Osteoporosis.—The Committee is aware of the report issued by the Surgeon General on Bone Health and Osteoporosis requested in the fiscal year 2002 Appropriations bill. In the report, the Surgeon General calls for a national action plan for bone health. The Committee urges the CDC to consider supporting the development of an action plan and to ensure that all relevant federal agencies and public and private stakeholders, including the National Osteoporosis Foundation, be involved in the development of any such plan.

Pulmonary Hypertension.—The Committee continues to be interested in pulmonary hypertension (PH), a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. Because early detection of PH is critical to a patient's survival and quality of life, the Committee continues to encourage CDC to work in partnership with the pulmonary hypertension community to foster greater awareness of the disease.

REACH.—The Committee recognizes the strengths that national/multi-geographical minority organizations can provide to the REACH Initiative. Such organizations often have the capacity to influence communities through coalitions and collaborative relationships that have already been established and provide essential support to local organizations that may lack the infrastructure needed to implement the full scale of programmatic activities required for this important program. The Committee urges CDC to include such organizations among the entities that are eligible to compete for funding without preventing other applicants from receiving these grants.

School Health.—The Committee urges the CDC to prioritize obesity prevention in proportion to its burden on childhood and adolescent health through the Division of Adolescent School Health (DASH). CDC should urge states to use existing program funds to address this critical epidemic.

Sleep Disorders.—The Committee remains concerned about the prevalence of sleep disorders and recognizes the need for enhanced public and professional awareness on sleep and sleep disorders.

The Committee encourages CDC to work with other agencies, such as the National Center on Sleep Disorders Research, and voluntary health organizations, such as the National Sleep Foundation, to support the development of a sleep education and public awareness initiative.

VERB.—The Committee provides $11,200,000 for the Verb program, a national multi-ethnic media campaign that promotes regular physical activity among youth ages 9–13. The campaign was launched in June 2002. Evaluation results over the first two years show that the Verb campaign has contributed to higher levels of physical activity among targeted youth. The funds provided for fiscal year 2006 are to be used to augment funding available in fiscal year 2005 in order to secure a national media program commensurate with the first three years of the program.

Vision Screening and Education.—The Committee commends CDC for its partnership with a leading voluntary health association dedicated to fighting blindness and saving sight, to improve education and early detection of potentially blinding eye diseases and encourages CDC to continue and expand this partnership. Despite the fact that half of all blindness can be prevented through education, early detection and treatment, it is estimated that the number of blind and visually impaired people will double by 2030 if nothing is done to curb vision problems. To address this growing public health problem, the Committee provides $2,500,000 to enhance the CDC national vision screening and education program and the CDC partnership with Prevent Blindness America.

Birth defects, developmental disabilities, disability and health

The Committee provides $127,179,000 for birth defects, developmental disabilities, disability and health, which is $2,603,000 above the fiscal year 2005 comparable level and $3,616,000 above the request. This program collects, analyzes, and makes available data on the incidence and causes of birth defects and developmental disabilities.

Within the total, the Committee provides the following amounts for birth defects, developmental disabilities, disability, and health activities: $39,130,000 for birth defects and developmental disabilities, which is $109,000 below fiscal year 2005; $67,868,000 for Human Development and Disability, which is $2,757,000 above fiscal year 2005; and $20,180,000 for Hereditary Blood Disorders, which is $46,000 below fiscal year 2005.

Alpha-1 Antitrypsin Deficiency.—The Committee is aware that Alpha-1 Antitrypsin Deficiency (Alpha-1) is the major genetic risk factor for Chronic Obstructive Pulmonary Disease (COPD) and cryptogenic liver disease. Early detection allows individuals to engage in preventative health measures and receive appropriate therapies that significantly improve their health status. The Committee encourages CDC to consider collaborating with appropriate patient and professional organizations, such as the Alpha-1 Foundation, to actively support Alpha-1 targeted detection efforts that utilize public and professional education regarding obstructive lung disease, both genetic and tobacco related.

Attention Deficit/Hyperactivity Disorder (AD/HD).—The Committee continues to support the National Resource Center on AD/HD and has provided sufficient funds in fiscal year 2006 to con-

tinue the activities at the Center, such as responding to requests for information and support services; reaching out to special populations in need; and educating health and education professionals on AD/HD.

Autism.—The Committee is aware of the progress that has been made with the autism programs. The Committee acknowledges the importance of this work by the CDC in the area of autism surveillance and research, and urges this work to continue in a timely manner. Within funds provided, $15,500,000 is for autism activities, which is $627,000 above fiscal year 2005. Within that amount, $14,900,000 is provided for surveillance and research programs including the CADDRE and ADDM Network. The Committee is pleased to see the work being done in the area of the national awareness campaign and provides $600,000 for the Center to expand its work on this initiative.

Birth Defects Surveillance, Research and Prevention.—The Committee commends the CDC's work in the area of birth defects surveillance, research and prevention and encourages the CDC to continue its support for birth defects related programs.

Cooley's Anemia.—The Committee is pleased with the progress that CDC has made with regard to the establishment of a blood safety surveillance program for Cooley's anemia patients, who are the largest consumers of red blood cells. Six treatment centers throughout the nation handle the medical monitoring and treatment; the Cooley's Anemia Foundation provides education and awareness, patient recruitment, and other services; and, CDC has created an archive of tested and analyzed blood samples. As the program moves forward and start-up costs are met, the Committee expects CDC to direct an increasing amount of the funds available to education and awareness, patient recruitment and other services.

Down Syndrome.—The Committee understands that CDC has undertaken a study to estimate the number of people in the United States living with Down syndrome and identify them by age and ethnic group and that it is expected to have preliminary estimates of prevalence of Down syndrome among children and adolescents by the end of fiscal year 2005. The Committee further understands that a second study, to document the onset and course of secondary and related developmental and mental disorders in individuals with Down syndrome, will be initiated by the end of this fiscal year. The Committee recognizes the importance of this research and has provided sufficient funding to further develop the study relating to the onset of secondary and related developmental mental disorders in fiscal year 2006.

Duchenne and Becker Muscular Dystrophy.—The Committee remains concerned with the pace of the development of the CDC Birth Defects Surveillance program covering the muscular dystrophies and is aware that the agency has made the commitment to enhance the internal staff commitment to the program. The Committee is encouraged by that new commitment and expects that CDC dedicate its efforts to organize, coordinate and implement the agency's Duchenne MD surveillance program. The Committee provides $7,000,000 for fiscal year 2006, which is $1,073,000 above fiscal year 2005. Within that amount, the Committee recommends that $750,000 be used to continue a coordinated education and out-

reach initiative through the Parent Project Muscular Dystrophy. Finally, the Committee requests that the CDC develop and submit to the Committees on Appropriations in the House and Senate by June 1, 2006 a five-year strategic plan for the Duchenne and Becker Muscular Dystrophy programs.

Early Hearing Detection and Intervention.—Within the total provided, $7,000,000, $839,000 over fiscal year 2005, is designated for the Early Hearing Detection and Intervention (EHDI) program for newborns, infants and young children with hearing loss. Currently, 32 states are in the midst of completing projects funded through Cooperative Agreements from CDC to assist in developing strong surveillance and tracking systems to ensure that infants referred from newborn hearing screening programs receive appropriate and timely diagnostic and early intervention services. The Committee is concerned that about one-third of the babies who are referred from hearing screening programs do not receive diagnostic evaluations by the time they are 3 months of age. Moreover, only about half of the infants and toddlers diagnosed with hearing loss are enrolled in appropriate early intervention programs by 6 months of age. The Committee believes that increased funding is required to ensure that states develop appropriate surveillance and tracking systems to provide timely and appropriate diagnostic and intervention services to infants and toddlers.

Funding may also be used to support applied research projects related to increasing the accuracy of newborn hearing screening, improving the effectiveness of tracking and surveillance programs, determining the etiology and epidemiology of childhood hearing loss, and analyzing the costs and benefits of such programs. The Committee encourages CDC to assist states in clarifying how EHDI surveillance, tracking, and data management programs are affected by the Health Insurance Portability and Accountability Act and the Family Education Rights and Privacy Act

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

Fetal Alcohol.—The Committee is concerned about the prevalence of Fetal Alcohol Syndrome (FAS) in the United States and notes that drinking during pregnancy is the nation's leading known preventable cause of mental retardation and birth defects. The Committee commends the U.S. Surgeon General for releasing an updated advisory in February, 2005, on alcohol use in pregnancy, urging women who are pregnant or who may become pregnant to abstain from alcohol. The Committee urges CDC to work with partner organizations, such as the National Organization on Fetal Alcohol Syndrome, to generate awareness of the Surgeon General's new FAS prevention advisory, especially among high-risk communities.

Folic Acid.—The Committee provides $2,400,000 to support and expand the folic acid educational campaign, which is $212,000 above fiscal year 2005. The Committee is pleased since fortification of U.S. grain products with folic acid, the rate of neural tube defects has decreased by 26% and encourages CDC to enhance the

national campaign to increase the number of women taking folic acid daily. The Committee also encourages CDC to continue to support collaboration among the states on issues related to surveillance, research and prevention through support of the National Birth Defects Prevention Network.

Fragile X.—The Committee is encouraged by the CDC's progress in establishing a Fragile X public health program to expand surveillance and epidemiological research of Fragile X, as well as provide patient and provider outreach on Fragile X and other developmental disabilities. The Committee has provided sufficient funding to support the continuation of these activities.

Hemophilia.—The Committee supports CDC's efforts, in collaboration with the National Hemophilia Foundation, to carry out needed education, prevention, blood safety surveillance, and outreach programs for the millions of people in the United States affected by bleeding and clotting disorders, including hemophilia, women's bleeding disorders, and thrombophilia. The Committee recognizes the strain these additional efforts place on the national hemophilia treatment center network. Within the resources provided, the Committee urges CDC to enhance its support where possible of the network to ensure continued access to this comprehensive chronic care model for all persons with bleeding and clotting disorders.

Hereditary Hemorrhagic Telangiectasia (HHT).—The Committee is aware of interest in the establishment of an HHT National Resource Center through a partnership between the CDC and the national voluntary agency representing HHT families. The Committee encourages the CDC to examine carefully proposals to establish such a center and give every appropriate consideration to supporting it within the funds provided.

Limb Loss Information Center.—The Committee recognizes that one of the greatest challenges facing individuals with limb loss is access to necessary health and rehabilitative services. The Committee applauds CDC for its partnerships with governmental, academic and voluntary health organizations, such as the Amputee Coalition of America, to advance the quality of life through research and support programs for people living with limb loss. The Committee continues to strongly support the CDC's resource and information center which assist individuals living with disabilities, and their families, in need of information on medical, physical, and emotional needs, and resources and support to reintegrate socially and economically into society. The Committee urges CDC to continue its support of the Center at no less than the fiscal year 2005 level.

Spina Bifida.—The Committee provides $5,300,000, which is $475,000 above fiscal year 2005 for the National Spina Bifida Program in coordination with its external partners, such as the Spina Bifida Association of America. The Committee continues to support the partnerships CDC has developed and encourages CDC to allocate a portion of the increase provided for the maintenance and expansion of the National Spina Bifida Clearinghouse and Resource Center. In addition, the Committee supports the Memorandum of Understanding between CDC and the Agency for Healthcare Research and Quality to examine clinical treatment of Spina Bifida and improve quality of life.

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

Tourette Syndrome.—The Committee commends CDC for its work regarding Tourette Syndrome and supports the continuation of its external partnership with the Tourette Syndrome Association to develop and implement a public health education and research program. The Committee provides $1,800,000 for fiscal year 2006 to continue to educate parents, physicians, educators and other health care workers about Tourette Syndrome disorder and to expand on the scientific knowledge base on prevalence, risk factors and co-morbidities of Tourette Syndrome. The Committee intends that these resources be used to support the existing partnership.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex (TSC) is a genetic disorder that causes uncontrollable tumor growth. Because this disorder can affect multiple organs of the body, it is difficult to diagnose, track and properly treat. The Committee is aware of interest in developing a joint initiative between the CDC and a relevant voluntary health organization, such as the Tuberous Sclerosis Alliance, to collect and analyze data from the nationwide network of TSC clinics; support surveillance and epidemiological studies; and to educate health care professionals and teachers who come into contact with TSC patients. The Committee encourages the CDC to examine the feasibility of undertaking this initiative from within the funds provided.

Vision Loss.—The Committee is aware of interest in the creation of a National Information Center on Vision Loss to address the need for appropriate public health information to prevent further impairment and disability among individuals who are blind or who have low vision. The Committee encourages CDC to consider this proposal, including partnering with a national non-profit organization that is recognized for leadership in providing information to persons who are blind or visually impaired, including published resource guides, directories of services for consumers in the field, scholarly journals on blindness and vision loss, assistive technology magazines, and talking books.

HEALTH INFORMATION AND SERVICE

The Committee provides a program level of $223,799,000 for Health Information and Service, which is $4,874,000 below the fiscal year 2005 comparable level and the same as the request. Within the total, $28,730,000 is to be derived from section 241 evaluation set aside funds and is included to carry out National Center for Health Statistics surveys, Public Health Informatics evaluations, and health marketing evaluations.

Health statistics

The Committee provides a total of $109,021,000 for health statistics, which is the same as the fiscal year 2005 comparable level and the request. Within the amount provided $3,516,000 shall be derived from section 241 evaluation set-aside funds, as proposed in the request.

The Health Statistics program is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Surveys include the National Vital Statistics System, the National Health Interview Survey, the National Survey of Family Growth, the National Health and Nutrition Examination Survey, and the National Health Care Survey.

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

Nontuberculous Mycobacteria.—The Committee is concerned that Nontuberculous Mycobacteria [NTM] incidence continues to rise. Mycobacteria are environmental organisms found in both water and soil that cause significant respiratory damage. The Committee encourages NCHS to include questions regarding NTM testing in ongoing surveys to gain a better understanding of the epidemiology of this emergent disease.

Informatics and Health Marketing

The Committee provides a total of $114,778,000 for informatics and health marketing, which is $4,874,000 below the fiscal year 2005 comparable level and the same as the request. Within the total, $25,214,000 shall be derived from section 241 evaluation set-aside funds, as proposed in the request.

ENVIRONMENTAL HEALTH AND INJURY PREVENTION

The Committee provides $285,721,000 for environmental health and injury prevention, which is the same as the fiscal year 2005 comparable level and $901,000 above the request.

Environmental health

The Committee provides $147,483,000 for environmental health, which is the same as fiscal year 2005 comparable level and $595,000 above the request.

Asthma.—The Committee is pleased with the work that the CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at-risk populations in underserved communities. To further facilitate this effort, CDC is urged to partner with relevant voluntary health organizations, such as the American Lung

Association, to support program activity consistent with the CDC's efforts to fund community-based interventions that apply effective approaches demonstrated in research projects within the scientific and public health community.

Biomonitoring.—The CDC's National Report on Human Exposure to Environmental Chemicals is a significant new exposure tool that provides invaluable information for setting research priorities and for tracking trends in human exposures over time. Accordingly, the Committee continues to support the CDC environmental health laboratory's efforts to provide exposure information about environmental chemicals. In addition, the Committee encourages CDC to consider devoting a greater proportion of program resources to develop the necessary methods to interpret human biomonitoring concentrations in the context of potential health risks. The Committee applauds the CDC's biomonitoring efforts and encourages the agency to continue this program and as well as improve its efforts to communicate these results in context.

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

Dioxin Emission Reduction.—The Committee encourages the CDC to establish a public health awareness effort to inform the public of dioxin emissions that may originate from non-point sources and methods and/or techniques that the public can use to reduce the emissions of non-point source dioxins to the environment.

Landmine Survivor Network.—The Committee commends CDC for its partnership with the Landmine Survivor Network that has developed peer support networks for landmine survivors in six mine-affected countries around the world. The Committee recommendation assumes continued support for the Network at no less than FY 2005 levels, to expand peer support networks and the number of survivors that are reached in network and non-network countries; strengthen the capacity of medical and rehabilitative care facilities to address the needs of amputees; enhance economic opportunities for survivors; and further CDC programs and research for victims of landmines, civil strife and warfare.

Injury prevention and control

The Committee provides $138,237,000 for the injury control program, which is the same as the fiscal year 2005 comparable level and $306,000 above the request. The injury prevention and control program supports intramural research, injury control research centers, extramural research grants, and technical assistance to state and local health departments.

Gun Control Advocacy.—The Committee recommendation maintains language carried in the fiscal year 2005 bill and prior years prohibiting federal funds from being used to lobby for or against the passage of specific federal, state or local legislation intended to advocate or promote gun control. The Committee understands that the CDC's responsibility in this area is primarily data collection

and the dissemination of that information and expects that research in this area to be objective and grants to be awarded through an impartial, scientific peer review process.

OCCUPATIONAL SAFETY AND HEALTH

The Committee provides $251,241,000 for occupational safety and health, which is $34,800,000 below fiscal year 2005 and $34,689,000 below the request. Of the amount provided, $87,071,000 is to be derived from section 241 evaluation set-aside funds, as proposed in the request. The Committee notes that after adjusting for the transfer of $34,800,000 for central business services and support outlined below, the recommendation is the same as fiscal year 2005 and $111,000 above the request.

The National Institute for Occupational Safety and Health conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

The Committee understands that in the reorganization of CDC that NIOSH has been recognized as one of the agency's 5 coordinating centers. Given its unique statutory requirements, the Committee concurs that this is the appropriate placement of NIOSH within CDC's current structure. It is the expectation of the Committee that CDC will afford NIOSH all the rights and privileges of this status in the organization including participating on CDC's Executive Leadership Board as well as the Management Council given that these are the policy and decision-making bodies of the Agency.

The Committee recommendation includes a permanent transfer of $34,800,000 from the NIOSH budget activity to CDC's centralized business services budget activity. This transfer, which is equal to the central business systems assessment for fiscal years 2004 and 2005, brings NIOSH in line with the other coordinating centers and obviates the need for continued central business services assessments, except those required by the Department. Finally, the Committee directs CDC to treat any additional CDC assessment on the NIOSH budget activity as a reprogramming of funds and to comply with the process set forth in section 517 of this Act.

GLOBAL HEALTH

The Committee provides $309,076,000 for global health, which is $213,000 above the fiscal year 2005 comparable level and $2,997,000 above the request.

Through its Global Health activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations, U.S. agencies, and international organizations to prevent and contain diseases and environmental health problems and to develop and apply health promotion activities. In cooperation with Ministries of Health and other appropriate organizations, CDC tracks and assesses evolving global health issues and identifies and develops activities to apply CDC's technical expertise to be of maximum public health benefit. Program areas include: the Global AIDS Pro-

gram, the Global Immunization Program, the Global Malaria Program, the Global Disease Detection Initiative, and Other Global Disease Activities.

Within the total, the following amounts are included for global health activities: $123,883,000 for Global AIDS, which is $54,000 above fiscal year 2005; $137,194,000 for Global Immunization, which is $68,000 above fiscal year 2005; $36,500,000 for Global Disease Detection, which is the same as fiscal year 2005, after adjusting for the avian flu funding in the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief Act, 2005; $9,113,000 for the Global Malaria Program, which is the same as fiscal year 2005; and $2,386,000 for Other Global Disease Activities, which is the same as fiscal year 2005.

TERRORISM AND PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Committee provides $1,616,723,000 for CDC terrorism preparedness and response activities, which is the same as the request and $6,034,000 below the fiscal year 2005 comparable level.

Since fiscal year 2002, CDC terrorism and preparedness funds were requested and provided within the Public Health and Social Services Emergency Fund (PHSSEF). Now that these programs and activities are a part of the CDC's annual appropriations, the Committee believes the funding more appropriately belongs within the managing Agency's account.

The Committee seeks to ensure that CDC's bioterrorism activities continue to be coordinated with those in other parts of HHS and directs CDC to work with the Office of the Secretary in the development of the requested Department-wide operating plan.

Within the funds provided, $853,300,000 is for Upgrading State and Local Capacity, including $790,000,000 to be provided to State and local health departments through grants and cooperative agreements (this amount is $67,337,000 below fiscal year 2005 and 54,609,000 above the request), and $31,400,000 for Centers for Public Health Preparedness; $140,200,000 is for Upgrading CDC Capacity; $14,000,000 is for Anthrax; $79,223,000 is for the Biosurveillance Initiative; and $530,000,000 is for the Strategic National Stockpile (this amount is $63,300,000 above fiscal year 2005 and $70,000,000 below the request).

The Committee also understands that within the above amounts for terrorism preparedness and response, up to $34,400,000 will be used for CDC business services and support. In addition, $8,589,000 of the amounts available for the Strategic National Stockpile are to be transferred for the administration and management costs within the Office of the Secretary related to the BioShield program.

Pandemic Preparedness and Avian Flu.—The Committee is increasingly concerned about the threat posed to public health by avian flu and pandemic influenza, which public health authorities estimate could kill 90,000 to 300,000 people in the United States. Public health preparedness with respect to a pandemic influenza cuts across a broad array of federal public health activities. As a result, the Committee recommendation includes funding to enhance several of CDC's functions to assist in improving our nation's capability of detecting, controlling, and responding to potential health

threats related to influenza in general, and novel influenza strains in particular. Included is:

$102,500,000, which is $3,498,000 above fiscal year 2005, within Infectious Diseases Control to, among other things, enhance the sentinel physician surveillance system, assist state and local health departments to improve vaccine delivery, and conduct research aimed at developing rapid molecular methods for characterizing influenza viruses;

$36,500,000 for Global Disease Detection, which is $15,074,000 above the fiscal year 2005 enacted level, to build upon the $15,000,000 provided in the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief Act, 2005, for combating the spread of the avian influenza virus in Southeast Asia, and to enhance the global surveillance and response network for infectious diseases;

$265,680,000 for vaccine purchase grants, which is $35,441,000 above the fiscal year 2005 comparable level, to help improve the stability of the influenza vaccine market and ensure a plentiful supply of influenza vaccine for the 2004/2005 flu season; and

$530,000,000 for the Strategic National Stockpile, which is $63,300,000 above the fiscal year 2005 comparable level, to maintain and expand the Stockpile's supplies and countermeasures for assisting State and local governments in responding to both terrorist and naturally occurring public health emergencies, including the purchase of influenza countermeasures.

In addition, $120,000,000, which is $20,802,000 above fiscal year 2005, is provided within the Public Health and Social Services Emergency fund for pandemic preparedness. The purpose of these funds is to ensure a year-round influenza vaccine production capacity in the U.S. and the development and implementation of rapidly expandable influenza vaccine production technologies.

The Committee recognizes that although a combination of efforts will be needed to address an influenza pandemic, early in an outbreak, especially before a vaccine is available, use of antiviral drugs may ease some of the symptoms of individuals infected and might slow the spread of the pandemic. Given the lag time in production and the high demand from other countries, the CDC must commit now to purchasing an adequate stockpile. The Committee is aware that the World Health Organization has recommended that nations stockpile enough antiviral treatments to cover 25% of their population. The Committee is concerned that the United States currently has enough antiviral treatments stockpiled to treat only 1% of the population and urges the CDC, in conjunction with HHS and NVPO, to determine what percentage of the U.S. population antiviral stockpiles should have the capacity to treat and how many doses are needed to meet this benchmark and report back to the Committee with these findings by no later than January 1, 2006.

The Committee understands antiviral treatments have repeatedly been shown to reduce the duration and severity of symptoms when given in the first 48 hours of influenza symptoms. Although there are gaps in knowledge about the efficacy of antivirals in a

pandemic, it appears that these gaps should not be used as a reason for inaction. The Committee urges the Department to undertake an analysis to define optimal antiviral use, potential health impacts and cost-effectiveness of antiviral drugs in the setting of a pandemic and directs the Secretary to be prepared to report on the findings during the Committee hearings on the fiscal year 2007 budget request.

The Committee urges CDC to review and approve state pandemic influenza plans in order to ensure nationwide preparedness standards and to facilitate regional coordination. Further, CDC should recommend that States make approved plans publicly available.

In addition, the Committee urges CDC to develop and implement a public education campaign about pandemic influenza and preparedness, including information concerning the potential need for general vaccination and personal precautionary measures. CDC should also develop a strategy for communicating with the business community to provide information about the economic disruptions and communiy needs that may arise during a pandemic period.

Modified Vaccinia Ankara.—The Committee is concerned that individuals with weak immune systems, an estimated 20% of the U.S. population, cannot take the existing animal-derived and cell-derived smallpox vaccines currently stored in the Strategic National Stockpile for emergency purposes. Funds have already been appropriated for the planned stockpiling of the Modified Vaccinia Ankara (MVA) Smallpox Vaccine for immuno-compromised Americans. The Committee supports the Department's plans to purchase 60 million doses of the new vaccine.

PUBLIC HEALTH RESEARCH

The Committee provides $31,000,000 for public health research, which is the same as the fiscal year 2005 and the request. All funds provided shall be derived from section 241 evaluation set-aside funds, as proposed in the request.

Through this activity, CDC supports high-quality public health research that studies the best methods for making the transition from research to practice. Funds support research that is proposed by experienced investigators working with communities, health practitioners, and policymakers to address local priority health concerns.

PUBLIC HEALTH IMPROVEMENT AND LEADERSHIP

The Committee provides $258,541,000 for public health improvement and leadership, which is $8,301,000 below fiscal year 2005 and $52,000,000 above the request.

This activity supports several cross-cutting areas within CDC. Included is the CDC's Leadership and Management function, which funds the CDC Office of the Director, coordinating centers, and each constituent center and office. The Public Health Improvement and Leadership also supports the CDC's public health workforce and career development efforts, the Director's Discretionary Fund, and Congressional projects.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

The Committee provides $100,000,000 for the preventive health and health services block grant, which is $18,526,000 below the fiscal year 2005 comparable level and $100,000,000 above the request. This block grant provides flexible funds to States by formula for a wide range of public and preventive health activities. The flexibility afforded to the states, allows them to target funds to address chronic diseases, such as diabetes, arthritis, heart disease, and stroke, to direct funds to meet challenges of outbreaks of infectious diseases, such as West Nile Virus and influenza, and/or to implement prevention and control programs related to injury and abuse.

BUILDINGS AND FACILITIES

The Committee provides $30,000,000 for buildings and facilities, which is $239,708,000 below the fiscal year 2005 comparable level and the same as the request.

These funds support construction and ongoing maintenance projects, as well as essential safety repairs and equipment purchases. Of the funds provided, $22,500,000 is to complete the replacement of the CDC's Vector Borne Infectious Diseases Laboratory in Ft. Collins, CO.

Data Security and Storage.—Within the amount provided sufficient funds are available for data center storage infrastructure hardware and software upgrades. This funding is to provide further for the remote mirroring of information between CDC data centers and recovery sites, and to provide heterogeneous connectivity to existing systems in use at the CDC, in order to ensure the protection, recovery, and availability of critical resources; as well as to provide for enhanced security-specific technologies and services in concert with critical infrastructure protection requirements.

BUSINESS SERVICES AND SUPPORT

The Committee provides $298,515,000 for business services and support, which is $19,677,000 above the fiscal year 2005 comparable level and $34,800,000 above the request. The Committee notes that the recommendation includes $34,800,000 within this budget activity that was provided in fiscal year 2005, and in the request for fiscal year 2006, within the NIOSH budget activity. The result is to provide the NIOSH share of CDC centralized business systems and support within this activity and to obviate the need for additional taps and assessments. After making adjustment for this change, the recommendation is $15,123,000 below fiscal year 2005 and the same as the request.

NATIONAL INSTITUTES OF HEALTH

The Committee provides $28,506,805,000 for the twenty-six appropriations which together fund the programs of the National Institutes of Health (NIH). The total in the bill is $142,290,000 above the fiscal year 2005 comparable level and $2,979,000 below the budget request. This amount includes $97,021,000 for targeted research activities to develop radiological, nuclear and chemical threat countermeasures. The Administration had requested this funding in the Public Health Social Services Emergency Fund.

Roadmap.—The Committee endorses the Administration's proposal of supporting the NIH Roadmap for Biomedical Research at a funding level of $332,800,000 from funding contributed by the Institutes and Centers based on less than one percent of their budgets and out of the Director's Discretionary Fund. The Committee believes the Roadmap is an important step to moving biomedical research forward to the next level of discovery at a pace that hastens its delivery to patients. The Roadmap addresses common needs across all disease areas and should produce research advances that will benefit many diseases and conditions. The Committee expects to be notified on a quarterly basis if the contribution from the Institutes and Centers or the allocation of funding by initiative changes from what is presented in the congressional justification.

Biodefense.—The Administration's fiscal year 2006 budget for NIH includes $1,791,000,000 for bioterrorism activities, including funds proposed in the Public Health and Social Services Emergency Fund. The Committee has included the $97,021,000 requested for NIH within the Emergency Fund directly in the NIH Office of the Director appropriation. The Committee has not identified a specific funding level for biodefense research, choosing to give the Director of NIH flexibility in determining what share of NIH resources should be considered biodefense activities.

Balance in the research portfolio.—The Committee reiterates its longstanding view that NIH should distribute funding on the basis of scientific opportunity. The Committee urges the Director and the Administration to continue to resist pressures to earmark, set aside and otherwise politicize these resources. To enhance NIH's flexibility to allocate funding based on scientific opportunity, the Committee has attempted to minimize the amount of direction provided in the report accompanying the bill. For example, there are no directives to fund particular research mechanisms, such as centers or requests for applications, or specific amounts of funding for particular diseases.

In stating that scientific opportunity should be the basis for allocating research funding, the Committee understands that other factors also are relevant to NIH's decisions, including such considerations as the infectious nature of a disease, the number of cases and deaths associated with a particular disease, the Federal and other costs of treating a disease, the years of productive life lost due to a particular disease, and the estimated proximity to research breakthroughs. The Committee does not presume to judge which criteria should take precedence or carry the greatest weight in individual funding decisions, but urges NIH to consider the full array of relevant criteria as it constructs its research portfolio. The Committee applauds the Director's focus on the need to address chronic diseases with preemptive interventions before symptoms appear and function is lost.

AIDS funding.—Consistent with the philosophy outlined above, the Committee has chosen not to earmark a specific dollar amount for AIDS research. The Committee understands that it would be NIH's intent to allocate AIDS funding consistent with the Director's recommendations. The Committee understands that this allocation may change before the beginning of the fiscal year.

The Committee intends that the funds allocated for AIDS should be spent in a manner fully consistent with the AIDS research plan developed by the Office of AIDS Research (OAR) and expects the Director of NIH to use the full authority of his office to ensure that this occurs. The Committee has provided the Director of OAR, jointly with the Director of NIH, transfer authority to reallocate up to three percent of funds designated for AIDS research among Institutes, subject to normal reprogramming procedures. The Committee encourages NIH to use this authority whenever it believes that an adjustment in the allocation of AIDS funding between Institutes is appropriate to achieve scientific objectives or to facilitate promising research efforts.

The Committee continues to support OAR, its leadership, and its coordinated budget planning process and expects the individual institutes and centers to fully cooperate with OAR's work. The Committee has provided funding for the OAR within the Office of the Director and intends that the OAR will maintain its current structure and responsibilities, including the allocation of an emergency discretionary fund.

NATIONAL CANCER INSTITUTE

The Committee provides $4,841,774,000 for the National Cancer Institute (NCI), which is $16,515,000 above the fiscal year 2005 comparable level and the same as the budget request. The bill includes language requested by the Administration permitting up to $8,000,000 for repairs and improvements to the NCI intramural facility in Frederick, Maryland.

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

Prostate Cancer.—The Committee recognizes NCI's commitment to prostate cancer research as laid forth in its "Prostate Cancer Research Plan, FY 2003—FY 2008". The Committee requests that NCI provide an annual update every January on its progress in prostate cancer research as it reflects the goals outlined in the plan for years fiscal years 2006–08. In developing this update, the Committee urges the NIH to consult and work closely with the research community, clinicians, and patient advocacy groups and the Congress.

Breast cancer.—Breast cancer's toll continues to threaten the lives and the quality of life of thousands of women. In addition to ongoing research activities underway at the Institute, the Committee hope that increased attention will also be given to areas of research that focus on helping women to more fully restore and improve their quality of life after treatment, including further research on lymphadema, stress, nutrition, exercise, weight, and environment.

The Committee remains concerned about missed opportunities in breast cancer screening, detection, prevention, control, early diagnosis, and mammogram detection, reading and analysis. The Com-

mittee encourages NCI to further accelerate advances in breast cancer screening technology and to capitalize on existing and create new technologies that improve early diagnosis, health outcomes, and survival.

Ovarian cancer.—The Committee remains concerned that survival rates associated with ovarian cancer have improved only slightly over the past 20 years. Ovarian cancer is the deadliest of all gynecological cancers. For all women diagnosed with ovarian cancer, the five-year survival rate is 45 percent. More than two-thirds of the women have advanced disease at the time of diagnosis, and for this group, the 5–year survival rate is 29 percent. The Committee commends NCI for its recognition of the importance of studying this deadly women's disease and appreciates the NCI's recent investment that is helping to increase the understanding of the unique molecular pathways associated with ovarian cancer through its SPOREs program. The Committee encourages NCI to sustain and strengthen its commitment to and investment in ovarian cancer and maintain the specialized programs of research excellence (SPORE) initiatives directed toward ovarian cancer in fiscal year 2006.

Liver Cancer.—The Committee remains concerned with the increasing incidence of primary liver cancer, which is in sharp contrast to many other forms of cancer where the incidence is declining and the treatment options are rapidly increasing. The Committee is aware that NCI, working with NIDDK, has convened an Experts Conference and is moving ahead with plans to increase resources dedicated to this disease. The Committee urges NCI to make a strong commitment to research on primary liver cancer with particular focus on the development of drugs that target the cancer without killing healthy cells by interfering with the cellular pathways of the disease. The Committee further urges NCI to continue to support the NIDDK sponsored HALT–C clinical trial which has particular relevance to the NCI mission.

Pancreatic cancer.—Pancreatic cancer is the country's fourth leading cause of cancer death. Most patients present with advanced disease at diagnosis and the median overall survival rate for people diagnosed with metastatic disease is only about six months. The Committee is concerned that there are too few scientists researching pancreatic cancer and compliments the NCI's past efforts for increasing the research field through its program of a 50 percent formalized extended payline for grants that were 100 percent relevant to pancreatic cancer. The Committee considers this an important method for attracting both young and experienced investigators to develop careers in pancreatic cancer. In 2004, the NCI established a new policy for awarding additional grants in pancreatic cancer research and extended this initiative to research that is 50 percent relevant to pancreatic cancer. The Committee requests NCI to report in February, 2006 on how the two changes in policy have affected the pancreatic cancer portfolio, including the percentage relevancy of each grant to pancreatic cancer, and urges NCI to continue its commitment to fertilize the pancreatic cancer field.

Lymphoma.—Lymphoma is the fifth most common cancer and the most common hematological cancer. Unlike many other cancers, lymphoma often strikes individuals in young adulthood and the middle years, significantly impacting their professional produc-

tivity and individual role in the family and society. The Committee recommends that NCI take bold action to address lymphoma as a public health problem and to capitalize on important research advances to date. The Committee encourages NCI to strengthen its investment in translational and clinical lymphoma research.

The Committee commends NCI and the National Institute of Environmental Health Sciences (NIEHS) for convening a workshop on the viral and environmental links to lymphoma and recommends that steps be taken to strengthen the NCI investment in this area. The Committee recommends that NCI direct resources to: (1) studies of adequate scope to assure the identification of environmental risk factors for specific subtypes of lymphoma; (2) small studies designed to improve detection and quantification of historically difficult-to-measure environmental factors; (3) studies that are directed toward enhancing the understanding of the role of the immune system in the initiation and progression of lymphoma; and (4) studies that examine the simultaneous presence of a wide profile of infectious agents among individuals with lymphoma.

The Committee recommends that resources be directed to research related to long-term survivors of both non-Hodgkin's lymphoma and Hodgkin's lymphoma. The report of the Leukemia, Lymphoma, and Myeloma Progress Review Group (LLM PRG) recommended that resources be invested in identifying the populations of patients that are at high risk of adverse outcomes from their treatment for lymphoma.

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

Neurofibromatosis (NF).—The Committee is pleased with NCI's clinical trials of NF patients and encourages NCI to enhance its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation, and clinical trials. The Committee recognizes that basic research has successfully brought NF into the clinical era and encourages NCI to create, fund, and implement NF clinical trial infrastructures including NF centers, patient data bases, and tissue banks. The Committee further encourages NCI to apply existing cancer drugs to NF patients in clinical trials and to develop new drugs for NF which could then apply to the general population because of NF's connection to many forms of human cancer. The Committee is aware of significant new advances in NF research in the past few years in the area of tumor suppression and encourages NCI to continue to coordinate its efforts with other NIH institutes and government agencies.

Angiogenesis.—The Committee applauds NCI, working with other Institutes, for its leadership in planning and launching the Trans-NIH Angiogenesis Research Program (TARP) that promotes multidisciplinary research on the control and promotion of new blood vessel growth. This research has the potential to lead to the

development of new therapeutic strategies for a variety of diseases, including cancer, diabetic eye disease, diabetic kidney disease, and others.

Hemophilia.—The Committee understands that field work on the Multi-Center Hemophilia Cohort Study will be complete in September, 2005. This cohort offers a rich database for improving the understanding of hepatitis C virus and other concerns of major public health interest. The Committee expects NCI to take all necessary steps to ensure the samples obtained through this cohort are preserved and accessible for future research. The Committee also requests a report by March 31, 2006 on possible future research opportunities using the cohort samples.

Tuberous sclerosis complex (TSC).—TSC is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. In light of its similarities to the uncontrolled growth of cancer cells, many scientists believe that determining the cause of tumor growth in TSC could open the way for cures and treatments for cancer as well. To those ends, the Committee strongly encourages NCI to support programs examining the molecular and cellular basis of TSC, and the role of TSC in tumor development.

American Russian Cancer Alliance (ARCA).—The Committee applauds the progress of ARCA in harnessing the scientific strengths of its partners in pursuit of novel research activities that ultimately benefit cancer patients worldwide. The Committee notes in particular the continued development of the unique ARCA projects in molecular imaging and radioisotope-targeted therapy that have strengthened the scientific collaborations with the leading Russian nuclear research centers and American cancer centers. Moreover, the Committee recognizes and commends NCI for providing support to the ARCA infrastructure and facilitating international exchange and communication between the American and Russian partners. The Committee encourages NCI to continue and enhance its support for the research programs of ARCA, recognizing both the scientific opportunities within the partnership and the national interest in fostering the international effort to develop new, productive avenues for the use of nuclear stockpiles previously earmarked for weapons development.

Cancer metastasis.—The NCI is encouraged to develop an interdisciplinary and integrated approach to study bone metastasis, by combining the expertise of oncologists, bone biologists and metastasis experts. Key issues to address include the generation of novel organ-like or mouse models which closely mimic tumor bone interactions that will pave the way for delineating novel mechanisms of how tumor cells go to the bone; designing novel targets for better prognosis; and effective therapeutic targeting. The Committee encourages NCI to continue supporting research that furthers the understanding of the causes and consequences of sarcoma. The Committee also recommends that NCI support research on osteosarcoma to improve survival and quality of life and to prevent metastatic osteosarcoma in children and teenagers who develop this cancer.

Tobacco harm reduction.—The Committee recognizes and applauds the significant work of HHS and its agencies in the area of tobacco and health, particularly recent efforts aimed at facilitating

smoking cessation. The Committee believes it is important to continue to explore additional methods to reduce smoking related mortality and morbidity in the 10 to 15 percent of the adult population who cannot or will not quit smoking. In a recent study funded by NCI, a panel of leading tobacco experts was asked to review scientific literature for the comparative mortality risks of low-nitrosamine smokeless tobacco products and conventional cigarettes. The panel of experts concluded that, based on published scientific literature, low-nitrosamine smokeless tobacco products pose a substantially lower risk to the user than conventional cigarettes. Given this important conclusion, the Committee urges NCI to continue its research into harm reduction strategies for cigarette smokers, and consider the role low-nitrosamine smokeless tobacco products may play in the overall effort to reduce the incidence of cigarette smoking in the U.S.

Cancer biobank.—The Committee believes that the cancer biobank, because it will centralize and standardize molecular annotation of tissues, has the potential to greatly accelerate the understanding of cancer and the discovery and development of new biomarkers, new diagnostics and new therapeutic approaches. As it is established by NCI, the Committee believes that it will be most efficient to utilize existing technologies such as high-density microarrays, given the long time frame for the development of new technologies.

Advanced technologies.—The Committee commends NCI for its goal of eliminating the suffering and death caused by cancer by the year 2015. The Committee encourages NCI to pursue the use of advanced technologies such as nanotechnology, proteomics, and imaging, to rapidly translate basic research discoveries into targeted interventions to ultimately achieve the 2015 goal.

Informatics grid.—The Committee is pleased with NCI's development of the cancer Biomedical Informatics Grid (caBIG) as a network to facilitate the integration of diverse data types and the sharing of interoperable analytic tools. NCI is encouraged to work with the Office of the National Coordinator for Health Information Technology to use CaBIG as a prototype for an interoperable clinical data network.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The Committee provides $2,951,270,000 for the National Heart, Lung, and Blood Institute (NHLBI), which is $10,069,000 above the fiscal year 2005 comparable level and the same as the budget request.

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

Cardiovascular diseases.—The Committee continues to urge the Institute to place a high priority on research for heart disease, stroke and other cardiovascular diseases. The Committee encourages NHLBI to strengthen its research portfolio through all available mechanisms into the causes, cure, prevention and treatment of cardiovascular diseases.

Heart failure clinical research network.—The Committee is concerned that in spite of advances in treatment, the number of newly diagnosed cases and the number of Americans suffering from heart failure continues to grow. The Committee encourages NHLBI to consider initiating a research network to conduct clinical studies using new approaches to improve outcomes for heart failure patients and to provide an infrastructure to enable rapid translation of promising research findings into enhanced patient care. The network would have the capability of implementing multiple concurrent clinical studies that may show promise for new therapies and provide background for larger clinical trials.

Innovative technologies for engineering small blood vessels.—The Committee understands that the supply of natural blood vessels for multiple grafts does not meet the demand for patients undergoing heart artery bypass surgery and that prosthetic grafts for children born with complex heart defects fail at an unacceptable rate. The Committee encourages NHLBI to conduct research to advance the development of substitutes for natural blood vessels.

Specialized centers of clinically oriented research (SCCOR) for vascular injury, repair, and remodeling.—Vascular diseases result from clogged, weakened or otherwise damaged blood vessels. The Committee encourages NHLBI to consider initiating a new SCCOR program to conduct interdependent clinical and multidisciplinary basic research projects on the molecular and cellular mechanisms of vascular injury, repair, and remodeling. Such a program would promote patient-oriented research to improve prevention, detection, and treatment of vascular diseases. The SCCOR would provide an environment for new clinical investigators to develop skills and research capabilities to conduct relevant research in this area.

Cooley's anemia.—The Committee remains strongly supportive of the focused research effort that is being undertaken by the thalassemia clinical research network, which is comprised the leading research institutions in the field of thalassemia, or Cooley's anemia. The Committee believes that this network is just beginning to meet its promise and urges NHLBI to continue it and support the research projects undertaken by it.

Hemophilia.—The Committee commends NHLBI for its leadership in advancing research on bleeding and clotting disorders and the complications of these disorders. The Committee encourages NHBLI to maintain its work in this area and applauds the Institute for its efforts, in cooperation with voluntary organizations, to support research on improved and novel therapies for these disorders.

Pulmonary hypertension.—Pulmonary hypertension (PH) is a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. PH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. The Committee continues to view research in this area as a high priority and commends NHLBI's efforts to promote PH-related research. The Committee encourages the Institute to support funding for basic research, gene therapy and clinical trials of promising pharmaceuticals, and to take appropriate measures to ensure the submission of high quality proposals in this area.

Cardiovascular advanced screening program.—The Committee encourages NHLBI to sponsor a workshop on advanced screening methods for cardiovascular disease. This workshop would incorporate the Cardiovascular Health Study data, expertise from the National Cholesterol Education Project, and input from the cardiology community. The proceedings from this workshop could be used in the development of a Federal plan to address barriers to access to these advanced screening methods.

Transmissible spongiform encephalopathies.—The Committee encourages NHLBI to continue its efforts to develop a diagnostic test for TSE that would be suitable for screening the blood supply. Currently, there is no suitable method for identifying TSE-infected blood. In addition, the Committee encourages NHLBI to seek new technologies and procedures for inactivating blood-borne causative agents for human TSEs, further ensuring a safe blood supply. Human TSEs, for which there are no known treatments, include Creutzfeld-Jakob disease and new variant Creutzfeldt-Jakob disease.

National COPD education and prevention program.—The Committee is pleased that NHLBI held a preliminary workshop to formulate strategies towards implementing a national chronic obstructive pulmonary disease (COPD) education and prevention program. Since COPD is the fourth leading cause of death in the United States, the Committee urges NHLBI to continue its education efforts to bring advances in medical care to the public. Early identification of those at-risk for or who have COPD is essential in the effort to stem the growth of the population with COPD. The Committee encourages NHLBI to continue its efforts in this area, working with national lung organizations, to develop a national education campaign for providers and the public about COPD.

Scleroderma.—The Committee is encouraged by NHLBI's growing interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, affecting multiple systems including the heart and lungs. The Committee is pleased that NHLBI funded the Scleroderma Lung Study, a large multi-center trial whose focus is to find a therapy that may alter the course of the inflammation of the lungs that occurs in approximately 40 percent of those diagnosed with the systemic scleroderma. The Committee also commends NHLBI for its commitment to finding a cause and improved therapies for pulmonary arterial hypertension. Pulmonary arterial hypertension occurs in approximately 50 percent of those diagnosed with systemic scleroderma. More research is needed to identify the causes of the complications of scleroderma that include pulmonary fibrosis, pulmonary hypertension, myocardial fibrosis, cardiac arrhythmias, pericarditis, and Raynaud's Phenomenon.

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

Sleep disorders.—The Committee continues to recommend that the National Center on Sleep Disorders Research partner with

other federal agencies, such as the Centers for Disease Control and Prevention, as well as voluntary health organizations to develop a sleep education and public awareness initiative to serve as an ongoing, inclusive mechanism for public and professional awareness on sleep and sleep disorders.

Marfan syndrome.—Marfan syndrome is characterized by aortic aneurysms, painful orthopedic issues, pulmonary issues and ocular manifestations that can result in blindness. The Committee commends NHLBI for its support of research opportunities to study this life threatening, degenerative genetic disorder. Recent advances in basic research are ready to be translated into promising clinical trials. The Committee suggests that NHLBI collaborate with other institutes to support a clinical trial for drug therapies to potentially reverse the cardiovascular and pulmonary manifestations of this disorder.

Alpha-1 antitrypsin deficiency.—The Committee is aware that Alpha-1 antitrypsin deficiency is often misdiagnosed as asthma or Chronic Obstructive Pulmonary Disease (COPD). Alpha-1 is a major cause of liver transplantation in adults and children. The Committee recommends the establishment of an inter-institute coordinating committee to facilitate cooperation between NHLBI, NIDDK, NHGRI, and other institutes to enhance the NIH research portfolio, encourage targeted detection, raise public awareness about Alpha-1 and provide appropriate information to health professionals.

Duchenne muscular dystrophy (DMD).—The Committee is pleased that NLHBI has enhanced its research and related activities surrounding pulmonary complications associated with DMD and urges the Institute to continue to enhance its work in this area. The Committee hopes that NHLBI will become more involved with NIH muscular dystrophy activities by joining the Muscular Dystrophy Coordinating Committee.

Primary immunodeficiency diseases.—The Committee understands that NHLBI has begun to work with voluntary agencies as part of a national physician education and public awareness campaign for primary immunodeficiency diseases. The Committee encourages NHLBI to take further action in this regard and to continue to be an active participant in the development of educational materials, conferences, and related initiatives, as appropriate.

Novel targets and therapy development for clot-based stroke.—The Committee recognizes that an urgent need exists to develop new therapies to reduce bleeding risk and minimize brain damage and loss of function from stroke. The Committee encourages NHLBI to consider initiating a collaborative effort to identify new molecular targets, explore promising agents, and develop innovative therapies to quickly restore blood flow to the brain to limit stroke damage.

Nontuberculous mycobacteria [NTM].—Mycobacteria are environmental organisms found in both water and soil that can cause significant respiratory damage. The Committee is aware of the increasing incidence of nontuberculous mycobacteria [NTM] pulmonary infections in women, particularly involving rapidly growing mycobacteria, an inherently resistant subspecies. The Committee encourages NHLBI to collaborate with NIAID and other institutes leading to a better understanding of NTM and enhancing

diagnostics and treatment and promoting appropriate education of health care providers.

Lymphangioleiomyomatosis (LAM).—The Committee remains very interested in efforts to find a cure for LAM, a progressive and often fatal lung disease of women with no effective treatment. The Committee understands that very recent scientific findings have presented new treatment approaches for clinical testing, and that experimental trials with the drug sirolimus have begun. The Committee encourages NHLBI to explore opportunities for funding clinical treatment trials through both intramural and extramural means and to use all available mechanisms as appropriate, including support of state-of-the-science symposia, request for applications, and facilitating access to human tissues, to stimulate a broad range of clinical and basic LAM research.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

The Committee provides $393,269,000 for the National Institute of Dental and Craniofacial Research (NIDCR), which is $1,440,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NIDCR conducts and supports research and research training to improve craniofacial, oral and dental health. The Institute's programs reflect the genetic, behavioral and environmental factors that result in complex human disease and are clustered into the following areas: inherited disorders; infection and immunity; oral, pharyngeal and laryngeal cancers; chronic and disabling conditions such as bone and joint diseases and chronic pain; behavioral science, epidemiology and health promotion; and tissue engineering and biomimetics research to improve diagnostics and tissue repair and regeneration.

Saliva.—The Committee is aware that research on saliva has progressed rapidly and holds the potential to be an inexpensive non-invasive diagnostic tool for early detection of breast cancer, osteoporosis, hepatitis, HIV, and Sjogren's disease. The Committee encourages NIDCR to work cooperatively with NCI and other appropriate institutes in pursing research initiatives on the development of saliva as a diagnostic tool.

Dental abnormalities.—The Committee encourages NIDCR to continue its support of research aimed at the health of oral mineralized tissues. This includes studying the role of genetic factors and the potential for cell-based and pharmacological therapy and early screening for osteoporosis. Additionally NIDCR is urged to continue research on fibrous dysplasia/McCune Albright syndrome and to focus on the dental abnormalities associated with Paget's disease.

Scleroderma.—The Committee is encouraged by NIDCR's interest in scleroderma, a chronic and progressive disease that predominately strikes women. Scleroderma is often associated with a number of dental and craniofacial complications, including xerostomia and microstomia. Additional concerns are increased frequency of caries, periodontal disease, fibrotic changes, fungal infections, telangectasia and bone resorption of the mandible. Additional research is needed to develop safe and effective treatments and to identify the causes of the serious complications from the disease.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

The Committee provides $1,722,146,000 for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which is $8,562,000 above the fiscal year 2005 comparable level and the same as the budget request. In addition, $150,000,000 in mandatory funds are available for juvenile diabetes research.

Mission.—The NIDDK supports research in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. The NIDDK 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.

Type-2 diabetes.—Type-2 diabetes exacts an enormous human and economic toll on Americans. Diabetes costs the healthcare system more than $92 billion a year. Medical research has shown that achieving and maintaining a blood glucose level below 7 percent significantly lowers the risk of blindness, amputation, and other serious complications of diabetes. The Committee is concerned that, despite these advances, only about 2 in 5 diabetics report having a blood glucose level of less than 7 percent. The Committee recognizes that treatment guidelines for diabetes exist that include recommendations for achieving and maintaining appropriate glucose levels, and the Committee encourages NIDDK to promote greater use of treatment guidelines in clinical practice. The Committee requests that NIDDK examine the disparity in available guidelines and actual treatment and report to Congress within six months of enactment on actions the government can take that will rapidly close the disparity between treatment guidelines and the care diabetics receive within the first year of being diagnosed.

Islet transplantation.—The Committee commends NIDDK and NIAID for the establishment of the Clinical Islet Transplantation Consortium and the islet transplantation clinical trial that will include Medicare-eligible individuals whose transplant and related costs will be covered by Medicare. Cooperation between the NIDDK and NIAID and members of the Consortium is urged to ensure the timely launch of these clinical trials.

Drug screening.—The Committee applauds NIDDK for convening an exploratory workshop to investigate the potential of conducting a screen of FDA-approved pharmaceutical drugs for hyperglycemia-induced cellular injury leading to diabetic complications. Screens of this type have the potential to lead to the identification of new treatment strategies that can be rapidly translated into clinical applicability. The Committee urges the Institute to continue to promote research in this promising area.

Rapid access to intervention development.—The Committee commends NIDDK and NCI for extending the rapid access to intervention development (RAID) pre-clinical resources to researchers working in the field of type 1 diabetes and its complications. The Committee encourages NIDDK to release to the public information on compounds to be produced for projects supported by RAID, much

like the NCI releases for cancer-related projects on its public website.

Pediatric kidney disease.—Kidney disease remains a persistent and poorly understood problem among infants, children and adolescents, impairing normal growth and development and often resulting in learning disabilities and mental retardation. Of urgent concern today is the explosion in the incidence of obesity among chilren and adolescents, a morbidity that places more than 15 percent of America's children at risk for developing type 2 diabetes, hypertension, and chronic kidney disease (CKD). These morbidities not only represent a significant financial burden to the health care system but also are important risk factors for the development of cardiovascular disease. The Committee encourages NIDDK to continue to support research focused on the pathogenesis, prevention, and treatment of kidney disease in children. The Committee recommends that emphasis be placed on exploring the contributions of obesity, type 2 diabetes, and hypertension to progression of disease, and interventions that may limit cardiovascular morbidity in patients with CKD.

Polycystic kidney disease (PKD).—The Committee recognizes that NIH research combined with grants from the private sector and the involvement of industry has produced the first clinical drug trial for PKD in humans, and has fostered the development of additional, innovative PKD therapies. The Committee recognizes that the four PKD centers of excellence have engendered a broad range of alternative model research systems and reagents shared worldwide among PKD investigators and have drawn a host of investigators from other disciplines into the PKD field. The Committee encourages NIDDK to facilitate PKD clinical trials by strengthening studies of pathophysiology and cellular pathobiology.

Incontinence.—Many otherwise healthy, active individuals suffer from incontinence. Fecal incontinence, also called bowel incontinence, affects people of all ages and is associated with a wide variety of causes. The Committee encourages NIDDK to develop a standardization of scales to measure incontinence severity and quality of life and to develop strategies for primary prevention of fecal incontinence associated with childbirth.

Interstitial cystitis (IC).—The Committee believes that the 2003 NIDDK-sponsored scientific symposium on IC was very successful and encourages NIDDK to convene a similar symposium on IC in 2006, collaborating with appropriate voluntary organizations. The Committee also encourages NIDDK to hold a separate meeting of leading international researchers involved in IC research to seek clarity on the definition of IC. The absence of a uniform definition which accurately captures the condition and the affected population is negatively affecting patients in terms of diagnosis and treatment as well as researchers in terms of literature review. The Committee was encouraged to learn that NIDDK is launching an IC awareness campaign and hopes that NIDDK will continue to work closely with the IC patient community on both developing the content and executing the campaign.

Liver disease research action plan.—The Committee is pleased to note that NIDDK, working with the leading scientific experts in the field, has prepared and published a comprehensive liver disease research action plan to guide future research activities. The plan

is organized into 16 chapters and identifies numerous areas of research important to virtually every aspect of liver disease. The Committee recommends that steps be taken to begin to implement the plan immediately and be ready to report at next year's hearings what has been accomplished to date, as well as future plans.

Hepatitis B.—The Committee is concerned that a consensus treatment protocol for hepatitis B does not yet exist, but is pleased to learn that NIDDK is actively supporting preliminary research in order to convene a research workshop to plan a hepatitis B consensus development conference. The Committee is pleased that NIDDK is taking all necessary steps to plan a successful hepatitis B consensus development conference and hopes that this conference is held soon.

Hepatitis C.—The Committee is pleased to learn that there have been 50 patent applications filed for new therapies for hepatitis C and there are at least 6 drugs currently in early human trials. In addition to developing new drugs, the Committee encourages NIDDK to study the improvement of existing drugs to reduce their toxicity and negative side effects. The Committee applauds NIDDK for formally adopting the goal of a 90% treatment effectiveness rate for hepatitis C within ten years.

Fatty liver disease.—The Committee notes that there is an emerging obesity-related chronic liver disease, which may affect as many as one in four adults and a significant number of obese children. This diagnosis encompasses a spectrum of severity with many cases evolving into non-alcoholic steatohepatitis (NASH) and, ultimately, cirrhosis. NASH-related liver disease has already become an important indicator for liver transplantation, and in the absence of better treatments, the need for NASH-related liver transplantation will increase significantly over time. The Committee is pleased that NIDDK is funding a fatty liver disease clinical trial that includes both adult and pediatric populations. The Committee encourages NIDDK to focus research on the progression of fatty liver disease to cirrhosis and the impact of alcohol on the progression of fatty liver disease.

Pediatric liver disease.—The Committee is pleased that NIDDK has taken steps to increase research on biliary atresia, the most common cause of liver transplantation in children, by creating ten centers within the Biliary Atresia Clinical Research Consortium. The Committee is also pleased that centers have been added with a special focus on additional neonatal liver diseases.

Alpha-1 antitrypsin deficiency.—The Committee is aware that alpha-1 antitrypsin deficiency liver disease is a leading cause of pediatric transplantation and can manifest at any age. The Committee is encouraged that NIDDK has invested in research of this disorder and encourages NIDDK to collaborate with NHLBI and other institutes to enhance its research portfolio, encourage detection, raise public awareness about alpha-1 and provide appropriate information to health professionals.

Digestive diseases.—Diseases of the digestive system continue to affect more than one-half of all Americans at some time in their lives. Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, hemochromatosis, celiac disease, and hepatitis take a tremendous toll in terms of human suffering, mortality, and economic burden. The Committee com-

mends NIDDK on the success of its Digestive Disease Centers program in addressing a wide range of disorders. The Committee continues to encourage NIDDK to strengthen this important program with an increased emphasis on irritable bowel syndrome.

Irritable bowel syndrome.—The Committee remains concerned about the increasing frequency of irritable bowel syndrome (IBS), a chronic complex of disorders that malign the digestive system. This common disorder strikes people from all walks of life, affecting between 25 and 45 million Americans. The Committee encourages NIDDK to provide adequate funding for irritable bowel syndrome/functional bowel disorders research and to give high priority to funding grants that will continue to increase the IBS portfolio. The Committee requests NIDDK to report to the Committee by March 15, 2006 its views on the appropriateness of developing a strategic plan for IBS research.

Inflammatory bowel disease.—The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). These extremely complex disorders represent the major cause of morbidity from intestinal illness. The Committee commends NIDDK for its strong leadership in this area and encourages the Institute to give priority consideration to the following areas of IBD research: the cellular, molecular and genetic structure of IBD, identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups, and translation of basic research findings into patient clinical trials as outlined in the research agenda developed by the scientific community entitled, "Challenges in Inflammatory Bowel Disease." The Committee also encourages NIDDK to continue to strengthen its partnership with the IBD community on innovative research projects.

Scleroderma.—The Committee encourages NIDDK to support scleroderma-relevant research. Scleroderma is a chronic and progressive disease that predominantly strikes women. It is estimated that ninety percent of patients with systemic sclerosis have gastrointestinal (GI) involvement and that, of that number, fifty percent have clinically significant manifestations. GI involvement can manifest as gastroesophageal reflux disease, dysphagia, Barrett's esophagus, gastroparesis, "watermelon stomach", malabsorption, and fibrosis of the small and large intestines. Renal crisis affects twenty percent of those with systemic sclerosis often within the first five years after diagnosis. More research is needed in order to develop safe and effective treatments and to identify the causes of the complications of scleroderma.

Glomerular disease research.—The Committee continues to be pleased with the work of NIDDK in the area of glomerular disease research, particularly as it relates to focal segmental glomerulosclerosis. The Committee commends NIDDK for conducting the recent glomerular disease workshop and encourages NIDDK to use a program announcement or other appropriate mechanism to ensure the initiation of grant proposals, training positions, and other activities to expand the NIDDK portfolio in this important area of research.

Tuberous sclerosis complex.—Tuberous sclerosis complex (TSC) is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body including the kidneys, where patients

are at risk for polycystic kidney disease, cancer or, most commonly, benign growths that can result in kidney failure. The Committee encourages NIDDK to support studies examining the molecular and cellular basis of these manifestations of TSC as well as preclinical and clinical studies.

Osteoporosis.—The Committee encourages NIDDK to support research targeting new technologies and therapies to increase bone mass and combat osteoporosis through focus on: (1) genetics, environmental and lifestyle factors, and (2) the effects of disease, in order to address the research questions highlighted in the Surgeon General's Report on Bone Health and Osteoporosis.

Paget's disease.—The Committee encourages NIDDK to study the functional consequences of the recently identified gene mutations in Paget's disease as a means of identifying new therapeutic treatments for the disease.

Mucopolysaccharidosis (MPS).—The Committee recognizes the efforts of NIDDK to enhance research efforts to achieve a greater understanding and pursue development of effective therapies for MPS disorders. In addition to the general overall support of broad based MPS research, the Committee supports efforts by NIDDK to reach out to NIAMS to improve collaborative bone and joint disease research in MPS disorders. Research focused on the underlying pathophysiology of bone and joint lesions, the gene mutations and substrates that are stored, and potential therapeutic approaches continue to be of significant interest of the Committee. The Committee commends NIDDK on its collaborations with NINDS, NICHD, NCRR, and ORD in advancing broad-based MPS-related research.

Fragile X.—Fragile X mental retardation is a single-gene disorder that results from an unusual kind of mutation. Study of the chain of events set in motion by this mutation may lead to the identification of points in the process at which interventions may ameliorate symptoms. The Committee encourages NIDDK to enhance its research activities on fragile X and to coordinate these efforts with other Institutes working on related activities, including NIMH and NICHD.

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

Cystic fibrosis (CF).—The Committee commends NIDDK for supporting cystic fibrosis research and translational centers. When awarded later this year, they will provide resources for communication and collaboration between basic and clinical researchers to enhance the efficiency of research and foster cooperation within and among institutions with strong existing bases of cystic fibrosis (CF) research. The Committee also commends NIDDK for its support of the EPIC study, a longitudinal assessment of risk factors for and impact of Pseudomonas aeruginosa acquisition and early antipseudomonal treatment in children with CF. This study holds the promise of yielding critically important information about the opti-

mal treatment of initial lung infections in children with CF. The Committee encourages NIDDK to continue its support of CF research efforts, including proteomics research. CF researchers are looking at the many proteins that play a role in CF, in hopes of identifying new drug targets to treat CF. The Committee commends NIDDK for its support of the program announcement for research proposals focusing on discovery and development of compounds that will correct protein misfolding. The Committee encourages NIDDK to further support this especially promising area of research.

Hepatitis C virus (HCV) and bleeding disorders.—The Committee encourages NIDDK to work with appropriate voluntary organizations in developing and advancing research initiatives for addressing HCV within the bleeding disorders community.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

The Committee provides $1,550,260,000 for the National Institute of Neurological Disorders and Stroke (NINDS), which is $10,812,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NINDS supports and conducts basic and clinical neurological research and research training to increase understanding of the brain and improve the prevention and treatment of neurological and neuromuscular disorders. The NINDS mission encompasses over 600 disorders, including stroke; head and spinal cord injury; epilepsy; multiple sclerosis; and neurodegenerative disorders such as Parkinson's disease.

Stroke.—The Committee continues to place a high priority on stroke research and encourages NINDS to allocate resources to basic, clinical and translational research into stroke, which is a major contributor to late-life dementia and a leading cause of permanent disability. The Committee encourages NINDS to continue implementing the long-range strategic plan for stroke research and to continue searching for novel approaches to improve stroke diagnosis, treatment, rehabilitation and prevention.

Epilepsy.—Epilepsy remains a major, unsolved public health problem affecting the lives of millions of Americans and their families. The Committee seeks intensified efforts by the Institute to produce breakthroughs in the prevention, treatment, and eventual cure of epilepsy. The Committee applauds the development of benchmarks for epilepsy research resulting from the "Curing Epilepsy: Focus on the Future" conference held in 2000 and encourages NINDS to address important research issues raised at the "Living Well with Epilepsy II" conference held in 2003. The Committee encourages NINDS to continue to allocate resources to the anti-epileptic drug development program, and to report to the Committee in next year's hearings on its activities to further these important areas of research.

Alzheimer's disease.—NINDS is currently supporting both preclinical and translational research intended to expand the pool of therapeutic agents for treating Alzheimer's disease. For example, a recent NINDS-supported study tested a drug that interferes at a specific point in the cholesterol pathway that contributes to the generation of amyloid protein, a hallmark of Alzheimer's. The study resulted in a 99 percent reduction in brain amyloid in a mouse

model of the disease, suggesting that this may provide a novel approach for developing a therapeutic intervention for Alzheimer's disease. The Committee encourages NINDS to continue to assign a high priority to Alzheimer research, and to work closely with NIA, NIMH and other institutes.

Parkinson Disease.—The Committee supports the innovative multidisciplinary research and training concerning Parkinson's disease provided by the Morris K. Udall Parkinson's Disease Research Centers of Excellence. The additional research opportunities and discoveries made by Udall Center scientists are leading to improved diagnosis and treatment of patients with Parkinson's. The Committee commends both the basic and clinical objectives of the Centers that, together, enhance research effectiveness in a multidisciplinary setting.

The Committee commends NINDS for participating in a community-wide examination of private and pubic Parkinson's disease research funding through the Parkinson's Community Research Advisory Council. The Committee recommends that NINDS continues to participate in this effort.

The Committee commends the Director for participating in the Neuroscience Blueprint, which create new opportunities for collaborative research across institutes and through public-private partnerships. Specifically, the Committee encourages collaborations with other institutes in the areas of genetics, cell biology, pathology/epidemiology, non-human models, biomarkers, neuroimaging, gene therapy, surgical approaches, drug development, cell replacement therapy (i.e., stem cells), and mental health.

Transmissible spongiform encephalopathies (TSE).—The Committee recognizes the efforts of NINDS, in collaboration with NHLBI, to fund contracts for the development of a biological assay for TSE. The Committee requests that the Director of the Institute be prepared to report on the progress made toward the development of a TSE bioassay at the fiscal year 2007 appropriations hearing. The Committee is particularly interested in the success in detecting disease-causing agents in blood, saliva, cerebrospinal fluid, and other bodily fluids, as well as lymphoid tissue, especially tonsils.

Peripheral neuropathy.—As many as 20 million Americans suffer from peripheral neuropathy, a neurological disorder that causes debilitating pain, weakness in the arms and legs, and difficulty walking. Peripheral neuropathy affects approximately one-third of diabetics, or about 5.1 million people, while other forms of neuropathy are inherited; associated with cancer, kidney disease, or infections like hepatitis, HIV/AIDS, or Lyme disease; or caused by autoimmunity, traumatic injuries, poor nutrition, toxins, and certain medications. While significant research is underway on diabetic neuropathy and HIV/AIDS-related neuropathy, the Committee encourages NINDS to strengthen its research portfolio on other forms of neuropathy. The Committee is pleased to learn that NINDS plans to convene a workshop with distinguished scientists to identify research goals aimed at expanding the research knowledge base and identifying potential therapies.

Juvenile diabetic neuropathy.—The Committee commends NINDS for its recognition of diabetic neuropathy as a serious problem of juvenile diabetes. The Committee encourages the Institute

to work with other agencies on the development of new animal models of diabetic neuropathies to aid in the development and testing of novel clinical treatments for diabetic peripheral and autonomic neuropathies.

Charcot-Marie-Tooth disease (CMT).—The Committee welcomes the upcoming NINDS workshop on peripheral neuropathies, and encourages NIH to focus on CMT in this workshop, with a goal of producing outcomes which will be directly relevant to CMT research. The Committee encourages all relevant institutes and centers, including NIAMS, NIDDK, and NICHD, to participate in the workshop. In addition, the Committee encourages NIH to incorporate CMT research into the Blueprint for Neurosciences initiative.

Traumatic brain injury (TBI).—The Committee encourages NINDS to build upon basic and translational research in brain injury rehabilitation at the National Center on Medical Rehabilitation and Research (NCMRR). NCMRR has awarded grants to eight bench science research centers and a data center to establish the cooperative multi-center traumatic brain injury clinical trials network. The Committee encourages NINDS to participate in supporting these centers and to support training grants for TBI researchers.

Dystonia.—The Committee continues to support research on the neurological movement disorder dystonia, given that dystonia is the third most common movement disorder after essential tremor and Parkinson's disease. The Committee encourages NINDS to support research on both focal and generalized dystonia, and to continue its study of the DYT1 gene. The Committee is pleased with progress made in expanding the dystonia research portfolio as a result of the joint dystonia research program announcement, and hopes that NINDS will consider options for continued progress once the program announcement expires in August 2005.

Spina bifida.—The Committee strongly encourages NINDS to enhance research to address issues related to the outcome and recommendations of the 2003 Spina Bifida Research Conference. NINDS is urged to strengthen and prioritize research efforts in the prevention and treatment of spina bifida and associated secondary conditions, with a particular focus on improved treatment of hydrocephalus. The Director should be prepared to testify on its efforts to advance these areas of research at the fiscal year 2007 appropriations hearing.

Tuberous sclerosis complex (TSC).—TSC is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. Its victims—many of whom are infants and young children—face a lifetime of suffering with kidney failure, seizures, behavioral disorders, autism and mental retardation. Because of the effects of TSC on multiple organ systems, the Committee last year called upon the NIH Director to formulate an NIH-wide research agenda. The Committee understands that NINDS is assigned to implement and coordinate that effort, and looks forward to a yearly report on that effort. In the meantime, NINDS is urged to support research examining the molecular and cellular basis of central nervous system manifestations in TSC, including studies examining TSC-asso-

ciated epilepsy and brain tumor formation, and the effect of tubers and seizures on cognition and behavior.

Neurofibromatosis (NF).—Advances in NF research have linked NF to cancer, brain tumors, learning disabilities, memory loss and heart disease affecting millions of Americans. The Committee encourages NINDS to strengthen its NF clinical and basic research portfolios. The Committee commends NINDS for its leadership role in NF research and in coordinating efforts with other Institutes engaged in NF research. The Committee recognizes that basic research has now successfully brought NF research into the clinical era. The Committee encourages NINDS to continue its exemplary efforts in the creation, implementation and funding of NF clinical trials infrastructures and clinical trials using existing and new drugs on NF patients. The Committee hope that NINDS will continue to coordinate its efforts with the other institutes at NIH as well as other government agencies.

Spinal muscular atrophy (SMA).—SMA is the leading genetic killer of infants and toddlers. The Committee understands that the severity of the disease, its relatively high incidence, and the possibility of imminent treatments have led NINDS to initiate the SMA Therapeutics Development Program. The Committee commends NINDS for this initiative and encourages the Institute to continue to commit the resources to ensure a timely completion of the project to identify and complete preclinical research and development of candidate therapeutics for treating SMA by 2007. To maximize program efficiency, it is also important that NINDS lead efforts to integrate therapeutics development efforts with emerging programs in the biotech and pharmaceuticals industry, academic medical centers and collaborations with voluntary health organizations to ensure that duplication of effort is avoided. The Committee understands that the strategy for developing a treatment for SMA will guide therapeutics development for other diseases including Duchenne muscular dystrophy, ALS, Huntington's and Alzheimer's.

Down syndrome.—The Committee commends NINDS for sponsoring a down syndrome workshop to address research priorities relating to optimizing synaptic structure and function in neuronal circuits important for cognition. The Committee encourages NINDS to identify opportunities for investigating the genetic and cellular basis for abnormalities in the structure and function of these circuits in both the developing and mature nervous system. NINDS is also encouraged to work with NIA to develop strategies to investigate the biology of age-related disorders, such as Alzheimer's disease and Parkinson's disease, in people with Down syndrome. NINDS is also encouraged to work with the Office of the Director to develop a strategic plan for Down syndrome research and to coordinate its research with NICHD, NIA, NIMH and other institutes.

Mucopolysaccharidosis (MPS).—The Committee commends NINDS efforts in the development and release of a program announcement to enhance blood brain barrier research in lysosomal storage disorders. The Committee continues to encourage NINDS to collaborate with all appropriate institutes and centers to support ongoing MPS research, to study the blood brain barrier as an impediment to treatment, and to use all available mechanisms to fur-

ther stimulate efforts to better understand and treat MPS disorders.

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

FXTAS.—Fragile X-associated tremor/ataxia syndrome, or FXTAS, is a newly discovered, progressive neurological disorder that affects older men who are carriers of a premutation in the same gene that causes Fragile X syndrome. Nearly 1 in 800 men in the general population carries this premutation and as many as 30 percent of these carriers—roughly 1 in 3,000 men—may develop FXTAS later in life. Identification of older male carriers will lead to a better understanding of the true incidence of Fragile X syndrome and afford at-risk families of child-bearing age the opportunity to pursue genetic counseling. NINDS, in collaboration with NIA, is urged to strengthen research into FXTAS, including working with the other NIH institutes.

Frontotemporal dementia (FTD).—The Committee encourages NINDS to support research into drug discovery efforts that focus on specific targets relevant to treating the mechanisms underlying brain degeneration due to frontotemporal dementia (FTD) such as Pick's disease. The Committee is interested in research that will focus on methods for discovering the causes of this family of diseases, improving diagnostic accuracy, and providing longitudinal characterizations so that the success of intervention can be determined.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The Committee provides $4,359,395,000 for the National Institute of Allergy and Infectious Diseases (NIAID), which is $43,445,000 below the fiscal year 2005 comparable level and $100,000,000 below the budget request. Bill language requested by the Administration is not included to permit the transfer of $100,000,000 to the global AIDS, tuberculosis, and malaria fund. Bill language requested by the Administration is included providing $30,000,000 for the construction of extramural facilities for research on infectious agents and countermeasures.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases caused by, or associated with, disorders of the immune system. NIAID supported research includes research on acquired immunodeficiency syndrome (AIDS), asthma and allergies, tuberculosis, sexually transmitted diseases, tropical diseases, and emerging microbes. The goals of NIAID research are to better understand disease pathogenesis, to improve disease diagnosis, to develop new and improved drugs to treat diseases, and to develop new and im-

proved vaccines to prevent disease, many of which significantly affect public health.

Tuberculosis (TB).—The World Health Organization estimates that nearly one billion people will become infected with TB, 200 million will become sick, and 70 million will die worldwide between now and 2020 of this disease. The Committee is pleased with NIAID's efforts to develop an effective TB vaccine. The Committee encourages the Institute to continue its TB vaccine development work and to strengthen efforts to develop new drugs to treat TB.

Hemophilia.—The Committee encourages NIAID to continue its efforts with voluntary organizations in developing and advancing research initiatives for addressing hepatitis C (HCV) within the bleeding disorders community. The Committee understands that HCV continues to have a devastating impact on this community, with nearly half of all persons with hemophilia having contracted HCV from blood clotting factor products.

Primary immunodeficiency diseases.—NIAID is the lead agency for research into this class of diseases that is known to afflict about 500,000 Americans and may affect an equal amount that have not yet been diagnosed. To address the complex research needs of this group of about 140 separate diseases, the NIAID has created a research consortium comprised of the leading experts in primary immunodeficiency diseases. The Committee requests that NIAID report by February 28, 2006 on the management of the consortium, as well as its plans for future research in this field.

Psoriasis.—The Committee encourages NIAID to support research on psoriasis, a chronic, immune-mediated disease that affects between 5.8 and 7.5 million Americans. Safe and effective treatments for women of child-bearing age and for children are particularly lacking, and new research indicates mothers with psoriasis have a 50 percent increased risk of bearing a child with autism. The Committee asks NIAID to investigate the possible causes of this troubling finding, as well as related research on causes of and treatments for psoriasis.

Inflammatory bowel disease (IBD).—The Committee continues to note with interest a scientific research agenda for Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease) entitled "Challenges to Inflammatory Bowel Disease". This report identifies strong linkages between the functions of the immune system and IBD. The Committee encourages the Institute to enhance its support of research focused on the immunology of IBD, as well as the interaction of genetics and environmental factors in the development of the disease.

Asthma.—The Committee is pleased with NIAID's leadership regarding asthma research and management. The Committee encourages NIAID to continue to improve its focus and effort on asthma management, especially as it relates to children. The Committee also encourages NIAID to collaborate more aggressively with voluntary health organizations to support asthma prevention, treatment, and research activities. Additionally, recent studies suggest that a variety of viral and bacterial agents may play a role in the development of asthma. The Committee recommends that the Institute consider expanding research into the role that infections and vaccines may play in the development of asthma.

Hepatitis C virus (HCV) vaccine development.—The Committee is encouraged to learn that a small hepatitis C vaccine human trial has been successfully completed. The Committee urges NIAID to begin to implement the results of the recent workshop that was held to discuss and evaluate efforts toward development of HCV vaccines with the goal of spurring their development and testing. The Committee also encourages NIAID to proceed with phase two of the human clinical trial as soon as it is scientifically practicable. Additionally, NIAID is urged to foster the development of an in vitro culture system for HCV as well as new animal models for basic research. The Committee continues to be concerned about the prevalence of hepatitis and urges NIAID to work with public health organizations to promote liver wellness, education, and prevention of hepatitis.

Transplantation research.—The Committee is aware that while one-year organ transplantation survival has improved remarkably over the last fifteen years, there has been little success in reversing the decline in long-term graft and patient survival. The Committee suggests that NIAID convene an expert conference, in collaboration with NIDDK and NHLBI, to develop a five-year Transplantation Research Action Plan identifying the most urgently needed research to facilitate an increase in the success of organ transplantation. The expert conference should also focus on promising new technologies in pre-transplant organ care and post-transplant patient therapies. The Committee also suggests the initiation of a cohort study to assess the health outcomes of living donors, not only for the period immediately following the donation, but for the quality of life implications in the decades post-donation.

Coinfection research.—The Committee is concerned that there is growing evidence of liver toxicity resulting from HIV treatment protocols such as highly active antiretroviral therapy (HAART) in those with chronic viral hepatitis and those with decompensated liver disease awaiting liver transplantation. There also appears to be an emerging problem of liver cancer in co-infected patients. The Committee encourages NIAID to initiate research initiatives in both of these areas.

Scleroderma.—The Committee commends NIAID for their growing commitment to understanding the cause and to finding improved treatments for scleroderma, a chronic and progressive disease that predominantly strikes woman. Scleroderma is disfiguring and can be life threatening, affecting multiple systems including the heart, lungs, kidneys, and gastrointestinal tract. NIAID has provided a grant to fund the SCOT Study (Scleroderma Cytoxan or Transplant). This study will compare the differences between autologous stem cell transplant versus high dose cytoxan for the treatment of progressive systemic scleroderma. The Committee encourages NIAID to continue this commitment through inclusion of scleroderma in the Autoimmune Centers of Excellence and through continued collaboration with the institutes that are part of the Autoimmune Disease Coordinating Committee.

Atopic dermatitis (AD).—The Committee was pleased to learn about NIAID research efforts related to atopic dermatitis undertaken through projects such as the Immune Tolerance Network and the Atopic Dermatitis and Vaccinia Immunization Network. Last year, the Committee encouraged NIAID to complement these ef-

forts by working with NIAMS to spearhead a multidisciplinary, multi-institute initiative to encourage investigator-initiated research projects on AD as it relates to smallpox vaccination as well as the progression to asthma and other allergic diseases. The Committee requests a report on efforts that have been made to foster investigator-initiated research in this area.

Nasal aerosol and spray vaccine delivery systems.—The prevention of infectious diseases through the effective use of vaccines has saved mankind untold suffering and death. Recent developments exploring new routes of immunization such as delivery of measles vaccine via the aerosol route and nasal spray give great hope for achieving this goal, generating significant savings, and resulting in fewer side effects than immunization by injection. The Committee encourages NIAID to support research in developing and testing these new approaches and translating this research into public benefits. The Committee recommends that NIAID build upon the testing already completed in older children by investigating this delivery method in younger children. The Committee believes that NIAID and other institutes should collaborate with physicians and researchers working with these newer and possibly superior methods of vaccine delivery in the hopes of developing safer, more effective, and less expensive vaccine delivery modes.

Meningococcal disease/Serogroup B immunization research.—Although meningococcal disease is vaccine-preventable in most cases, approximately 30 percent of the deaths and disabilities from this bacterial infection are attributed to serogroup B which is not vaccine-preventable. The Committee encourages NIAID to increase research efforts to develop an effective, low-cost vaccine against serogroup B that will help protect infants and adolescents in the near term.

Food allergies.—The Committee is concerned about the high prevalence of food allergies, among children in particular, with up to eight percent affected. The Committee recognizes that 30,000 individuals require emergency room treatment for food allergies each year, that 100 to 200 individuals die each year from allergic reactions to food, and that there is currently no cure for food allergies. The Committee is encouraged by the March 2005 release of a report in *The Journal of Allergy & Clinical Immunology* containing guidelines for the definition of anaphylaxis, and hopes that these guidelines will improve the diagnosis, treatment, and understanding of food allergy and anaphylaxis. NIAID is encouraged to invest in research into the causes of food allergies and its potential treatments.

Bioterrorism.—Respiratory pathogens that cause life-threatening pneumonia are commonly proposed agents of bioterrorism. The following are associated with acute pneumonia/lung injury: anthrax, smallpox, plague, and tularemia. The Committee encourages further research on the mechanisms of pneumonia by these respiratory pathogens and the development of new therapeutic interventions to reduce injury and death.

Nontuberculous mycobacteria [NTM].—Mycobacteria are environmental organisms found in both water and soil that can cause significant respiratory damage. The Committee is aware of the increasing incidence of nontuberculous mycobacteria [NTM] pulmonary infections in women, particularly involving rapidly growing

mycobacteria, an inherently resistant subspecies. The Committee encourages NIAID to advance diagnostic and treatment protocols for patients suffering from NTM diseases. Further, the Committee recommends additional focus on research leading to a better understanding of NTM by establishment of an inter-institute coordinating committee to facilitate cooperation between NIAID, NHLBI, and other institutes.

Genetic tools for infectious disease research.—The Committee believes that, with regard to both biodefense and public health, the development by NIAID of multi-pathogen identification arrays that can be used to identify infectious agents through epidemiological outbreak surveillance is critically important. The use of whole genome expression, all exon transcription analysis and whole genome SNP analysis studies to identify and understand host biomarkers that may identify the type, severity and likely response to therapeutics of infectious agents holds great promise. The Committee encourages NIAID to pursue these lines of inquiry.

Islet transplantation.—The Committee commends NIDDK and NIAID for the establishment of the Clinical Islet Transplantation Consortium and the islet transplantation clinical trial that will include Medicare-eligible individuals whose transplant and related costs will be covered by Medicare. The Committee urges cooperation between NIDDK and NIAID and members of the Consortium to ensure the timely launch of these clinical trials.

Detection of disease and bioterror agents.—The Committee recognizes the potential threat to national security posed by terror attacks involving biological, chemical, nuclear, and radiological weapons. One of the challenges facing public health officials responding to such an attack is the limited ability to diagnose exposure to these agents in the non-sick-appearing and early illness individals. The Committee recognizes that disease outbreaks—such as SARS in Asia and Canada, avian influenza in East Asia, and Ebola and Marburg virus in Africa—demonstrate that the speed of diagnosis and implementation of public health measures can mean the difference between an isolated outbreak and a global pandemic. The Committee commends NIAID for its initiatives that provide comprehensive genomic, bioinformatics, functional genomics, and immune cell proteomic research resources to the scientific community conducting basic and applied research on infectious agents and the immune system. The Committee encourages NIAID to maintain its support of these programs, which provide a critical resource for the scientific community that could lead to the discovery and identification of novel targets for the next generation of drugs, vaccines, diagnostics and immunotherapeutics.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

The Committee provides $1,955,170,000 for the National Institute of General Medical Sciences (NIGMS), which is $11,103,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The 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 supports 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 find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provides the scientists needed by industry and academia.

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

Anesthesiology research.—The Committee urges NIGMS to continue to support and enhance research opportunities focused on discovering the mechanisms of anesthesia, perfecting agents for regional and general anesthesia, improving the safety of anesthesia, monitoring and protection of specific organs of patients under anesthesia and optimizing post-surgery prognosis. The Committee encourages NIGMS to continue to work with other appropriate Institutes to promote improvements in pain research. The Committee believes that NIGMS should strongly support training, innovation and scientific inquiry in these crucial areas of medical research.

Cystic fibrosis (CF).—The Committee commends NIGMS for the renewal and expansion of its large-scale collaborative project awards. These cross-disciplinary, multi-institutional collaborative projects are important for moving burgeoning fields faster than through traditional investigator-initiated grants. The Committee encourages NIGMS to consider support for research on the barriers to productive protein folding and the creation of tools, reagents and advances in techniques for precision monitoring of folding. These tools will support ongoing research efforts to understand the underlying mechanisms of disease caused by improper protein folding, as well as efforts to develop therapies to correct this defect for CF and other diseases.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

The Committee provides $1,277,544,000 for the National Institute of Child Health and Human Development (NICHD), which is $7,223,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NICHD conducts and supports laboratory and clinical research on the reproductive, developmental, and behavioral processes that determine and maintain the health and well-being of children, adults, families and populations. In addition, research in medical rehabilitation is supported.

Preterm birth.—Last year, the National Center for Health Statistics reported the first increase in the U.S. infant mortality rate since 1958, and 61% of this increase was due to an increase in the birth of premature and low birth weight babies. The Committee is

pleased that NICHD is one of the sponsors of an Institute of Medicine study now underway to define and address the health related and economic consequences of premature birth and encourages NICHD to develop a plan to implement the study's recommendations once they are available.

Genomic and proteomic research.—The Committee is pleased that NICHD has launched a major new research initiative to address the public health problem of premature birth, which affects one in eight babies born in this country and is the leading cause of newborn death. NICHD is encouraged to move forward with this initiative, which focuses on genomic and proteomics, in an effort to accelerate knowledge in the mechanisms responsible for premature birth. The Committee intends to closely monitor this effort because it assigns a high priority to promoting the birth of healthy infants.

Stillbirth.—The Committee applauds NICHD efforts in addressing stillbirth, a major public health issue with morbidity equal to that of all infant deaths. The Committee understands that NICHD has established a cooperative network of clinical centers and a data center to address this issue with a standard protocol. The Committee encourages NICHD to strongly support this effort.

Maternal-fetal medicine units network.—The Committee recognizes the efforts of NICHD, through its maternal fetal medicine units network (MFMU), to achieve a greater understanding of and pursue development of effective treatments for the prevention of pre-term births, low birth weight infants, and medical complications during pregnancy such as pregnancy related hypertension and diabetes. The Committee is pleased to learn that NICHD is proceeding with a competitive renewal of the MFMU network in 2006 and encourages a sustained research investment in this program to facilitate resolution of these problems and promote the birth of healthy infants.

Spina bifida.—The Committee is pleased that the Institute cosponsored the 2003 spina bifida research conference. However, the Committee has heard concerns that NICHD has not engaged in adequate follow-up on the conference recommendations. The Committee encourages NICHD to enhance research to address issues related to the outcome of the conference and urges NICHD to jumpstart its research efforts in the prevention, and treatment of spina bifida and associated secondary conditions, with a particular focus on improved understanding of urological disorders among children and adults. The Director should be prepared to testify on its efforts to advance these areas of research at the fiscal year 2007 appropriations hearing.

Drug safety for children.—The Committee recognizes the importance of ensuring that drugs are safe and effective for use by children. The Committee strongly supports continued implementation of the Best Pharmaceuticals for Children Act, which supports the pediatric testing of off-patent drugs, as well as on-patent drugs not being studied through existing mechanisms. The Committee is pleased to note that in 2004 six studies were initiated and five additional studies are planned for 2005. In implementing this provision, NICHD should act as coordinator for all other Institutes within NIH for which pediatric pharmacological drug research may have therapeutic relevance and should consult with the Food and Drug Administration to ensure that the studies conducted are de-

signed to yield improved pediatric labeling. The Committee notes that NICHD has made numerous outreach efforts to other Institutes and Federal agencies to further refine the priority listing process. The Committee requests NICHD to provide an update during its annual appropriations testimony which shall include the role of other Federal agencies in implementing the Best Pharmaceuticals for Children Act; information on the number of studies supported through the Research Fund; the estimated cost of each study undertaken; the nature and type of studies undertaken; the number of label changes resulting from completed studies; the patent status of the drugs studied; the number of drugs remaining on the priority list; and a summary of NICHD's findings on the frequency of pediatric use for medications that may be considered for the priority list.

The National Children's Study.—The Committee remains interested in NICHD efforts to launch the National Children's Study, which is intended to follow 100,000 children to age 21, examining the impacts and influences of many environmental and genetic factors on children's health and development.

Neurofibromatosis (NF).—Learning disabilities occur with high frequency in children with NF. Enormous advances have been made in the past few years in the successful treatment and curing of learning disabilities in pre-clinical NF animal models. The Committee encourages NICHD to issue requests for applications for NF research and to pursue funding of clinical trials for NF patients in the area of learning disabilities.

Down syndrome.—The Committee commends NICHD for increasing support in fiscal year 2005 for increased production of an experimental mouse model of Down syndrome, the Ts65Dn mouse. NICHD is encouraged to partner with NINDS and other agencies to define additional mouse models needed to link important structural and functional abnormalities that underlie cognitive difficulties to the actions of specific genes and gene pathways. The Committee also encourages NICHD to work with the Office of Director to develop a strategic plan for Down syndrome research and to coordinate its research with NICHD, NIA, NIMH and other institutes.

Fragile X.—The Committee is pleased that NICHD has funded three Fragile X centers and encourages NICHD to enhance the centers and recruit new researchers to the Fragile X field. The Committee also encourages NICHD to coordinate its Fragile X research efforts and to relate Fragile X research with that in other developmental disorders, such as autism research.

Autism.—The Committee is aware of the important research supported by NICHD into the genetic basis of autism spectrum disorders and of its support for the Baby Sibling study on the incidence of autism among children in the same families. The Committee encourages the Institute to strengthen its support for the Baby SIBS study, and encourages the Institute to expand its work with similar public-private partnerships.

Childhood diseases and the growing skeleton.—The Committee encourages NICHD to support studies investigating the effects of pharmaceuticals, lifestyle, and chronic childhood diseases on the growing skeleton and fracture risk and bone-formation interventions for children. NICHD is encouraged to support osteogenesis

imperfecta research, especially in genetic therapies, animal models, drug treatment and rehabilitation. The Committee encourages NICHD to work with NIAMS to study the rare disorders osteopetrosis and juvenile Paget's disease.

Infertility and contraceptive research.—The Committee notes that infertility is a disease which affects over six million people in the United States and is concerned that the number appears to be growing as age, lifestyle, and environmental factors increasingly impact reproductive health outcomes. The Committee suggests that NICHD conduct additional research to improve reproductive health intervention outcomes.

Demographic research.—The Committee commends NICHD for its strong support of demographic research. Given the tremendous changes occurring in the U.S. population, demographic research is necessary to analyze trends and determine consequences for the health and well-being of our nation. The Committee encourages the institute to ensure adequate support for demographic training and for critical demographic databases.

Primary immunodeficiency diseases (PI).—The Committee continues to be impressed with NICHD's contributions to the physician education and public awareness program conducted by a voluntary organization to reach earliest diagnosis of this class of about 140 diseases. With regard to research on PI, the Committee is encouraged by the Institute's commitment to develop newborn screening procedures for PI, particularly X-linked SCID, utilizing microarray technologies.

Physical therapy.—The Committee recognizes the burgeoning growth in rehabilitation services provided to patients, especially the elderly, with musculoskeletal problems and the urgent need to establish a solid scientific basis for clinical practice in this area. The Committee encourages the establishment of a research program in the National Center for Medical Rehabilitation Research (NCMRR) to: (1) evaluate the efficacy and establish optimal schedules and settings for movement-based rehabilitation interventions, such as therapeutic exercise, to improve physical function in individuals with musculoskeletal conditions, including arthritis, back pain, hip fracture and major joint replacements, and (2) further knowledge of the underlying mechanisms of repair, regeneration and recovery of these interventions. The Committee encourages NIA, NIAMS, and NIBIB to collaborate on these initiatives.

Glucose monitoring.—The Committee recognizes the importance of independent evaluation of blood glucose monitoring technologies. The Committee commends NICHD for its support of the Diabetes Research in Children Network (DirecNet), which aims to improve the management of diabetes in children by understanding how to best apply monitoring technology in this patient population. The Committee notes the unique infrastructure that DirecNet has developed to assess such technologies in children and encourages continued support for this important clinical research program.

Pediatric kidney disease.—The Committee encourages NICHD to study pre- and post-natal exposures that increase the risk of kidney disease, hypertension, and the progression of chronic kidney disease from birth to early adulthood. The Committee encourages NICHD to support research toward understanding the physiologic mechanisms responsible for these risks to further prevent the de-

velopment of kidney disease and the antecedents of cardiovascular disease.

Spinal muscular atrophy (SMA).—The Committee recognizes the efforts at NINDS as the leading institute against SMA in recent years, and strongly encourages other institutes, notably NICHD, to expeditiously work collaboratively to support and strengthen the SMA Project. The Committee fully expects that NICHD will explore new potential avenues to collaborate with NINDS, given the fact that SMA is the leading genetic killer of infants and toddlers.

NATIONAL EYE INSTITUTE

The Committee provides $673,491,000 for the National Eye Institute (NEI), which is $4,421,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NEI conducts and supports 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.

Juvenile diabetes.—The Committee encourages NEI to continue its efforts to collaborate with other institutes on identification of genes that contribute to diabetic retinopathy by collecting and analyzing human samples through existing clinical studies and working to develop new animal models that mimic this condition.

Diabetic retinopathy.—The Committee commends NEI for its continued support of the diabetic retinopathy clinical research network. The Committee encourages NEI to expand this network through collaboration with other institutes, such as NIBIB, and private and public partners and through the introduction of new treatments to prevent, treat, or cure diabetic retinopathy.

Ocular albinism.—Ocular albinism is a hereditary, blinding disease that causes terribly distorted vision in children. Victims, who are usually boys and receive the defective gene from their mother, experience nystagmus, photophobia, lack of stereoscopic vision, strabismus, and other symptoms which deny these children normal vision. In recent years, research has made great strides in the search for improved diagnostic tools, and treatments. Recently, the OA1 gene, responsible for most cases of the disease, was identified, and a diagnostic screening test created to help women determine if they are at risk of passing the disease on to their children. As researchers move closer to understanding how this disease works, and developing potential treatments that could improve the vision of children with the condition, the Committee requests NEI to be prepared to report in next year's hearing on advances in research on ocular albinism.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

The Committee provides $647,608,000 for the National Institute of Environmental Health Science (NIEHS), which is $3,103,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NIEHS mission is to reduce the burden of environmentally related illness and dysfunction by understanding how environmental exposures affect health, how individuals differ in their susceptibility to these effects, and how these susceptibilities change over time. This mission is achieved through multidisciplinary biomedical research programs, prevention and intervention efforts, and communication strategies that encompass training, education, technology transfer, and community outreach.

Parkinson's disease.—The Committee encourages NIEHS to continue funding research into environmental influences of Parkinson's disease. The causes of Parkinson's and other neurodegenerative disorders are increasingly shown to be a result of the inter-relation of environment and genes. Possible environmental triggers of Parkinson's are pesticides and/or heavy metals. If these environmental toxins can be identified and the mechanisms elucidated, appropriate prevention or treatment may prevent many cases of Parkinson's, especially in the concerning increasingly younger persons at risk.

Mercury.—In order to properly research gaps in the area of mercury exposure and brain chemistry, and given recent hearings on mercury exposure and relationships between autism and Alzheimer's disease and mercury exposure, NIEHS is encouraged to pursue studies of how inorganic mercury and organic mercury compounds (including ethyl, methyl, and other forms of mercury from all sources) are processed in the bodies of children and adults. NIEHS is also encouraged to support studies of the toxic effects of inorganic mercury and organic mercury compounds on the nervous systems of young children, adults, and the elderly and methods of properly removing mercury and mercury-containing compounds from the brains of affected humans.

Toxic exposure and brain development.—Notwithstanding the Institute of Medicine May 2004 report on autism, the Committee believes it is important to develop a more complete understanding of the impact that toxic exposures may have on brain development. There is a convergence of findings from tissue culture studies, animal models, and clinical studies of immune dysfunction in children with autism and other neurodevelopmental disorders (NDDs) that suggests a biological link between genetic sensitivity and damage to developing brains from certain toxins. It is important that NIH continue this research to better understand the impact that exposures to mercury (including thimerosal) and other toxins have on brain development. A more complete understanding of the impact of these exposures through research, including animal models, will help to develop more effective interventions.

Toxicology validation reviews.—In order for the Interagency Coordinating Committee for the Validation of Alternative Methods (ICCVAM) to carry out its responsibilities under the ICCVAM Authorization Act of 2000, the Committee encourages NIEHS to strengthen the resources for methods validation reviews in fiscal year 2006. The Committee is encouraged by the National Toxicology Program's Road Map and Vision for NTP's toxicology program in the twenty-first century and encourages NIEHS to move rapidly to implement the programs, especially those directly aimed at strengthening the scientific basis for many alternative methods

(such as Quantitive Structure-Activity Relationships), mechanistic screens, high throughput assays, and toxicogenomics).

Risk analysis.—The Committee encourages NIEHS to establish a competitive, peer-reviewed extramural program of centers for risk sciences to conduct research in risk sciences, including assessment, management, analysis, and communication of risks from exposure to environmental chemicals. NIEHS is encouraged to work with these centers to develop scientifically-based methodologies used to determine, quantify, and communicate risk to the public's health.

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

NATIONAL INSTITUTE ON AGING

The Committee provides $1,057,203,000 for the National Institute on Aging (NIA), which is $5,213,000 above the fiscal year 2005 comparable level and the same as the budget request.

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.

Alzheimer's disease.—The most common cause of dementia, Alzheimer's disease has become a very serious threat to the nation's health and economic well-being. Today, an estimated 4.5 million Americans—one in ten persons over age 65 and nearly half of those over 85—suffer from Alzheimer's disease. Over the next decade, Medicare spending on beneficiaries with Alzheimer's will more than triple, to $189 billion, while Medicaid spending over the same period will rise to $27 billion. In light of these social and economic imperatives, the Committee was troubled to learn that NIA's investment in Alzheimer research declined in fiscal year 2004 from the previous year. The Committee believes that NIA should continue to assign the highest priority to this effort.

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

Parkinson's disease.—The Committee commends NIA on its collaboration with Parkinson's researchers at NINDS Udall Centers in helping to discover new Parkinson's susceptibility genes, including dardarin, the most recently discovered Parkinson's gene by a NIA scientist. This research will prove to be invaluable in the development of improved methods of diagnosis, as well as neuroprotective

and neurorestorative treatment of Parkinson's disease. The Committee encourages continued collaborations, including additional intramural activities, between NINDS, NIMH, and NIA to enhance understanding of neurodegenerative diseases, particularly Parkinson's.

Age-related bone health.—The Committee is aware that age-related bone loss costs $17 billion annually. NIA is urged to address cell senescence and altered cell phenotype in age-related bone diseases, aging's impact on bone response to loading, bone matrix and quality, and bone marrow; and the role of exercise, new anabolics, and stem cells in elderly bone.

Quality of life.—The Committee encourages studies on quality of life in patients with osteoporosis before and after treatment, and strategies for optimizing treatment of frail nursing home patients at high risk for osteoporotic fracture. The Committee also encourages NIA to expand research on the role of environmental and lifestyle factors associated with osteoporosis and Paget's disease and to work in conjunction with NIAMS on models for Paget's disease.

Roybal centers.—The Committee is very satisfied with the progress made by the Roybal Centers for Applied Gerontology Research in the application of research to direct service interventions resulting in the improvement in the quality of life for older adults. The Committee also views the collaboration between the Roybal Centers and the Demographic Centers as being very positive and encourages NIA to continue to promote such collaboration.

Demographic and economic research.—The Committee commends NIA for supporting its Centers on the Demography of Aging program and expanding its program to include four new centers in 2004. In particular, the Committee encourages NIA to support the Health and Retirement Survey and the National Long-Term Care Survey. Data from these surveys are particularly important for understanding the budgetary impact of population aging and for Congress as it deliberates potential changes to the Social Security, Medicare, and Medicaid programs.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

The Committee provides $513,063,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), which is $1,906,000 above the fiscal year 2005 comparable level and the same as the budget request.

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.

Scleroderma.—The Committee is encouraged by NIAMS's continued interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, and effective treatments are lacking. The Committee encourages NIAMS to continue to collaborate with other institutes, including NHLBI, NIAID, NIDDK, and NIDCR, and through the NIH Autoimmune Coordinating Committee to generate additional research opportunities for scleroderma that may assist

to identify genetic risk factors and the development of safe and effective treatments.

Burden of skin diseases.—The Committee notes the release of the recent report, Burden of Skin Diseases, which supports evidence gathered at the September 2002 workshop on the burden of skin diseases sponsored by NIAMS. Based on these findings, the Committee encourages NIAMS to continue to strengthen the research portfolio on skin disease. The Committee also recommends that NIAMS consider potential partnerships with the skin disease research community to address the challenges outlined by the Burden of Skin Diseases findings.

Psoriasis.—Psoriasis is a chronic, immune-mediated disease that affects between 5.8 and 7.5 million Americans. The Committee recommends that NIAMS support additional research into this serious disease, both to identify the several genes believed to play a role in psoriasis pathogenesis, as well as to support additional clinical research on current and potential therapies for psoriasis and psoriatic arthritis.

Vitiligo treatments for children.—Vitiligo is an environmental and genetic auto-immune disease of unknown origin which affects about three to six million Americans. Almost fifty percent develop the disease in childhood, with the median age of onset at four years of age. In its most severe forms, patients have milky white patches covering widespread areas of the body due to the loss of pigment in these areas. Especially for young children, the physical pain caused by severe burns from the harmful effects of sunlight and the emotional pain caused by people confusing vitiligo with an infectious disease diminish the quality of a patient's life. There are no FDA-approved treatments for children. The Committee encourages NIAMS to enhance research efforts through all appropriate mechanisms to identify the causes of this disease and develop pediatric treatment options for vitiligo.

Marfan syndrome.—The Committee commends NIAMS and its collaborative efforts with other institutes to provide support of research on Marfan syndrome, a life-threatening, progressive and degenerative genetic disorder which is characterized by aortic aneurysms, orthopedic disabilities and ocular manifestations which can result in blindness. Years of investment in basic research are ready to be translated to clinical studies of drug therapies with the potential of reversing many of the life-threatening and disabling symptoms of Marfan syndrome. These drug therapies may also prove to benefit people with other connective tissue disorders. The Committee encourages NIAMS to support clinical trials of new drug therapies through all available mechanisms, as appropriate.

Tuberous sclerosis complex (TSC).—TSC is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the skin. The Committee encourages NIAMS to support programs examining the molecular and cellular basis of dermatological lesions in TSC as well as the development of nonsurgical treatments for skin manifestations.

Mucopolysaccharidosis (MPS).—The Committee encourages NIAMS to work collaboratively with NIDDK in an effort to achieve a greater understanding of the bone and joint lesions in MPS disorders. The committee supports NIAMS research addressing the underlying pathophysiology of bone and joint lesions, the gene

mutations and substrates that are stored, and potential therapeutic approaches to treating these debilitating aspects of MPS and related disorders.

Osteogenesis imperfecta.—The Committee commends NIAMS for its support of promising gene-targeting stem cell research that could represent a potential cure for osteogenesis imperfecta and encourages continued support of this research.

Osteopetrosis.—The Committee encourages NIAMS to increase support of research on models, methods and modalities to increase bone formation and alter bone remodeling, and address the impact of aging, genetics, obesity, inactivity and exercise on bone at molecular, cellular, and tissue levels. NIAMS is encouraged to work with NICHD and NIDDK to strengthen research on the genetics and new treatments for the rare disorder osteopetrosis.

Lupus.—The Committee is aware that the discovery of lupus susceptibility genes may be a prerequisite to developing exciting new therapies for lupus and ultimately a way to prevent and cure the disease. Advanced new technologies make finding these genes less expensive and more feasible than ever before. The Committee is also aware that new consortia within the lupus community have been formed to facilitate genetic research. The Committee urges the Institute to strengthen its work in support of the collection of DNA, serum, genotyping and subject information from lupus patients, their family members and healthy unrelated controls so that the identification of the relevant genes can be explained.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

The Committee provides $397,432,000 for the National Institute on Deafness and Other Communication Disorders (NIDCD), which is $3,173,000 above the fiscal year 2005 comparable level and the same as the budget request.

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

Hearing loss.—The Committee encourages the NIDCD to further research in the area of early identification of hearing loss and interventions strategies. The Committee urges NIDCD to continue to support research in the areas of inner ear protection, rescue, and regeneration, such as noise-induced hearing loss, ototoxicity and hair cell regeneration, as well as research on the central auditory system. In addition, the Committee encourages NIDCD to continue research on rehabilitative technologies and strategies, leading to improved prevention, treatment and management of hearing loss, tinnitus and dizziness. The Committee recommends that NICHD maintain support for the translation of basic research discoveries into better clinical diagnostic techniques and treatments.

Early hearing detection and intervention (EHDI).—The Committee encourages NIDCD to enhance its EHDI research, especially as it pertains to the genetics of hearing loss, the causes of late-onset and progressive hearing loss, the benefits of early identification, and the identification of and effective intervention for children with monaural and milder degrees of hearing loss. To avoid duplication, NIDCD should coordinate its efforts with other institutes and agencies conducting EHDI activities.

Neurofibromatosis (NF).—NF accounts for approximately five percent of genetic forms of deafness. Unlike other genetic forms of deafness, NF-associated deafness is potentially preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Research is now being conducted to cure deafness in NF mice through gene therapy, with important implications for patients suffering from meningiomas and other tumors. The Committee encourages NIDCD to strengthen its NF research portfolio through all suitable mechanisms including RFAs and clinical trials.

NATIONAL INSTITUTE OF NURSING RESEARCH

The Committee provides $138,729,000 for the National Institute of Nursing Research (NINR), which is $657,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NINR supports and conducts scientific research and research training to reduce the burden of illness and disability; improve health-related quality of life; and establish better approaches to promote health and prevent disease.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

The Committee provides $440,333,000 for the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which is $2,056,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship of genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol misuse and associated damage and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, and moderate drinking.

Alcohol, obesity, and liver disease.—The relationship among the use of alcohol, the occurrence of obesity, and the presence of liver disease has become increasingly worrisome for clinicians. While alcohol's negative impact on weight and liver wellness is long established, the current epidemic of obesity and its consequent increase in liver disease creates a new focus for research. The Committee encourages NIAAA to focus greater attention to this relationship with special emphasis on the differentiation of impact of alcohol consumption on the liver for specific populations, such as women, minorities, the elderly, and others.

Translation.—The Committee is interested in ensuring that current research on the health effects of alcohol and alcoholism is more effectively communicated and disseminated within the alcohol abuse treatment community. The Committee recommends that NIAAA jointly work with related alcohol research organizations on a plan to broaden the reach and timely communication of funded alcohol and alcoholism research to the treatment community.

NATIONAL INSTITUTE ON DRUG ABUSE

The Committee provides $1,010,130,000 for the National Institute on Drug Abuse (NIDA), which is $3,711,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies; the Institute works to ensure the transfer of scientific data to policy makers, practitioners, and the public.

Drug abuse and HIV/AIDS.—The Committee understands that one of the most significant causes of HIV virus acquisition and transmission is drug taking practices and related risk factors in different populations. Drug abuse prevention and treatment interventions have been shown to be effective in reducing HIV risk. Therefore, the Committee encourages NIDA to continue its support of research focused on the development and testing of drug abuse-related interventions designed to reduce the spread of HIV/AIDS in these populations.

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

Prevention research.—The Committee remains interested in research on preventive medicine and encourages NIDA to conduct research on prevention of drug abuse by focusing on the role environment plays on neurobiological factors such as gene expression.

Drug-induced liver injury.—The Committee notes that the mechanisms and causes of drug-induced liver injury related to over-the-counter and prescription medications are not well understood and merit further research. The Committee encourages NIDA to work collaboratively with NIDDK, FDA, industry, and the liver research community to address these priorities.

Impact of prescription drugs.—The Committee encourages NIDA to conduct research on the use of prescription psychoactive medication in children and adolescents and their impact on the development of mental health and substance abuse problems across the life span of individuals.

Hepatitis and drug abuse.—The Committee is concerned about the prevalence of hepatitis and substance abuse and urges NIDA to work with voluntary health organizations to promote liver wellness, education, and prevention of both hepatitis and substance abuse.

Drug treatment in criminal justice settings.—The Committee is very concerned about the well-known connections between drug use and crime. Research continues to demonstrate that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior, while improving social functioning. Blending the functions of criminal justice supervision and drug abuse treatment and support services create an opportunity to have an optimal impact on behavior by addressing public health concerns while maintaining public safety. The Committee supports NIDA's efforts in this area, particularly the Criminal Justice Drug Abuse Treatment Studies (CJ–DATS), a multi-site set of research studies designed to improve outcomes for offenders with substance use disorders by improving the integration of drug abuse treatment with other public health and public safety systems.

Reducing health disparities.—The Committee notes that the consequences of drug abuse disproportionately impact minorities, especially African American populations. The Committee is pleased to learn that NIDA formed a subgroup of its Advisory Council to address this important topic. The Committee applauds NIDA for working to strategically reduce the disproportionate burden of HIV/AIDS among the African American population. Researchers should be encouraged to conduct more studies in this population and to target their studies in geographic areas where HIV/AIDS is high and/or growing among African Americans, including in criminal justice settings.

NATIONAL INSTITUTE OF MENTAL HEALTH

The Committee provides $1,417,692,000 for the National Institute of Mental Health (NIMH), which is $5,759,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The NIMH is responsible for research activities that seek to improve diagnosis, treatments, and overall quality of care for persons with mental illnesses. Disorders of high priority to NIMH include schizophrenia, depression and manic depressive illness, obsessive-compulsive disorder, anxiety disorders and other mental and behavioral disorders that occur across the lifespan; these include childhood mental disorders such as autism and attention-deficit/hyperactivity disorder; eating disorders; Alzheimer's disease; and other illnesses. NIMH supports and conducts fundamental research in neuroscience, genetics, and behavioral science. In addition to laboratory and controlled clinical studies, the NIMH supports research on the mental health needs of special populations and health services research.

Down syndrome.—The Committee encourages NIMH to develop new strategies for cataloging, understanding, diagnosing and treating behavioral disorders that are common in people with Down syndrome. They include autism, pervasive developmental disorder, obsessive compulsive disorder, depression and psychosis. The Com-

mittee urges NIMH to coordinate its research on Down syndrome with NICHD, NINDS, NIA and other institutes.

Alzheimer's disease.—Combining imaging with genetics, a team of NIMH-funded scientists recently identified a possible genetic marker for Alzheimer's disease, a variant of the gene that codes for APOE, a protein involved in metabolizing cholesterol. PET scans of normal individuals in their fifties and sixties who carry this variant showed decreased activity in regions of the brain known to be affected by Alzheimer's. PET scans of younger individuals who carry this variant found lowered metabolism in the same brain areas, suggesting that the process at work in Alzheimer's starts decades before memory deficits become apparent. The Committee strongly encourages NIMH to continue to advance understanding of Alzheimer's disease.

Fragile X.—Fragile X is the most common single-gene neuropsychiatric disease known. It causes cognitive impairment, mental disorders such as obsessive-compulsive disorder, and extreme anxiety. The Committee commends NIMH for spearheading three focused research meetings in the past four years devoted to identifying critical research needs. The Committee encourages NIMH to pursue the highest priority needs identified by the meeting panels. These include controlled studies of existing and new pharmacological treatments for Fragile X and identification of the key molecular targets which are likely candidates for designing drug treatments for Fragile X and related disorders such as autism. The Committee also recommends that NIMH include Fragile X in its studies of related neuropsychiatric disorders and to work with other Institutes such as NICHD and NINDS to develop cooperative research support mechanisms in this area. In addition, the Committee suggests that NIMH work with industry and academia to test available medications and bring new treatments to market.

Adolescent depression and suicide.—Major depressive disorder in adolescence, one of the major risk factors for suicide, has become increasingly common. Suicide now accounts for 13 percent of all adolescent deaths and ranks third as a cause of death among teenagers. The Committee encourages NIMH to strengthen its investment in understanding the clinical epidemiology of suicidal behavior and thinking in children and adolescents; improving the criteria for identifying those at risk; and examining the outcomes of actions taken to assist those found to be at risk.

Mental health for older Americans.—The Committee is aware that demographics will demand an increased focus on mental disorders in older persons. The Committee encourages NIMH to strengthen research in this area through all available mechanisms to advance the geriatric mental health research agenda.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

The Committee provides $490,959,000 for the National Human Genome Research Institute (NHGRI), which is $2,351,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—NHGRI coordinates extramural and intramural research, as well as research training, in the areas of genomics and genetics. The Division of Extramural Research supports research on sequence and function of both human and non-human genomes,

human genetic variation, technology development for genome research, database management and analysis, and research on the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the successful Human Genome Project to understanding the genetic and environmental basis of disease, and developing DNA-based diagnostics and gene-based therapies.

Targeting disease prevention.—The Committee commends NHGRI for its leadership of the international haplotype mapping (HapMap) project. The HapMap will provide a powerful new public resource to gain a deeper understanding of human biology, and discover the genetic and environmental factors that contribute to disease, predict potential disease risk, optimize drug prescribing for individuals, and identify and validate critical new targets for therapeutic development.

Molecular libraries.—The Committee commends NHGRI for leadership in the NIH Roadmap Initiative on molecular libraries. This includes the founding of the NIH Chemical Genomics center, which will provide public sector researchers with access to high-throughput screens for small organic molecules, enabling development of new tools for exploration of health and disease. The Committee recognizes that advances in the use of these molecular libraries will enhance NIH's global leadership in the future.

Genome strategic plan.—The Committee commends the Institute's efforts to contribute to the future possibility that comprehensive genome sequence information could become a part of each American's individual health care plan. NIH has assembled significant resources of well-characterized populations to enable the testing and validation of genotyping and genome sequencing in diseases that are known to have a strong genetic basis, such as diabetes, hypertension, and several others. The Committee urges NHGRI to work together with other appropriate Institutes in this regard to develop models for the new era of molecular medicine.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

The Committee provides $299,808,000 for the National Institute of Biomedical Imaging and Bioengineering (NIBIB), which is $1,599,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The mission of the Institute is to improve health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences.

Imaging for autoimmune disease.—The Committee is encouraged by the recent development of imaging technology being evaluated in clinical trials for detection of metastatic cancer in human patients. The Committee encourages the Institute to support the translation of imaging technologies to the detection and diagnosis of autoimmune diseases, in particular juvenile diabetes and organ transplantation. Non-invasive imaging approaches are critical to the detection of progression of disease or early rejection of transplanted organs or cells.

Bone imaging.—The Committee urges NIBIB to focus on improving musculoskeletal disease detection, monitoring and treatment through focused imaging and engineering advances. The Institute is encouraged to develop noninvasive techniques to measure bone quality and bone strength in humans.

Liver imaging techniques.—Consistent with NIBIB's mission to improve all diagnostic imaging technologies, the Committee encourages NIBIB to make liver imaging techniques a primary focus, speeding the development of new modalities that better capture the early stages of various liver diseases, including cancer, as well as offering the potential for combinations of diagnosis and treatment. This is also necessary to develop less invasive diagnostics for liver disease patients. The Committee recommends that NIBIB participate actively in trans-NIH initiatives that address these priorities.

Long term budgets.—The Committee acknowledges receipt of the Five-Year Professional Judgment Budget for the National Institute of Biomedical Imaging and Bioengineering (NIBIB) requested in House Report 108–636. The Committee notes the budget's central conclusion that biomedical imaging and bioengineering "are dynamic and ripe with opportunities for major scientific advances" that could be translated into dramatic improvements in health care. The Committee notes that the Five-Year Professional Judgment Budget recommends a measured, reasonable rate of growth for the NIBIB to achieve the goals of the important research areas enumerated in the report. As with all professional judgment budgets, the Committee considers them within the constraints of the annual budget, acknowledging that they represent the judgment of scientific opportunity but not competing demands.

Interdisciplinary research.—The Committee also notes that the Five-Year Professional Judgment Budget recognizes the role of the NIBIB with respect to interdisciplinary research, the physical sciences, and technology development. NIBIB has taken a leadership role in efforts to examine the scientific questions that can be addressed by collaboration between life and physical scientists, the barriers to such collaboration, and the steps that need to be taken to bridge these disciplines. The Committee recommends that NIBIB serve as the primary home of any new NIH or interagency programs or initiatives at the crossroads of physical sciences and biomedicine.

NATIONAL CENTER FOR RESEARCH RESOURCES

The Committee provides $1,100,203,000 for the National Center for Research Resources (NCRR), which is $14,887,000 below the fiscal year 2005 comparable level and the same as the budget request. The Committee does not include bill language identifying funding for extramural facility construction, which is the same as the Administration request. $29,760,000 was provided in fiscal year 2005 for extramural construction.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin biomedical research. The NCRR programs develop a variety of research resources; provide 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.

Institutional development awards (IDeA).—The Committee has identified $222,208,000 for this program, which is the same as the Administration request and the fiscal year 2005 level. The program is comprised of the Centers of Biomedical Research Excellence (COBRE) program and the IDeA Networks of Biomedical Research (INBRE) program. The Committee commends NCRR in its efforts to support the IDeA program to foster innovation and infrastructure in the IDeA-eligible states that have traditionally not been able to take advantage of biomedical research funding opportunities.

Advancing clinical and translational sciences.—To capitalize on the revolutionary discoveries emerging from basic science, there is a pressing need to strengthen and accelerate the clinical research process, and to more efficiently transmit research findings to practitioners on the front lines of patient care. The Committee commends NIH for developing a proposal to overcome the challenges facing the translation of clinical research, which include: difficulty recruiting and retaining clinical researchers; increasing regulatory burden; fragmented training programs; and limitations/barriers due to NIH funding mechanisms, review and program structure. The Committee is supportive of NIH's efforts to help grantee institutions create the academic home and integrated resources needed to advance the new intellectual discipline of clinical and translational sciences, create a cadre of well-trained investigators, and transform basic discovery research into clinical practice. The Committee looks forward to hearing more about how this effort will integrate NIH's existing grants into more efficient awards, and how this will transform clinical and translational sciences.

Clinical research curriculum award.—The clinical research curriculum award has been extremely effective in training successful clinical researchers. Funded programs report that over 60 percent of their graduates are active researchers who have already secured funding for their research. The Committee supports the NIH decision to increase the size of these awards from $200,000 to $300,000 and would support a decision by the NIH Director to increase funding from the various institutes and centers that support the program in order to expand the number of institutions receiving this important award.

Research centers at minority institutions.—The Committee continues to recognize the critical role played by minority institutions at both the graduate and undergraduate level in addressing the health research and training needs of minority populations. These programs help facilitate the preparation of a new generation of scientists at these institutions. The Research Centers in Minority Institutions (RCMI) Program continues to impact significantly on these problems. The Committee encourages NIH to strengthen participation from minority institutions and the resources available in this area. The Committee also encourages NIH to work with minority institutions with a track record of producing minority scholars in science and technology.

Cystic fibrosis (CF).—The Committee commends NCRR for its efforts to improve systems for efficient conduct of clinical trials. NCRR support for the CF clinical trials system continues to contribute to the development of data collection and analysis systems and data safety monitoring efforts that are critical elements of the

CF system. The Committee encourages NCRR to strengthen its support for clinical trials systems, including CF work.

Clinical trials technology.—The Committee encourages NCRR to work with grantees in the Research Centers at Minority Institutions (RCMI) program and the General Clinical Research Centers (GCRC) program to upgrade their clinical trials data management capabilities.

Islet cell resource (ICRs) centers.—The Committee applauds the goal of the ICRs to provide human islets for transplantation and basic scientific research. The Committee encourages the NCRR to ensure that the ICRs continue to improve the quality and consistency of islet isolation. The NCRR is also urged to maximize the data collection and analysis potential of the Administrative and Bioinformatics Coordinating Center, the coordinating center for the ICR consortium.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

The Committee provides $122,692,000 for the National Center for Complementary and Alternative Medicine (NCCAM), which is $587,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The Center was established to stimulate, develop, and support rigorous and relevant research of high quality and open, objective inquiry into the safety and effectiveness of complementary and alternative medicine practices in order to provide the American public with reliable information about these practices.

Ameliorating liver disease.—The Committee is pleased with NCCAM's efforts to conduct clinical trials in collaboration with NIDDK regarding the use of milk thistle as a possible treatment in slowing the progression of nonalcoholic steatohepatitis and to reduce the side effects of hepatitis C interferon treatments. The Committee looks forward to the development and dissemination of the research results associated with the use of milk thistle as a treatment to ameliorate liver disease.

Parkinson's disease.—The Committee encourages NCCAM to continue exploration of aerobic exercise and Chinese exercises such as T'ai Chi Chuan in the treatment of Parkinson's. Recent studies show exercise may increase neuroprotective chemicals in the brain and decrease falls in the elderly. The Committee also encourages continued research into magnetic stimulation for depression and the phytomedicine Valerian for sleep dysfunction, as both symptoms are significant non-motor co-morbidities in Parkinson's. Finally, NCCAM is encouraged to work the Office of Dietary Supplements in investigating supplements which may be neuroprotective, such as berries, alpha lipoic acid, N-acetyl-L-cysteine, acetyl-L-carnitine, vitamin E, ginko biloba, vitamin D, vitamin B12, phosphatidylcholine, and glyconutrients.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

The Committee provides $197,379,000 for the National Center on Minority Health and Health Disparities (NCMHD), which is $1,220,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The Center conducts and supports research, training, information dissemination and other programs aimed at reducing the disproportionately high incidence and prevalence of disease, burden of illness and mortality experienced by certain American populations, including racial and ethnic minorities and other groups, such as the urban and rural poor, with disparate health status.

Glomerular injury.—The Committee understands that glomerular injury, a group of diseases affecting the filtering mechanisms of the kidneys, is more prevalent among African-Americans than the general population. The Committee encourages NCMHD to explore collaboration with NIDDK to support research activities related to glomerular injury and requests a report on progress made in this area.

Scleroderma.—The Committee encourages NCMHD to support research that furthers the understanding of causes and consequences of scleroderma, a chronic, degenerative disease of collagen production, present among African-Americans, Hispanic and Native American men and women. NCMHD is encouraged to establish epidemiological studies to address the prevalence of scleroderma among these populations, as statistics indicate that African-Americans have a slightly higher incidence of scleroderma. This population is also likely to be diagnosed at a younger age and tends to be diagnosed more often with the diffuse form of scleroderma.

Lung disease.—The Committee is concerned with the disproportionate impact of lung diseases affecting minorities. The Committee encourages the Center to partner with other agencies within the NIH, including NHLBI, to develop an epidemiological approach to determine the disproportionate impact of airway disease on minority populations.

Psoriasis.—The Committee encourages NCMHD to support research that furthers the understanding of causes and consequences of psoriasis, a chronic, immune-mediated disease that affects between 5.8 and 7.5 million Americans. New research indicates that psoriasis is twice as common among African-Americans as previously believed, and the research found suggestions that psoriasis among African-Americans may be more severe than among Caucasians. NCMHD is encouraged to establish epidemiological studies to address the prevalence of psoriasis among African-Americans, Hispanics, and other minority populations, as well as research into the apparent differences in psoriasis severity among different populations.

Liver disease.—The Committee notes that many liver diseases, such as hepatitis C, hepatitis B and nonalcoholic steatohepatitis, are more common in the African-American, Hispanic, Asian Pacific Islander and Native American populations, than in European Americans. In addition, access to and acceptance of care is particularly problematic in these populations. The Committee encourages the Center to initiate and participate with NIDDK, NIDA and NCI in research focused on addressing and reducing these disparities.

Cancer center at minority institutions.—The Committee commends NCMHD for its leadership in addressing the disproportionate impact of cancer in minority communities. The Committee encourages NCMHD to consider collaborating with NCRR and NCI

in supporting the establishment of a cancer center at a historically minority institution focused on research, treatment, and prevention of cancer in African-American and other minority communities.

Research endowments.—The Committee commends NCMHD for its leadership in addressing the longstanding problem of health status disparities in minority and medically underserved populations. The Committee continues to encourage NCMHD to implement its successful Research Endowment program as an ongoing initiative.

Project EXPORT.—The Committee commends NCMHD for its successful "Project EXPORT" initiative and recommends continued support for this important program.

Minority community based organizations.—The Committee believes that implementation of recommendations stemming from the IOM study, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" offer significant opportunities for improving health across communities of color. NCMHD is urged to support minority organizations and minority community-based efforts to disseminate research-based health information that highlights health disparities experienced by different racial and ethnic groups. NCMHD is encouraged to engage minority national organizations and minority community-based organizations in educating diverse communities about the findings and recommendations of the Institute of Medicine report.

JOHN E. FOGARTY INTERNATIONAL CENTER

The Committee provides $67,048,000 for the Fogarty International Center (FIC), which is $416,000 above the fiscal year 2005 comparable level and the same as the budget request.

Mission.—The FIC was established 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.

Chronic obstructive pulmonary disease (COPD).—The Committee notes that COPD is the fourth leading cause of death in the U.S. and encourages the Fogarty International Center to strengthen its COPD research and training activities.

Tuberculosis training.—The Committee is pleased with the Fogarty International Center's efforts to supplement grants in the AIDS International Training and Research Program (AITRP) or International Training and Research Program in Emerging Infectious Diseases (ERID), which train tuberculosis experts in the developing world. Given the magnitude of global tuberculosis, the Committee encourages FIC to develop a specific free standing TB training program.

Fragile X.—The Fogarty International Center addresses global health challenges through innovative and collaborative research and training programs and supports and advances the NIH mission through international partnerships. International collaboration among scientists is an essential element in Fragile X research. The Committee encourages the Fogarty International Center to consider Fragile X syndrome through all appropriate programs, such

as the Fogarty International Research Collaboration Award and the FIC Brain Disorders in the Developing World Program.

NATIONAL LIBRARY OF MEDICINE

The Committee provides $318,091,000 for the National Library of Medicine (NLM), which is $2,945,000 above the fiscal year 2005 comparable level and the same as the budget request. In addition, $8,200,000 is made available from program evaluation funds as requested by the Administration to support the National Center on Health Services Research. The same amount was provided last year.

Mission.—The National Library of Medicine collects, organizes, disseminates, and preserves biomedical literature in all forms, regardless of country of origin, language, or historical period. The Library's collection is widely available; it may be consulted at the NLM facility on the NIH campus; items may be requested on interlibrary loan; and the extensive NLM bibliographic databases may be searched online by health professionals around the world. NLM has a program of outreach to acquaint health professions with available NLM services. The Library also is mandated to conduct research into biomedical communications and biotechnology; to award grants in support of health science libraries and medical informatics research and training; and to create specialized information services in such areas as health services research, environmental health, AIDS, hazardous substances, and toxicology.

OFFICE OF THE DIRECTOR

(INCLUDING TRANSFER)

The Committee provides $482,216,000 for the Office of the Director (OD), which is $124,169,000 above the fiscal year 2005 comparable level and $97,021,000 above the budget request. Included within funding for the Office of the Director is $97,021,000 for radiological, nuclear and chemical countermeasures. The Administration had requested these funds as part of the Public Health and Social Services Emergency Fund. It is intended that the Director allocate these funds to those Institutes that support these areas of countermeasure research.

The bill repeats language included in prior years authorizing the collection of third party payments for the cost of clinical services, providing the Director of NIH with one percent transfer authority, and allocating up to $500,000 of funds within the Office of the Director appropriation for the Foundation for the National Institutes of Health. The Committee provides $93,000,000 within the Office of the Director for the Director's Discretionary Fund (DDF), which is the same as the Administration request and $23,560,000 above the fiscal year 2005 comparable level. $83,000,000 of this funding is intended to be used for Roadmap initiatives. The Committee has repeated last year's bill language making up to $10,000,000 of this total available through the flexible research authority provided in section 217 of the Act. The Committee also includes bill language providing $10,000 for representation allowances when specifically approved by the Director of NIH.

The Committee includes $2,000,000 as requested by the Administration for a new Office of Portfolio Analysis and Strategic Initia-

tives. The Committee strongly supports this effort as a needed mechanism to review the NIH research portfolio as a whole and to address the issues raised by external groups about the coding of diseases for funding reporting.

The Committee includes bill language from last year's bill identifying the maximum funding that may be used for Roadmap activities and the method of calculating each Institute or Center's contribution. The language also permits the transfer of Roadmap funds to a single location for the purpose of using a standardized accounting structure for supporting Roadmap activities.

Mission.—The Office of the Director provides leadership to the NIH research enterprise and coordinates and directs initiatives which cross-cut the NIH. The OD 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 operations of the NIH.

Office of Research on Women's Health

The Office of Research on Women's Health (ORWH) works in collaboration with the Institutes and Centers of NIH to promote and foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and/or the initiation of new investigative studies. The ORWH is responsible for ensuring the inclusion of women in clinical research funded by NIH, including the development of a computerized tracking system and the implementation of guidelines on such inclusion. This Office is also involved in promoting programs to increase the number of women in biomedical science careers, and in the development of women's health and sex and gender factors in biology as a focus of medical/scientific research.

The Committee is pleased with the increased focus on irritable bowel syndrome (IBS) at the ORWH. It is estimated that between 25 and 45 million Americans, disproportionately women, suffer from IBS.

Office of AIDS Research

The Office of AIDS Research (OAR) is responsible for coordination of the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. The OAR develops a comprehensive plan for NIH AIDS-related research activities which is updated annually. The plan is the basis for the President's budget distribution of AIDS-related funds to the Institutes, and centers within NIH. The Committee expects the Director of NIH to use this plan and the budget developed by OAR to guide his decisions on the allocation of AIDS funding among the Institutes. The Director of NIH also should use the full authority of his office to ensure that the Institutes and Centers spend their AIDS research dollars in a manner consistent with the plan. In addition, the OAR allocates an emergency AIDS discretionary fund to support research that was not anticipated when budget allocations were made.

The Committee has included the same general provisions in bill language that were contained in the 2005 appropriations bill. This language permits the Director of OAR, jointly with the Director of

NIH, to transfer between Institutes and Centers up to three percent of the funding determined by NIH to be related to AIDS research. This authority could be exercised throughout the fiscal year subject to normal reprogramming procedures, and is intended to give NIH flexibility to adjust the AIDS allocations among Institutes if research opportunities and needs should change. The Committee also repeats language from last year's bill making the research funds identified by NIH as being AIDS related available to the OAR account for transfer to the Institutes. This provision permits the flow of funds through the OAR in the spirit of the authorization legislation without requiring the Congress to earmark a specific dollar amount for AIDS research.

Pediatric HIV research.—The Committee recognizes the importance of research into the long-term health implications of preventive HIV drug regimens in children, the psychological and social needs of HIV-infected children and appropriately targeted prevention services. The Committee requests the Director to identify the resources necessary for domestic and international research on the long-term effects of preventive drug regimens on HIV-exposed pediatric populations; the long-term health, psychosocial, and prevention needs for pediatric populations perinatally HIV-infected; the transition to adulthood for HIV-infected pediatric populations; and safer and more effective treatment options for pediatric populations with HIV disease.

Pediatric HIV vaccine testing.—The Committee requests the Director of the National Institutes of Health to submit a report within 90 days of enactment of this bill on the status of activities related to the testing of potential HIV vaccine candidates in relevant pediatric populations, including infants, preadolescents, and adolescents. The report should include an analysis of regulatory or other barriers to developing an HIV vaccine and a comprehensive review of current and planned clinical trials in relevant pediatric populations. In addition, the Committee requests that the NIH Fiscal Year 2007 Plan for HIV-Related Research and future plans include: plans for expanding existing capacity for HIV vaccine candidate testing in relevant pediatric populations; plans for increasing coordination in advancing pediatric HIV vaccine testing across Federally funded HIV vaccine research programs, including, but not limited to the HIV Vaccine Trials Network, the Pediatric AIDS Clinical Trials Group, the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Partnership for AIDS Vaccine Evaluation; opportunities for collaboration with the Office of the Global HIV/AIDS Coordinator; appropriate principles for initiating HIV vaccine testing in relevant pediatric populations, including recommendations for sequencing the enrollment of adults and relevant pediatric populations and for addressing issues related to human subjects protections for children involved in clinical research; and proposed community education efforts in support of the inclusion of relevant pediatric populations in HIV vaccine clinical trials.

Office of Dietary Supplements

The Office of Dietary Supplements (ODS) was established in recognition that dietary supplements can have an important impact on the prevention and management of disease and on the mainte-

nance of health. ODS is charged with promoting, conducting, and coordinating scientific research within NIH relating to dietary supplements.

Office of Behavioral and Social Sciences Research

The Office of Behavioral and Social Sciences Research (OBSSR) provides leadership and direction for the development of a trans-NIH plan to increase the scope of and support for behavioral and social science research and in defining an overall strategy for the integration of these disciplines across NIH institutes and centers; develops initiatives to stimulate research in the behavioral and social sciences arena and integrate a biobehavioral perspective across the research areas of NIH; and promotes studies to evaluate the contributions of behavioral, social and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems.

Office of Rare Disease Research

The Office of Rare Disease Research (ORD) was established in recognition of the need to provide a focal point of attention and coordination at NIH for research on rare diseases. ORD works with Federal and non-Federal national and international organizations concerned with rare disease research and orphan products development; develops a centralized database on rare diseases research; and stimulates rare diseases research by supporting scientific workshops and symposia to identify research opportunities.

Pediatric liver diseases.—The Committee is pleased that the ORD has continued to provide significant funding to support 10 centers within the Biliary Atresia Clinical Research Consortium. The Committee urges ORD to continue to address rare liver diseases including primary biliary cirrhosis, primary sclerosing cholangitis, and auto-immune hepatitis.

Multi-Institute Research Issues

Clinical Trials Technology.—The Committee recommends that the NIH Director and the Director of the NIH Clinical Center explore options for utilization of technology to improve efficiency, cost savings, and sharing of information in clinical trials being supported intramurally and extramurally. The Director is encouraged to investigate software systems that could reduce the administrative costs of clinical trials, improve the availability and transfer of clinical data for review or use by other researchers, and bring uniformity to the administration of NIH research.

Clinical investigators.—The Committee has heard testimony that there is currently a shortage of adequately trained clinical investigators within every medical specialty who can translate basic science advances into the diagnosis, treatment and prevention of disease. This shortage inhibits clinical research productivity and slows the rate at which results from basic biomedical research efforts can be applied to the problems of patients. Improved clinical research will have a positive effect on the quality of health care and patient safety, and advance the application of the principles of evidenced-based medicine to routine patient care. The Committee has as a priority the training of physician-scientists through all

NIH institutes, to support studies of patient outcomes, medical effectiveness, and disease- and treatment-specific quality of life.

Public access.—The Committee is pleased that NIH is moving forward to implement its public access policy and is hopeful that the policy will be a first step toward providing free and timely access to the published results of all NIH-funded biomedical research. The Committee endorses NIH's expressed goals for the policy, namely to create an archive of NIH-funded research, to provide an opportunity to better manage the NIH research portfolio, and to provide enhanced public access to NIH research results. The Committee is concerned, however, that the final policy may not achieve these goals. For this reason, the Committee directs the Office of the Director to submit to the Committee by March 1, 2006 a comprehensive report on the progress achieved during the first eight months following the implementation of the new policy. Specifically, the Committee requests that the report provide: 1) the total number of applicable peer-reviewed articles deposited in PubMed Central since the May 2, 2005 implementation date; 2) the embargo period requested by the author for each deposited work; and 3) NIH's best estimate of the total number of applicable peer-reviewed articles available for deposit during this time frame, together with an explanation of the mechanisms relied upon to determine this estimate. Additionally, the Committee is concerned that grant recipients may not fully understand the NIH policy and the steps required to post an article in PubMed Central. The Committee, therefore, directs NIH to develop an aggressive education and outreach initiative aimed at informing grant recipients about the policy in an effort to maximize full and prompt participation.

Duchenne muscular dystrophy.—The Committee is disappointed with the time the Department took to implement the provisions of the MD Care Act. It is pleased that the Muscular Dystrophy Coordinating Committee (MDCC) eventually produced an MD Research and Education Plan, which is to be updated every two years and submitted to Congress. The Committee understands that NIH also submits an annual report to Congress on implementation of the MD Care Act. The Committee requests that it be included in the Congressional distribution of both of these periodic reports. The Committee asks that the annual report state NIH's current research goals related to duchenne muscular dystrophy, the progress made toward each goal, the total amount of money invested toward each goal as well as projected spending for the present and future fiscal year, and all opportunities for translation research and external partnerships.

The Committee is pleased that NIH has funded one additional Senator Paul Wellstone Muscular Dystrophy Cooperative Research Center and is working to fund two more, for a total of six. The Committee urges NIH to provide adequate funding and resources for each center. The NIH is also urged to devote separate resources to DMD translational research beyond the funding that is provided in Centers of Excellence programs.

Duchenne muscular dystrophy translational research.—The Committee recognizes that several promising translational treatments and therapies for Duchenne and Becker muscular dystrophy are in development. The Committee requests NIH to develop a translational research initiative specific to muscular dystrophy to

ensure the effective coordination of these efforts and their acceleration. The Spinal Muscular Atrophy [SMA] Project may be an appropriate model for the initiative. The Committee believes the SMA model enhances the dialogue between program directors and investigators, facilitating and accelerating review and modifications of grant proposals that are in the best interest of the patients and that show the greatest promise for success. To achieve maximum effectiveness, the Committee urges NIH to assess the background, experience, and capabilities of staff needed to launch, perform, and sustain such a translational research initiative. The Committee requests a report by March 1, 2006 on the timeline to establish a DMD Translational Research Initiative.

As a component of the Initiative, the Committee encourages NIH to conduct a workshop to explore the most promising potential approaches to Duchenne and Becker muscular dystrophy no later than February 2006 and to provide a full report to the Committee within 3 months of the workshop.

Autism spectrum disorders.—The Committee is pleased with NIH's autism research matrix and encourages NIH to devote sufficient resources to this research agenda. When implementing the autism research matrix, the Committee encourages NIH to coordinate with autism organizations already funding research initiatives to ensure the most efficient use of resources. The Committee also notes the promise of particular areas cited in the matrix, including genetic and behavioral characterization of the disorder, screening and early diagnosis.

Autism and vaccines.—The Committee continues to be aware of concerns about reports of a possible association between the measles component of the measles-mumps-rubella (MMR) vaccine and a subset of autism termed autistic entercolitis. The Committee continues its interest in this issue and encourages the Interagency Coordinating Committee to continue to give serious attention to these reports. The Committee is aware that research is underway, supported by NIH, and encourages NIH to avoid further delays in this research.

The Committee is also concerned that there is some evidence that infant exposures to thimerosal in the 1990s may be related to the epidemic of neurodevelopmental disorders in children. CDC's most extensive review of Vaccine Safety Datalink data concluded that more research needs to be conducted in this arena to answer these questions with certainty and the Committee concurs with the need for this continued research.

The Committee encourages NIH to dedicate significant resources to pursue the recommended research initiatives outlined in the Institute of Medicine's (IOM) Immunization Review. These reports have identified the research needed to better understand why a number of children suffer severe adverse reactions to childhood vaccines. Continuation of this research to develop a better understanding of biological mechanisms is critical for knowing with certainty whether or not thimerosal and other vaccines exposures might cause increased risks for some children.

Stem cell research.—Since the late 1960s bone marrow transplants and bone marrow stem cells have been used to treat cancer and blood diseases. In recent years, basic and clinical research has demonstrated the ability of adult stem cells to treat a broader

range of diseases through regenerative medicine including autoimmune diseases and tissue repair. The Committee urges NIH to place a high priority on investigating the plasticity and expansion of adult stem cells using more recently discovered multipotent adult stem cells from fat, dental pulp, heart, umbilical cord blood, and olfactory neurons. Clinical research, including FDA-approved clinical trials applying these novel sources of stem cells to the treatment of Parkinson's disease, ALS, diabetes, heart disease, and other diseases should be pursued vigorously as well.

The Committee requests the Director, through the new Office of Portfolio Analysis and Strategic Initiatives, to consider the distinctions between the various types of adult stem cell research as it develops tools to more accurately categorize and assess expenditures on stem cell research as a whole. By April 2006 the Committee requests a detailed report compiling the complete range of diseases being treated with all adult stem cells (including umbilical cord blood cells). This report should include a breakdown of spending among the various types of basic and clinical human adult stem cell research in a way that distinguishes traditional applications of bone marrow stem cells in the treatment of cancer and blood diseases from pioneering research into the novel use of multi-potent adult stem cells in regenerative medicine. Within six months of the release of this report, the Committee also requests that NIH develop an initiative to strengthen its portfolio of basic and clinical research into novel therapeutic uses of adult stem cells.

Microbicides for the prevention of HIV/AIDS.—The Committee urges strengthened funding for microbicide research and development at NIH. In addition, the Committee has long advocated that NIAID establish a dedicated microbicide unit with clearly identified leadership to accelerate microbicide research. The Committee understands that NIAID has established the Microbicide Team in the Division of AIDS (DAIDS), which also coordinates a broader NIAID group with representatives from DAIDS and the Division of Microbiology and Infectious Diseases (DMD). The Office of AIDS Research, within the Office of the NIH Director, is continuing to coordinate microbicide research across NIH. Greater leadership and coordination on this issue is especially critical given that consideration is being given to the possibility of a microbicide-specific clinical trial network.

Public-private partnerships in support of microbicides to prevent HIV/AIDS.—There is an urgent need to expand the development pipeline with more microbicide candidate products, particularly those that target HIV in new ways. In addition to candidates that may arise from NIH-funded basic research efforts, possibilities may be found within pharmaceutical companies where there are potential compounds already developed as therapeutics that could be tested as potential microbicides. NIH has mechanisms in place to encourage partnerships among researchers in academia, government and the private sector. The Committee strongly urges the leadership at NIH to support the microbicide field by encouraging partnering with the pharmaceutical industry and non-governmental organizations. In the past year, the International Partnership for Microbicides has entered into agreements with leading pharmaceutical companies to jointly test and develop leading AIDS drugs as microbicides. More partnerships like these between the

pharmaceutical industry and the non-profit community in collaboration with NIH will be critical, and should receive the active support of NIH leadership.

Parkinson's disease.—The Committee understands that the Director has scheduled a Parkinson's disease research conference in June, 2005. The Committee requests the Director to report back to the Committee within six months of the conference on the conclusions from the summit, an examination of the existing Parkinson's research portfolio, and recommendations of research goals for the next three years for diagnosis, better treatments and a cure for Parkinson's disease.

Autoimmune diseases.—Congress recognizes the cross-cutting nature of the NIH Autoimmune Diseases Coordinating Committee (ADCC) and its comprehensive Autoimmune Diseases Research Plan. The ADCC has been effective in fostering collaborative, integrated multi-Institute research on issues affecting the genetically related family of autoimmune diseases. The ADCC should focus on the role of environmental and infectious agents in the initiation and/or exacerbation of autoimmune diseases. Additionally, the Committee encourages the ADCC to be proactive in identifying promising areas of autoimmune research where collaboration among the NIH institutes enhances the potential for major advances.

Heart disease research and prevention action plan.—Concerned that heart disease remains a major cause of permanent disability, the Committee encourages NIH to consider convening an interagency conference on heart disease to develop a comprehensive, long range research and prevention action plan. Participants should include representatives from all Federal agencies involved in heart disease research and prevention, including the NIH, CDC, AHRQ, DOD, and pertinent voluntary nonprofit organizations and experts in the field. The conference would be the basis for a long-range, strategic heart disease research and prevention action plan which would include quantifiable goals and benchmarks to measure progress in the battle against heart disease.

Spina bifida.—The Committee recognizes that spina bifida is the leading permanently disabling birth defect in the U.S. and has heard concerns that NIH has not prioritized research into primary and secondary treatment of this condition. While spina bifida is highly preventable through proper nutrition, including appropriate folic acid consumption, too many pregnancies still are affected each year by this devastating birth defect. Since more than 70,000 individuals are living with spina bifida, the Committee urges NIH to allocate adequate resources to research into primary and secondary treatment of spina bifida. The Committee is pleased with the outcome of the 2003 Spina Bifida Research Conference and encourages NIH to consider organizing a follow-up national conference involving NICHD, NINDS, NIDDK, and the Office of Rare Diseases along with the National Center on Birth Defects and Developmental Disabilities, the Agency for Healthcare Research and Quality, and the National Institute on Disability and Rehabilitation Research to identify and explore improved treatment and outcomes for adults and children with spina bifida.

Rett syndrome.—Rett syndrome is a neurological disorder resulting from a mutated gene that seen worldwide in most racial and

ethnic groups, almost exclusively in females. It is estimated to occur approximately one in fifteen thousand female births, although recent discoveries may reveal significantly more affected people than previously diagnosed. The Committee applauds NIH's continued commitment to Rett syndrome research and encourages support for new animal models and genotype/phenotype investigations of Rett syndrome. Since Rett syndrome is a multi-faceted disorder, the Committee encourages NIH to redouble its effort to integrate the appropriate Institutes into this program area, including NIA, NIMH, NIDCD, NHLBI, NIAMS, NIDDK, and NIGMS, whose mandates include areas involved with understanding, treating and curing Rett syndrome.

Cystic fibrosis (CF).—One of the priorities of the NIH Roadmap is the re-engineering of the clinical research system. There are a number of clinical trials systems that might serve as models for the re-engineering effort. One such model is the clinical trials system for testing therapies for CF, which includes centralized data management and analysis capability, centralized data safety monitoring, and the participation of 18 leading CF research centers. The Committee encourages the Director to evaluate and support the CF system as a model for the clinical trials reform effort. The structure and systems that achieve cost and research efficiencies in the CF network might be applicable to trial networks for other diseases.

Charcot-Marie-Tooth disorder.—Charcot-Marie-Tooth disorder (CMT) is one of the most common inherited neurological disorders, affecting approximately one in 3,500 people in the United States. The Committee is concerned about the prevalence of this disease and its effect on people across the age spectrum and recognizes the value of CMT research for advancing understanding into other neuromuscular disorders. The Committee encourages NIH to identify new research opportunities on CMT that could lead to a relevant program announcement or request for applications. The Committee requests a report on NIH efforts on CMT and CMT-related disorders by March, 2006.

Polycystic kidney disease (PKD).—The Committee is pleased that NIH-supported PKD research, combined with grants from the private sector and the involvement of industry, has not only produced the first clinical drug trial for PKD in humans, but has fostered the development of additional, innovative PKD therapies. Given the unprecedented momentum and therapeutic opportunities in PKD science, the Committee urges NIH to further implement its PKD Strategic Plan by facilitating PKD clinical trials and expanding knowledge-based studies of pathophysiology and cellular pathobiology.

Lymphatic system research.—The lymphatic system is central to the progression of disease and the maintenance of health, yet scientific and medical knowledge of this important system has gaps. The Committee is pleased that a Trans-NIH Coordinating Committee on the Lymphatic System exists to ensure that scientific knowledge and understanding about this body system will be advanced and coordinated. The Committee is encouraged to learn that the Coordinating Committee is working with patient advocates to address the needs of the lymphatic disease and lymphedema patient communities. The Committee encourages NIH to consider initiatives such as a national lymphatic disease patient registry and

tissue bank; an NIH partnership funding program; intramural longitudinal studies; and multidisciplinary centers.

Asian American and Pacific Islander (AAPI) populations.—The Committee encourages NIH, particularly NIDA, NIAAA, and NIMH, to strengthen its support of behavioral health research for AAPI populations. Additional research is needed to develop a body of knowledge addressing the bio-psycho-social aspects of substance abuse as well as co-occurring disorders among AAPI populations. Studies are also needed to address the biological differences that may exist within the diverse AAPI populations in terms of their reaction to the range of substances used and abused, and nature of substance abuse; effective prevention and treatment strategies; and culturally appropriate ways to evaluate these AAPI substance abuse services.

Dystonia.—The Committee is very pleased with progress demonstrated by the NIH intramural research program in the treatment and understanding of dystonia. NIH intramural researchers have successfully utilized injections of botox to treat many patients who otherwise would be severely debilitated by dystonia. The Committee urges continued work in this important area of study and treatment.

Fragile X.—The Committee notes the progress made by Fragile X researchers in understanding the basic neural defects that cause this developmental disorder. However, further efforts are required to translate these basic science findings into viable treatments. Specifically, collaborative efforts between industry, academia and NIH Institutes are likely to be necessary to develop promising therapeutic options for this orphan indication. The Committee further notes that while Fragile X is a relatively common genetic disease, the treatments being developed for Fragile X may also be effective for a much larger number of people with related autism spectrum disorders. Research has shown many possible treatment strategies which merit human Fragile X clinical trials. The Committee encourages the Director to facilitate and support public/private partnerships which will enable these important studies to proceed. NIH is urged to convene a yearly workshop with the research community to develop priorities for basic, clinical and translational research as they relate to Fragile X.

Spinal muscular atrophy (SMA).—The Committee encourages the Office of the Director to ensure support of the SMA Project by providing active and ongoing support from the OD as well as from other related Institute Directors, particularly NICHD, since SMA is the leading genetic killer of infants and toddlers.

Psoriasis.—The Committee encourages NIH to strengthen its work on psoriasis, a chronic, immune-mediated disease that affects between 5.8 and 7.5 million Americans. Safe and effective treatments for women of child-bearing age and for children are particularly lacking, and new research indicates mothers with psoriasis have a 50% increased risk of bearing a child with autism. New research also indicates psoriasis is twice as common among African-Americans as previously believed. Psoriasis research involves many disciplines, and the Committee encourages NIH to intensify coordination of psoriasis research across its institutes and centers.

Gene therapy research.—While the promise of gene therapy has not yet been realized, the Committee is encouraged by some prom-

ising research done in the area of thalassemia, or Cooley's anemia. It is concerned, however, that the most innovative gene therapy research is currently being done in Europe rather than in the United States. The Committee urges the Director to assess the prospects for the most promising areas for breakthroughs in this field and to develop a program to focus resources on it. The assessment should also include the prospects for successes in additional hemoglobinopathies and in an even broader range of diseases.

Hereditary hemorrhagic telangiectasia.—Hereditary hemorrhagic telangiectasia (HHT), also known as Osler-Weber-Rendu Syndrome, is a multi-system vascular genetic disorder producing blood vessel malformations in the brain and lung which may result in stroke, hemorrhage, aneurysm and death. Sudden death or disability may occur in twenty percent of children and adults, but is largely preventable with proper intervention. Because this is a multi-system disorder, the Committee encourages the Director to formulate an NIH-wide research agenda with the participation of the NHLBI, NINDS and NIDDK Institutes.

Osteoporosis.—The Committee is pleased that the Surgeon General has submitted the report on bone health requested in the FY 2002 appropriations bill. The Surgeon General's report on bone health and osteoporosis comes at a critical time when the aging population of the United States faces an increasing burden of musculoskeletal disease and disability. Osteoporosis, which the report recognizes will affect one in two Americans over the age of 50 by 2020, will lead to disability, loss of independence and early mortality. The Surgeon General calls for a national action plan to achieve improved bone health. To this end, the Committee encourages NIH to establish a "Bone Health Research Blueprint" to achieve the Surgeon General's objectives through enhanced cooperation between NIH institutes. The Blueprint should place particular emphasis on osteoporosis, osteogenesis imperfecta, Paget's disease, other metabolic bone diseases and rare bone disorders such as osteopetrosis. The Committee requests a report on the status of the Bone Health Blueprint by March 1, 2006.

Human tissue supply.—The Committee remains interested in matching the increased needs of NIH grantees and intramural researchers who rely upon human tissues and organs to study disease and search for cures. The Committee is aware that NIH has established a multi-institute initiative on human tissue supply. While this is promising, there is still an unmet demand for the use of human tissue in research. The Committee encourages the Director to strengthen the core support for this initiative and to broaden its scope to other Institutes such as NCI, NHLBI, and NINDS that have not previously participated in the initiative's core support.

Minority health professions schools.—The Committee continues to be pleased with the NIH Director's implementation of various programs focused on developing research infrastructure at minority health professions institutions, including Research Centers at Minority Institutions and the National Center on Minority Health and Health Disparities. The Committee encourages the NIH Director to work closely with the Director of the NCMHD to establish a program of coordination among these mechanisms to partner with minority health professions schools to address their infrastructure needs.

Down syndrome.—The Committee urges the Director of NIH to establish an NIH Down syndrome research task force on cognition to develop a strategic plan for genetic and neurobiological research relating to the cognitive dysfunction and the progressive late-life dementia associated with Down syndrome. The purpose of the strategic plan is to provide a guide for coordinating Down syndrome research on cognition across NIH and for enhancing the development of new research efforts based on identification of areas of greatest scientific opportunity, especially as they relate to the development of future treatments. The plan should include short, intermediate and long-term goals for basic and clinical research with strategies for achieving goals and with specified timeframes for implementation. The Committee expects the NIH to report to the Committee by April, 2006 on the steps it is taking to develop a down syndrome research task force on cognition.

Child abuse and neglect research.—The Committee recognizes the magnitude and significance of child abuse and neglect as a serious public health problem claiming an estimated 896,000 victims in 2002, according to data reported by the Department of Health and Human Services. The Committee applauds NIH for developing a coordinated research agenda for child abuse and neglect involving relevant NIH institutes, including NIMH, NICHD, NIDA, NINR, and NIAAA, the Office of Behavioral Social Science and Research and other appropriate agencies, and the continued collaborative and cooperative efforts in child abuse and neglect research. In response to recommendations in the 1993 National Research Council report which examined the current state of research in this area, the NIH child abuse and neglect initiative first addressed the knowledge gaps in child neglect. The Committee encourages NIH to examine current gaps that exist in research on the abuse of children, including research on treatment interventions with substantiated cases of child maltreatment. The Committee requests that the Director be prepared to report on current and proposed NIH efforts in this area at the fiscal year 2007 hearings.

Science education.—The Committee recognizes the success of grid computing as used by the Kentucky data research initiative, a partnership between elementary and secondary schools and postsecondary education research institutions to maximize research capabilities through computer resources. With the cooperation of the state of Kentucky and its local education agencies, the Kentucky data research initiative uses computers in local schools to provide additional computing capacity to cancer researchers at the Brown Cancer Center at the University of Louisville. During the hours the computers are not used, the excess computing capacity is harnessed so that cancer researchers in Louisville have a greater capacity to do more complex research. In exchange for the expanded research capabilities, scientists visit the schools to discuss their research to provide support for students interested in math and science. The Committee recognizes the success that this program has had in exposing students in elementary and high schools to careers in science and increasing the state's capacity for cancer research. The Committee encourages the Office of Science Education within the Office of the Director to review the Kentucky program as a possible model to be transferred to other states and utilized to enhance re-

search capabilities in the sciences and health-related fields or other appropriate fields of research.

PubChem.—The Committee understands that the stated mission of the PubChem database, which is part of the NIH Roadmap Initiative, is to create a new and comprehensive database of chemical structures and their biological activities, and will house both compound information from the scientific literature as well as screening and probe data from the new NIH molecular libraries screening center network. The Committee is concerned that NIH is replicating scientific information services that already exist in the private sector. In order to properly focus PubChem, the Committee urges NIH to work with private sector providers to avoid unnecessary duplication and competition with private sector chemical databases.

Neuroscience and the genome.—The Committee understands there are exciting developments in the field of neuroscience where integrating genomic-based methodologies with computer science and traditional neuroanatomy is being supported by private philanthropic (or voluntary could be used here) support. These developments could result in advancing our knowledge along a broad front of neurologic, psychiatric and neurodegenerative diseases, their causes and cures. NIH is encouraged to collaborate with these efforts in a public-private partnership as espoused in the Roadmap initiative or other appropriate mechanisms.

Amyloidosis.—The Committee encourages NIH to intensify its research efforts into the amyloidoses, a group of rare diseases characterized by abnormally folded protein deposits in tissues. These diseases are often fatal and there is no known cure. Treatment involving large-dose intravenous chemotherapy followed by stem cell replacement or rescue is effective for many patients, but this procedure is risky, unsuitable for many patients, and not a cure. The Committee understands that NIH will be holding one or more conferences on amyloidosis and related diseases during 2005, and looks forward to receiving the results and recommendations (as requested in the FY 2005 Committee report) identifying the next steps that need to be taken to increase the understanding, prevention and treatment of this devastating group of diseases.

BUILDINGS AND FACILITIES

The Committee provides $81,900,000 for buildings and facilities, which is $28,388,000 below the fiscal year 2005 comparable level and the same as the Administration request.

Mission.—The Buildings and Facilities appropriation provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the National Institutes of Health. The funds in this appropriation support the 77 buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the United States.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The Committee provides a program level of $3,352,047,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is $39,722,000 below the fiscal year 2005 comparable level and $16,024,000 above the budget request. Within the total, $121,303,000 is provided through the evaluation set-aside as requested.

SAMHSA is responsible for supporting mental health and alcohol and drug abuse prevention and treatment services nationwide through discretionary targeted capacity expansion and knowledge application grants, formula block grants to the States and associated technical assistance efforts. The agency consists of three principal centers: the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. The Office of the Administrator is responsible for overall agency management.

The Committee expects that no less than the amounts allocated in fiscal year 2005 will be spent in fiscal year 2006 for activities throughout SAMHSA that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. These activities include treatment of mental health disorders related to HIV disease and expansion of service capacity of substance abuse treatment and prevention programs that provide services to high-risk communities of color.

Greater availability of a rapid HIV test can increase overall HIV testing and reduce the number of people, an estimated 225,000 Americans, who are unaware of their HIV infection. The Committee acknowledges that treatment services provided by mental and behavioral health care providers for individuals testing positive are a necessary component of rapid HIV testing. The Committee commends SAMHSA for developing the Rapid HIV Testing Initiative (RHTI) to train substance abuse and mental health service providers on rapid HIV testing and prevention counseling. The Committee strongly supports the program and provides SAMHSA an additional $1 million towards the RHTI.

The Committee is concerned about the intersection of methamphetamine abuse and the transmission of infectious diseases. Methamphetamine is a very dangerous, highly addictive, and toxic drug and is strongly linked to risky behaviors, increasing the risk of transmissions of infectious diseases such as HIV and Hepatitis C. SAMHSA and the Centers for Disease Control and Prevention (CDC) have funded crucial programs in methamphetamine prevention and treatment and infectious disease prevention and treatment programs, but there exists a gap on collaboration between the two agencies. Recognizing that CDC and SAMHSA have different responsibilities in responding to this epidemic, the Committee directs CDC and SAMHSA to draft a list of priorities to address the intersections of these two epidemics and to jointly provide a written report by April 1, 2006 designating a coordinating plan between SAMSHA and CDC. The plan should include a proposed infrastructure, needed resources, mechanisms of communication, and commu-

nity involvement representing populations at high-risk to coordinate prevention, community outreach, professional training, treatment and new and existing grant programs to effectively address the intersection of the crystal methamphetamine epidemic and rising HIV rates. The Committee then requests that the CDC and SAMHSA report on the effectiveness of the new plan by February 2007.

The Asian American and Pacific Islander (AAPI) population on the continental U.S., Hawaii, and the six Pacific Island jurisdictions are one of the fastest growing groups in the U.S. However, there are less than 10 culturally competent comprehensive substance abuse prevention and treatment programs designed to serve the AAPI population in the entire United States, and these few programs are located in just four states and one Pacific Island jurisdiction. The number and capacity of these comprehensive programs has remained essentially the same for over 15 years. The need for substance abuse services for this population continues to increase while the gap in the availability and access to culturally competent services is ever-widening. For many in this population services do not even exist. The Office of National Drug Control Policy found that AAPI parents are the least informed of any group regarding the nature and hazards of substance abuse among their teenagers. Treatment episodes in some cases have increased by over 50% for AAPI clients. SAMHSA should work with appropriate National AAPI organizations that provide substance abuse services to create a comprehensive system of outreach, training, information and resources, and prevention and treatment services that will be culturally competent and accessible to all AAPI populations across the United States.

The Committee is concerned about the prevalence of hepatitis and substance abuse and urges SAMHSA to work with health organizations to promote education and prevention of both hepatitis and substance abuse.

Center for Mental Health Services

The Committee provides a program level total of $880,294,000 for the Center for Mental Health Services (CMHS), which is $21,023,000 below the fiscal year 2005 comparable level and $43,044,000 above the budget request. Within the total, $21,803,000 is provided through the evaluation set-aside as requested.

Programs of regional and national significance

The Committee provides $253,257,000 for mental health programs of regional and national significance, which is $21,040,000 below the fiscal year 2005 comparable level and $43,044,000 above the budget request. The program includes studies that identify the most effective service delivery practices, knowledge synthesis activities that translate program findings into useful products for the field, and knowledge application projects that support adoption of exemplary service approaches throughout the country.

The Committee provides $26,000,000 for the State incentive grants for transformation, the same level as the budget request. At this level, eight grants will be continued and three new grants will be awarded to States to plan and implement the transformation of

their State mental health programs across multiple service systems. These comprehensive State mental health plans will enhance the use of existing resources at the State and local levels and expand the options and array of available supports. These grants are not intended to provide direct services, but rather are to aid States in developing broad systems changes to better serve persons with mental illness.

The Committee provides $84,000,000 for School Violence programs. This is $17,187,000 more than the budget request. At this funding level it is the Committee's intention that additional grants will be awarded to school districts with the goals of promoting the healthy development of children and youth, fostering their resilience in the face of adversity, and preventing violence.

Within funds provided, the Committee recommends that no less than the funding allocated in fiscal year 2005 be provided in fiscal year 2006 for the National Child Traumatic Stress Initiative. This program has established 54 treatment development and community service centers to treat children who have experienced trauma. It is estimated that up to 40,000 traumatized children and their families will directly benefit from services delivered as a result of this initiative.

The mental health needs of our Nation's seniors are largely ignored within our mental health system. While many older Americans experience depression, dementia, anxiety and substance abuse disorders, far too often these conditions are not recognized or treated. Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meal sites, primary care settings and other locations, is needed. The Elderly Treatment and Outreach Program is the only federally funded services program dedicated specifically to the mental health care of older adults. It is for this reason that within the funds provided, the Committee recommends that no less than the level allocated in fiscal year 2005 be allocated for the older adults program.

Within funds provided, the Committee recommends that no less than level allocated in fiscal year 2005 be provided for grants for jail diversion programs. This program provides grants to States or localities, Indian tribes, and tribal organizations, acting directly or through agreements with other public or nonprofit entities, to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

Preliminary data collected by the Centers for Disease Control and Prevention's National Violent Death Reporting System reports a 5% increase in suicides for 2003. Comprehensive data from the 2002 survey indicate that the rate of suicides among youth is growing faster than any other age cohort. In order to address this, the Committee recommends that within the funding provided, programs that address youth suicide prevention strategies be funded in fiscal year 2006 at no less than the amounts allocated in fiscal year 2005.

The estimated number of AIDS cases from 1999 to 2003 has increased for racial and ethnic minorities, including African Americans, Latino/as, Asian Pacific/Islanders and American Indians/Alaska Natives. The Committee recognizes that many persons with HIV have a psychological and/or substance abuse disorder and that

mental health and substance abuse services can help stabilize the health and well-being of persons with HIV/AIDS. The Committee acknowledges that racial and ethnic minorities have less access and lower utilization of mental health and substance abuse services. The Committee recommends that no less than the level provided in fiscal year 2005 be allocated for the Minority AIDS Initiative to provide competent and accessible mental health and substance abuse services to persons of color living with HIV/AIDS.

Over the last three years, collaboration between the Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) on homeless policy has improved through joint efforts such as the Policy Academies, which provide training for State officials on accessing mainstream resources for homeless people and the 2003 Collaborative Initiative to Help End Chronic Homelessness, a $55 million HUD, HHS, and Veterans Administration effort that has housed over 550 chronically homeless persons in 11 communities across the country. Although the fiscal year 2006 budget request did not include a direct funding request within HHS for the Samaritan Initiative, the Committee encourages SAMHSA to continue to collaborate with HUD in sharing best practices information and in discussing ways in which resources can be maximized toward the goal of ending chronic homelessness.

Mental health block grant

The Committee provides a program level total of $432,756,000 for the mental health block grant, which is the same as the fiscal year 2005 comparable level and the budget request. The block grant provides funds to States to support mental health prevention, treatment, and rehabilitation services. Funds are allocated according to statutory formula among the States that have submitted approved annual plans. The Committee notes that the mental health block grant funding represents less than 2 percent of total State mental health funding and less than 3 percent of State community-based mental health services. Within the total, $21,803,000 is provided through the evaluation set-aside as requested.

The Community Mental Health Services Block Grant Program distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Because the mental health needs of our Nation's elderly population are often not met by existing programs and because the need for such services is dramatically and rapidly increasing, the Committee recommends that SAMHSA require that States' plans include specific provisions for mental health services for older adults.

Children's mental health

The Committee provides $105,129,000 for the grant program for comprehensive community mental health services for children with serious emotional disturbance, which is $17,000 above the fiscal year 2005 comparable level and the same as the budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents up to age 22 with serious emotional, behavioral, or mental disorders. The

program assists States and local jurisdictions in developing integrated systems of community care. Each individual served receives an individual service plan developed with the participation of the family and the child. Grantees are required to provide increasing levels of matching funds over the six-year grant period.

Grants to states for the homeless (PATH)

The Committee provides $54,809,000 for the grants to States for the homeless (PATH) program, which is the same as the fiscal year 2005 comparable level and the budget request. PATH grants to States provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and advocacy

The Committee provides $34,343,000 for the protection and advocacy program, which is the same as the budget request and the fiscal year 2005 comparable level. This funding is distributed to States according to a formula based on population and income to assist State-designated independent advocates to provide legal assistance to mentally ill individuals during their residence in State-operated facilities and for 90 days following their discharge.

Center for Substance Abuse Treatment

The Committee provides a program level total of $2,184,986,000 for the Center for Substance Abuse Treatment (CSAT), which is $12,935,000 below the fiscal year 2005 comparable level and $37,621,000 below the budget request. Within the total, $83,500,000 is provided through the evaluation set-aside as requested.

The Committee has concerns that people who are seeking substance abuse treatment are unable to access services due to the lack of an adequate clinical treatment workforce. People seeking treatment often have to wait for weeks or months before they are accepted into a treatment facility. The Committee requests that SAMHSA issue a report, after consultation with stakeholders and other Federal partners, on workforce development for substance abuse treatment professionals. The report should focus on both the recruitment and retention of counselors and on improving the skills of those already providing services as well as ways in which States can play a role. The Committee requests that this report be transmitted to the House and Senate Committees on Appropriations by March 1, 2006.

The Committee is concerned about the incidence of drug addiction among pregnant and parenting women. The National treatment infrastructure has not kept pace with the demand or complexity of needs experienced by women and their children. Family-based substance abuse treatment, which addresses the needs of a parent, typically a mother, and her children, represents less than 6 percent of the overall treatment options available. The Com-

mittee believes that increased capacity for family-based treatment programs is imperative. Increased family treatment capacity ensures child well-being, family stabilization, and healthy communities.

Programs of regional and national significance

The Committee provides a program level total of $409,431,000 for substance abuse treatment programs of regional and national significance, which is $12,935,000 below the fiscal year 2005 comparable level and $37,621,000 below the budget request. Within the total, $4,300,000 is provided through the evaluation set-aside as requested. The program supports activities to improve the accountability, capacity and effectiveness of substance abuse treatment services and services delivery. These activities include targeted capacity expansion initiatives to help communities respond to serious, emerging and unmet treatment needs and best practices initiatives to translate science into services through monitoring and accreditation of treatment programs, training, dissemination and knowledge application activities. The program promotes the adoption of science- and evidence-based treatment practices by developing and field-testing new treatment models in order to facilitate the provision of quality treatment services and service delivery. These activities are undertaken in actual service settings rather than laboratories and results are disseminated to State agencies and community treatment providers. The goal is to promote continuous, positive treatment service delivery change for those people who use and abuse alcohol and drugs.

The Committee provides $99,200,000 for the Access to Recovery (ATR) substance abuse treatment voucher initiative; this is the same as the fiscal year 2005 level and $50,800,000 below the budget request. To the extent possible the Committee encourages SAMHSA to provide training and technical assistance to both current State grantees to enhance their programs and share best practices with States that are interested in establishing substance abuse treatment voucher programs in the future. In addition, the Committee expects that addictive disorder clinical treatment providers participating in the Access to Recovery program shall meet the certification, accreditation, and/or licensing standards recognized in their respective States.

Within the funds provided, the Committee recommends $30,797,000 for the Screening, Brief Intervention, Referral, and Treatment (SBIRT) program as requested. This competitive grant program assists States, territories, and Tribes in targeting non-dependent drug users and is designed to avert the progression of patients from chronic substance abuse problems. The SBIRT program works in primary and general care settings to identify patients in need of treatment and to provide them with appropriate intervention and treatment options.

Within the funds provided, the Committee has included $8,166,000 to maintain the funding at last year's level for the Addiction Technology Transfer Centers. The Addiction Technology Transfer Centers (ATTC) program is a Nation-wide, multi-disciplinary resource that provides the latest science-based addiction information to treatment providers in community and faith-based agencies. The ATTCs develop an addiction workforce of competent

healthcare and related professionals reflective of the treatment population.

Substance abuse prevention and treatment block grant

The Committee provides a program level total of $1,775,555,000 for the substance abuse prevention and treatment (SAPT) block grant, which is the same as the fiscal year 2005 comparable level and the budget request. Within the total, $79,200,000 is provided through the evaluation set-aside as requested. The substance abuse block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated among the States according to a statutory formula. State applications including comprehensive State Plans must be approved annually by SAMHSA as a condition of receiving funds.

The Committee expresses its strong support for the SAPT block grant as the foundation of our publicly funded substance abuse system. The SAPT block grant, which provided support to over 10,500 community-based organizations in 2001, distributes formula-based funding to every State and territory. The authorizing statute includes certain funding set-asides, including a 20 percent set-aside for prevention, an HIV/AIDS early intervention set-aside, and others. The overall goal of the block grant is to support and expand substance abuse prevention and treatment services, while providing maximum flexibility to the States. The SAPT block grant is vital given that SAMHSA found that in 2003, approximately 22 million Americans abuse or are dependent upon alcohol, drugs or both and need some level of treatment service.

Center for substance abuse prevention

Programs of regional and national significance

The Committee provides $194,950,000 for the substance abuse prevention programs of regional and national significance, which is $10,601,000 above the budget request and $3,775,000 below the fiscal year 2005 comparable level. The program identifies and disseminates evidence-based substance abuse prevention approaches.

Program management

The Committee provides a program level total of $91,817,000 for program management, of which $16,000,000 is provided through the evaluation set-aside as requested. The fiscal year 2006 program level is $1,989,000 below the fiscal year 2005 comparable level and the same as the budget request. The appropriation provides funding to coordinate, direct, and manage the agency's programs. Funds are used for salaries, benefits, space, supplies, equipment, travel and overhead.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The Committee provides a total of $318,695,000 for the Agency for Healthcare Research and Quality (AHRQ), which is the same as the comparable fiscal year 2005 level and the budget request. Fiscal year 2006 support is provided by the Committee in budget authority, while the fiscal year 2005 level and the fiscal year 2006 budget request are provided in program evaluation tap funding.

The mission of the agency is to generate and disseminate information that improves the delivery of health care. Its research goals are to determine what works best in clinical practice; improve the cost-effective use of health care resources; help consumers make more informed choices; and measure and improve the quality of care.

The Committee provides $260,695,000 for research on health costs, quality, and outcomes, which is the same as the fiscal year 2005 comparable level and the budget request. This program identifies the most effective and efficient approaches to organize, deliver, finance, and reimburse health care services; determines how the structure of the delivery system, financial incentives, market forces, and better information affects the use, quality, and cost of health services; and facilitates the translation of research findings for providers, patients, plans, purchasers, and policymakers. It also funds research that determines what works best in increasing the cost effectiveness and appropriateness of clinical practice; supports the development of tools to measure and evaluate health outcomes, quality of care, and consumer satisfaction with health care system performance; and facilitates the translation of information into practical uses through the development and dissemination of research databases.

Within the total for research on health costs, quality, and outcomes, the Committee provides $84,000,000 for reducing medical errors, which is the same as the fiscal year 2005 comparable level and the budget request. This amount includes $50,000,000 for grants to support the health information technology initiative. The Committee urges AHRQ to play a key role in the initiative being developed in the Office of the National Coordinator for Health Information Technology. The Committee encourages AHRQ to conduct pilot projects to demonstrate the feasibility and value of standards-based electronic health care data interchange.

Within the total for research on health costs, quality and outcomes, the Committee provides $15,000,000 for comparative clinical effectiveness research. This is the same as the fiscal year 2005 comparable level and the budget request.

The Committee is aware that a number of medical schools and medical centers in the U.S. are using high-tech patient simulators or medical simulators to improve doctor training, especially surgical and emergency room training. The Committee is also aware that AHRQ has a series of projects underway to evaluate the use of such simulators. The Committee strongly encourages AHRQ to continue these efforts and to expand them if necessary in order to evaluate effectively the utility of simulators in improving patient care and medical training, and decreasing medical mistakes.

The Committee is pleased that AHRQ is studying care issues associated with patients who suffer from Duchenne muscular dystrophy. The Committee suggests that AHRQ build on this work by partnering with CDC to convene a consensus conference to develop these standards.

The Committee supports the inter-agency agreement between AHRQ and the National Center on Birth Defects and Developmental Disabilities at CDC to examine clinical treatment and improve quality of care of patients with spina bifida.

The Committee is concerned about the prevalence of undiagnosed and untreated mental illness among older Americans. Affective disorders, including depression, anxiety, dementia, and substance abuse and dependence, are often misdiagnosed or not recognized at all by primary and specialty care physicians in their elderly patients. Research has shown that the treatment of mental illness can improve health outcomes for those with other chronic diseases. While effective treatments for these conditions are available, there is an urgent need to translate advancements from biomedical and behavioral research to clinical practice. The Committee encourages AHRQ to support evidence-based research projects focused on the diagnosis and treatment of mental illnesses in the geriatric population, and to disseminate evidence-based reports to physicians and other health care professionals.

Despite the Healthy People 2010 recommendations to decrease primary cesarean section rates to 15 percent and repeat cesarean section rates to 63 percent, the Committee is aware that rates of primary elective cesarean section are progressively increasing and that vaginal birth after cesarean rates are steadily decreasing. The Committee encourages AHRQ to conduct a comprehensive meta-analysis of the best available research studies comparing short and long term risks for mothers and babies of cesarean versus vaginal birth and requests that AHRQ report back to the Committee with this information by next year.

The Committee provides $55,300,000 for the Medical Expenditures Panel Surveys (MEPS), which is the same as the fiscal year 2005 comparable level and the budget request. The MEPS provide data for timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs, and scope of private health insurance benefits. This activity also provides data for analysis of changes in behavior as a result of market forces or policy changes on health care use, expenditures, and insurance coverage; develops cost/savings estimates of proposed changes in policy; and identifies the impact of changes in policy for subgroups of the population.

For program support, the Committee provides $2,700,000 which is the same as fiscal year 2005 level and the budget request. This activity supports the overall direction and management of the agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The Committee provides $156,954,419,000 for the Federal share of current law State Medicaid costs, which is $33,175,400,000 above the fiscal year 2005 comparable level and the same as the budget request. This amount does not include $58,517,290,000 which was advance funded in the fiscal year 2005 appropriation. In addition, the Committee provides an advance appropriation of $62,783,825,000 for program costs in the first quarter of fiscal year 2007. The Committee has also included indefinite budget authority for unanticipated costs in fiscal year 2006. Fiscal year 2006 funding increases by $22,910,000,000 to shift the program to accrual accounting by making a one-time adjustment for incurred but not reported obligations.

Federal Medicaid grants reimburse States for 50 to 83 percent (depending on per capita income) of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States have broad authority within the law to set eligibility, coverage, and payment levels. Over 46 million low-income individuals will receive health care services in 2006 under the Medicaid program. State costs of administering the program are matched at rates that generally range from 50 to 90 percent, depending upon the type of cost. Total funding for Medicaid includes $1,502,333,000 for the entitlement Vaccines for Children program. These funds, which are transferred to the Centers for Disease Control and Prevention for administration, support the costs of immunization for children who are on Medicaid, uninsured or underinsured and receiving immunizations at Federally qualified health centers or rural health clinics.

The Committee is concerned that by permitting manufacturers to exclude "authorized generics" for purposes of best price calculations under the Medicaid Rebate Program, CMS and States may be losing millions of dollars in rebates. Therefore, the Committee encourages CMS to review its practices with respect to Medicaid rebate calculations. Specifically, CMS should evaluate best price calculations to ensure the Medicaid Rebate Program is properly reimbursed by manufacturers that produce brand name pharmaceuticals and their authorized generics.

The Committee is aware that Oklahoma hospitals are in an overpayment dispute with CMS regarding disproportionate share settlement payments. The Committee strongly urges the parties involved in this dispute to come to a timely resolution.

The Committee is aware of an issue regarding the definition of "hospital costs" incurred by the Commonwealth of Virginia for purposes of Medicaid reimbursement to the Commonwealth, and urges CMS to work with the Commonwealth to resolve the pending issue.

PAYMENTS TO HEALTH CARE TRUST FUNDS

The Committee provides $177,742,200,000 for the Payments to the Health Care Trust Funds account, which is $63,133,300,000 above the fiscal year 2005 comparable level and $80,000,000 lower than the budget request. The significant funding increase is due to the costs of the new prescription drug benefit. This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare drug benefits and administration as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related administrative costs, which have not been financed by payroll taxes or premium contributions. Funds were not provided for the reimbursement for Health Care Fraud and Abuse Control, since the Committee did not fund this new account. The Committee includes bill language requested by the Administration providing indefinite authority for paying the general revenue portion of the Part B premium match and provides resources for the Part D drug benefit program in the event that the annual appropriation is insufficient.

PROGRAM MANAGEMENT

The Committee makes available $3,180,284,000 in trust funds for Federal administration of the Medicare and Medicaid programs, which is $515,373,000 above the fiscal year 2005 comparable level and $2,806,000 above the budget request. Fiscal year 2006 is the first year that the administrative costs for the Medicare Modernization Act are scored to this account, rather than being directly funded through the authorization. The Administration request includes $560 million for these activities.

Research, demonstration, and evaluation

The Committee provides $65,000,000 for research, demonstration and evaluation, which is $12,494,000 below the fiscal year 2005 comparable level and $19,806,000 above the budget request. These funds support a variety of studies and demonstrations in such areas as monitoring and evaluating health system performance; improving health care financing and delivery mechanisms; modernization of the Medicare program; the needs of vulnerable populations in the areas of health care access, delivery systems, and financing; and information to improve consumer choice and health status.

Medicare operations

The Committee provides $2,172,987,000 to support Medicare claims processing contracts, which is $450,003,000 above the fiscal year 2005 comparable level and $17,000,000 below the budget request.

Medicare contractors partner with the Federal government to administer the Medicare fee-for-service program. Contractors pay over one billion Medicare fee-for-service claims annually, are the first line of defense against Medicare fraud, and are the primary contact for Medicare providers and beneficiaries. Without adequate funding, contractors are not able to pay claims, respond to beneficiary and provider inquiries timely, and effectively combat fraud and abuse. The Committee is pleased CMS eliminated the five percent cap on transferring funds among Medicare functions so that contractors have greater flexibility to manage their budgets in a manner that best matches program requirements. Budget flexibility is important to Medicare contractors, particularly in a tight funding environment. The Committee strongly recommends CMS give Medicare Contractors and Program Safeguard Contractors greater flexibility to manage their Medicare Integrity Program (MIP) funding in a manner that best matches program requirements including increases in workload. The Committee expects CMS to report on its plans to provide this flexibility to contractors in its fiscal year 2007 congressional justification.

Revitalization plan

The Committee provides $24,205,000 to remain available for two years, as the third year of investment in CMS's efforts to make significant improvements to key aspects of managing both the agency and the Medicare program. This amount is the same as the budget request and fiscal year 2005 comparable level. Funding will target information technology involving modernization of Medicare fee-for-

service claims processing, modernization of the data environment, and reduction of the CMS security perimeter.

State survey and certification

The Committee provides $260,735,000 for State inspections of facilities serving Medicare and Medicaid beneficiaries, which is $2,000,000 above the fiscal year 2005 comparable level and the same as the budget request.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys. Almost 76,000 surveys and complaint investigations will be performed in fiscal year 2006.

Federal administration

The Committee provides $657,357,000 to support Federal administrative activities related to the Medicare and Medicaid programs, which is $75,864,000 above the fiscal year 2005 comparable level and the same as the budget request. The substantial increase over fiscal year 2005 is due to the costs of implementing the Medicare Modernization Act, which is being charged to this account for the first time rather than the authorizing bill. This amount includes $13,000,000 for the Healthy Start, Grow Smart program as requested by the Administration. The Committee includes language requested by the Administration that is similar to language in last year's enacted bill to identify $79,934,000 for the contract costs of the Health-care Integrated General Ledger Accounting System.

The Medicare, Medicaid, and Children's Health Insurance programs ensure the health care security of over 85 million beneficiaries. The Federal Administration budget provides funds for the staff and operations of CMS to administer these programs.

While CMS has initiated a commendable and important partnership with the State Health Insurance Programs (SHIPs) to facilitate the initiation of the new Medicare Part D drug benefit and the transition of the 6.5 million dually eligible beneficiaries from Medicaid prescription coverage to the Medicare drug benefit, considerable evidence indicates that low-income dual eligible persons with mental disabilities will need direct help with Part D enrollment decisions and both pharmaceutical and formulary changes. The Committee urges CMS to support one-on-one pharmaceutical benefits counseling through community-based organizations and safety net mental health providers, if endorsed by these groups, in order to address this need.

The Committee is pleased that The Quality of Life Chemotherapy Demonstration project, included in the Medicare Modernization Act, is underway. This one-year demonstration project will provide a better understanding from cancer patients receiving chemotherapy on such important issues as their pain control management, minimization of nausea and vomiting, and the reduction of fatigue. The Committee is concerned that CMS has excluded oral chemotherapy patients from being included in the demonstration's data collection. Regardless of the method of administering chemotherapy, the quality of life issues facing cancer patients are equally

important. To gather a complete understanding of the quality of life issues impacting cancer patients, the Committee encourages CMS to permit physicians to collect quality of life data from patients receiving oral chemotherapy and to do so under the same guidelines to the extent possible as prescribed under the Quality of Life project.

The Committee remains concerned about regulatory burdens on health care providers, which not only divert the time that can be spent on active patient care, but also impose large financial burdens on the health care industry. The Committee requests CMS to report to the Committee by no later than March 1, 2006, on the regulatory burdens, identified by MedPAC in its December 2001 report to Congress, that were not addressed within the Medicare Modernization Act. As part of this report, the Committee requests CMS to examine the prevalence and burden of CMS regulations, whether in effect or under development, that have no statutory requirement. The Committee supports MedPAC's recommendation that providers and plans with sustained good performance should receive reductions from CMS in routine administrative compliance measures, and urges CMS to move forward in implementing this regulatory flexibility.

The Committee requests that CMS report to the Committee what the expected annual costs, both administrative and programmatic, are for the revised Medicare obesity coverage policy announced in July, 2004.

HEALTH CARE FRAUD AND ABUSE CONTROL

The Committee was not able to provide funding for this new discretionary account. The Administration had requested $80,000,000 as a contingent appropriation, with the funding to be made available as an adjustment to the 302(a) allocation for the Appropriations Committee. The conference budget resolution did not permit this scorekeeping adjustment. The Committee notes that $720,000,000 is available to CMS as a permanent appropriation for the Medicare Integrity Program, which will be available for the purposes of the proposed program.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee provides $2,121,643,000 for the Child Support Enforcement and Family Support programs, the same as the budget request. The bill also provides $1,200,000,000 in advance funding for the first quarter of fiscal year 2007 to ensure timely payments for the child support enforcement program, the same as the request. The bill provides estimated funding of $33,000,000 for Payments to Territories, $10,000,000 above the fiscal year 2005 level and the same as the budget request. The bill provides $1,300,000 for the repatriation program, $300,000 more than the fiscal year 2005 level and the same as the budget request.

LOW-INCOME HOME ENERGY ASSISTANCE

The Committee provides an appropriation of $1,984,799,000 for the Low-Income Home Energy Assistance State formula grants.

This is $100,000,000 more than the fiscal year 2005 comparable level and $184,799,000 above the budget request. The Committee provides all of these funds through the regular formula program and does not include funding for the contingent emergency reserve. The budget request included $1,800,000,000 in formula grants and $100,000,000 in contingent emergency funding.

The low-income home energy assistance program (LIHEAP) provides assistance to low-income households to help pay the costs of home energy. Funds are provided through grants to States, Indian Tribes and territories, and are used for summer cooling and winter heating/crisis assistance programs.

The Committee is concerned that rising natural gas prices are limiting the effectiveness and impact of LIHEAP. While American consumers pay the highest natural gas prices in the world, the rest of the world, on average, pays many times less per thousand cubic feet for natural gas. The Committee directs that not less than 150 days after the date of enactment of this Act the Secretary of Health and Human Services shall submit a report on the estimated percentage of LIHEAP funds currently expended to assist consumers with natural gas bills; the degree to which this percentage will rise relative to future increases in the price of natural gas paid by American consumers; and the degree to which additional consumers may be served by LIHEAP should Congress enact policy changes which cause domestic natural gas prices to decrease in the future by 5 percent, 10 percent, 20 percent, or 50 percent.

REFUGEE AND ENTRANT ASSISTANCE

The Committee provides $560,919,000 for refugee assistance programs. This is $76,525,000 more than the fiscal year 2005 comparable level and $8,879,000 more than the budget request.

In addition, the bill provides the Office of Refugee Resettlement (ORR) the authority to carry over unexpended funds from fiscal year 2006 to reimburse the costs of services provided through September 30, 2008 for all programs within ORR's jurisdiction.

Transitional and medical services

The Committee provides $264,129,000 for transitional and medical services. This is $72,101,000 more than the fiscal year 2005 comparable level and the same as the budget request. The transitional and medical services program provides funding for the State-administered cash and medical assistance program that assists refugees who are not categorically eligible for TANF or Medicaid, the unaccompanied minors program that reimburses States for the cost of foster care, and the voluntary agency grant program in which participating National refugee resettlement agencies provide resettlement assistance with a combination of Federal and matched funds.

Victims of trafficking

The Committee provides up to $9,915,000 for the victims of trafficking program. This is the same as the fiscal year 2005 comparable level and the budget request. The funds will ensure continued administration of a National network for identification, tracking and certification of trafficking victims.

Social Services

The Committee provides $160,000,000 for social services. This is $8,879,000 more than the budget request and $4,888,000 less than the fiscal year 2005 comparable level. Funds are distributed by formula as well as through the discretionary grant making process for special projects. The Committee intends that funds provided above the request shall be used for Refugee School Impact Grants and for additional assistance in resettling and meeting the needs of the Hmong refugees expected to arrive during 2006 and 2007.

Within the funds provided, the Committee has included $19,000,000 for support to communities with large concentrations of Cuban and Haitian entrants of varying ages whose cultural differences make assimilation especially difficult, justifying a more intense level and longer duration of Federal assistance.

Preventive health

The Committee provides $4,796,000 for preventive health services. This is the same as the fiscal year 2005 comparable level and the budget request. These funds are awarded to the States to ensure adequate health assessment activities for refugees.

Targeted assistance

The Committee provides $49,081,000 for the targeted assistance program. This is the same as the fiscal year 2005 comparable level and the budget request. These grants provide assistance to areas with high concentrations of refugees.

Unaccompanied minors

The Committee provides $63,083,000 for the unaccompanied minors program. This is $9,312,000 more than the fiscal year 2005 comparable level and the same as the budget request. The program is designed to provide for the care and placement of unaccompanied alien minors who are apprehended in the U.S. pending resolution of their claims for relief under U.S. immigration law or released to an adult family member or responsible adult guardian.

The Committee urges the Office of Refugee Resettlement (ORR) to maintain the privacy and confidentiality of all information gathered in the course of the care, custody and placement of unaccompanied alien children consistent with ORR's role and responsibility under the Homeland Security Act to act as guardian in loco parentis in the best interests of the unaccompanied alien child. ORR should consider the needs and privacy of these children to guarantee the confidentiality of their information in order to be trusting and truthful to ORR, clinicians, and its agents for purposes of receiving appropriate quality care and placement services.

The Committee urges ORR to allow individual abused, abandoned or neglected children in its custody, when appropriate, to access State dependency proceedings for ultimate care and placement in State foster care or under legal guardianship as a necessary predicate for their eligibility for special immigrant juvenile status.

The Committee encourages ORR to fund pilot programs to study and assess the benefits of providing pro bono counsel to children in ORR custody. The Committee also encourages ORR to give high priority to the availability of pro bono legal counsel when selecting facilities for housing unaccompanied children in ORR custody.

The Committee understands that ORR carried out a successful pilot program in Chicago, Illinois through Heartland Alliance on the benefits of child advocates for unaccompanied children. The Committee encourages ORR to implement follow-up pilot programs to further develop the findings and best practices of the Chicago pilot program regarding the utilization of child advocates to identify the child's best interests from a child welfare perspective so that such information can be taken into consideration by attorneys and judges involved in a child's immigration proceedings.

The Committee directs that not later than one year after the date of enactment of this Act the Secretary of Health and Human Services shall submit a report on progress made by ORR and programs funded under this Act to shift children from secured detention facilities to more age-appropriate shelter-based facilities for unaccompanied children in its custody.

Victims of torture

The Committee provides $9,915,000 to provide a comprehensive program of support for domestic centers and programs for victims of torture. This is the same as the fiscal year 2005 comparable level and the budget request.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

The Committee includes $2,082,910,000 for the Child Care and Development Block Grant program, $11,000 below the fiscal year 2005 comparable level and the same as the budget request.

The Child Care and Development Block Grant program was originally enacted in the Omnibus Budget Reconciliation Act of 1990 to increase the availability, affordability and quality of child care by providing funds to States, Territories and Indian Tribes for child care services for low-income families. The authorization for mandatory appropriations for childcare in the amount of $2,717,000,000 is also requested for fiscal year 2006.

SOCIAL SERVICES BLOCK GRANT

The bill provides $1,700,000,000 for the social services block grant (SSBG). This is the same as the fiscal year 2005 level and the budget request.

SSBGs are designed to encourage States to furnish a variety of social services to needy individuals to prevent and reduce dependency, help individuals achieve and maintain self-sufficiency, prevent or reduce inappropriate institutional care, secure admission or referral for institutional care when other forms of care are not appropriate, and prevent neglect, abuse and exploitation of children and adults.

Funds are distributed to the territories in the same ratio such funds were allocated in fiscal year 1981. The remainder of the appropriation is distributed to the States and the District of Columbia according to population.

The bill includes a provision that modifies the percentage of funds that a State may transfer between the Social Services Block Grant and the Temporary Assistance to Needy Families programs to 10%.

CHILDREN AND FAMILY SERVICES PROGRAMS

The Committee provides a program level total of $8,701,207,000 for children and family services programs. This is $317,063,000 less than the fiscal year 2005 comparable level and $304,414,000 more than the budget request. Within the total provided, $12,500,000 is provided through the evaluation set-aside. This account finances a number of programs aimed at enhancing the well-being of the Nation's children and families, particularly those who are disadvantaged or troubled.

Head Start

The Committee includes $6,899,000,000 for the Head Start program for fiscal year 2005, an increase of $55,886,000 over the fiscal year 2005 comparable amount and $336,000 below the budget request. Of this total, the Committee continues the policy of advancing $1,400,000,000 of this account into fiscal year 2007.

Head Start provides comprehensive child development services to economically disadvantaged children and their families. Intended primarily for preschoolers from low-income families, the program promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services. Head Start programs engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. At least ten percent of enrollment opportunities in each State are made available to handicapped children.

Grants to carry out Head Start programs are awarded to public and private non-profit and for-profit agencies. Unless a waiver is approved grantees must contribute 20 percent of the total cost of the program from non-Federal funds; this is usually an in-kind contribution. No more than 15 percent of total costs may be for program administration.

The Committee is aware that in May of 2005, the Secretary made $35,000,000 in additional fiscal year 2005 funds available to Migrant and Seasonal Head Start programs and that these funds, which will be awarded on competitive basis, will allow for at least 4,000 additional children to access Migrant and Seasonal Head Start. The Committee acknowledges that these expansion funds will increase access to this important program, however additional funding may be necessary to adequately serve this population. The Committee requests that the Secretary submit a report on the Head Start Bureau's ongoing plans to ensure that Migrant and Seasonal Head Start programs are able to serve a larger percentage of the children eligible for services. The Committee continues to point to the 2001 study published by the U.S. Department of Health and Human Services that documented that only 19 percent of eligible children were able to access Migrant and Seasonal Head Start.

The Committee supports the provisions included in H.R. 2123, the School Readiness Act of 2005 as approved by the House Education and Workforce Committee, which would address concerns about the potential funding shortfall for Migrant and Seasonal Head Start Programs and would require the Secretary, in consultation with Migrant and Seasonal Head Start Programs, to establish

systems to document the demand for Migrant and Seasonal Head Start on an ongoing basis. The system should accurately determine the number of children who are eligible for services across the country and document how many of these children are accessing services so that quantifiable information is available to the Secretary upon which future funding decisions can be made. H.R. 2123 would ensure that additional resources are immediately available for these programs until such time that improved information is available to the Secretary. The Committee supports this effort that will enable policy makers and advocates to more effectively serve migrant and seasonal farmworker families and their children.

The Committee is mindful of the conclusions of the Government Accountability Office in its May 17, 2005 report, "Head Start: Further Development Could Allow Results of New Test to be Used for Decision Making." The Committee expects the Secretary to submit a report to Congress, within one year, that includes: (1) a detailed justification on the planned uses of the National Reporting System results and data, including its use for program evaluation, professional development, technical assistance, and other activities; (2) an itemization of the costs of development, implementation, and analysis of the National Reporting System, detailing by name, amount, and description of activities each contract or grant to persons or entities involved in its design, development, implementation, or analysis; and (3) the recommendations made by the Technical Working Group established by the Secretary, including an explanation of how the Secretary has addressed or plans to address the Working Group's and the GAO's recommendations.

The Committee notes that the current Head Start Act includes the provision of training and technical assistance in the area of family literacy services—a provision that is retained in the House version of Head Start reauthorization legislation. Pending the final resolution of the Head Start reauthorization process, the Committee encourages the Secretary to ensure the continuity of the important services that are being provided through the Head Start Family Literacy Project.

The Committee is aware that approximately one-third of Head Start programs are affiliated with public school systems and often combine or coordinate the transportation of Head Start, preschool, and K–12 students. In addition, many center-based Head Start programs coordinate with local transit authorities to provide supervised transportation to Head Start children whose parents work non-traditional hours or whose geographical distance from the parent's place of employment creates a barrier to Head Start participation. Differences between Head Start transportation regulations, promulgated by the U.S. Department of Health and Human Services, and those promulgated by State and local authorities, may have the unintended consequence of reducing transportation services for Head Start students, and in turn, decrease transportation options for children. These differences may leave Head Start children without transportation or relying on parents to provide transportation in their vehicles.

The Committee recognizes that children's safety is the most important consideration and that many students participating in Head Start programs need access to safe and reliable transportation provided by public schools or local transit systems. The Com-

mittee is aware that the Department of Health and Human Services currently offers a waiver option to local education agencies that dually serve as Head Start contractors, which will expire on January 1, 2006. In the absence of a permanent solution to this problem, the Committee directs the U.S. Department of Health and Human Services to extend another waiver option to local education agency-contracted Head Start programs that provide integrated transportation to Head Start students. In cases where public schools or local transit authorities provide Head Start services, local educational agencies should have the option to comply with transportation standards for preschool students mandated by the State or local education agencies a, transit agencies, State departments of Transportation or the U.S. Department of Health and Human Services.

Furthermore, the Committee directs the Department to work towards a permanent fix to this problem in order to provide clearer standards and options to local education agencies transporting both Head Start and regular preschool and K–12 children.

Consolidated runaway and homeless youth program

The Committee provides $88,728,000 for runaway and homeless youth activities, an increase of $4,000 more than the fiscal year 2005 comparable level and the same as the budget request. The Runaway, Homeless, and Missing Children Protection Act of 2003 reauthorized the runaway and homeless youth programs and established a statutory formula distribution between the Basic Center Program and the Transitional Living Program.

The runaway and homeless youth programs provide grants to local public and private organizations to establish and operate runaway and homeless youth shelters to address the crisis needs of runaway and homeless youth and their families. Grants are used to develop or strengthen community-based shelters, which are outside the law enforcement, juvenile justice, child welfare, and mental health systems.

It is the Committee's continued expectation that current transitional living program grantees will continue to provide transitional living opportunities and supports to pregnant and parenting homeless youth, as is their current practice. To further ensure that pregnant and parenting homeless youth are able to access transitional living opportunities and supports in their communities, the Committee encourages the Secretary, acting through the network of federally-funded runaway and homeless youth training and technical assistance providers, to offer guidance to grantees and others on the programmatic modifications required to address the unique needs of pregnant and parenting youth and on the various sources of funding available for residential services to this population.

Maternity group homes

The Committee has not included funding for this new program. The budget request is $10,000,000.

The Committee is aware of the need for and shares the Administration's interest in funding residential services for young mothers and their children who are unable to live with their own families because of abuse, neglect, or other circumstances. The Committee

notes that pregnant and parenting youth are currently eligible for and served through the Transitional Living Program.

Prevention grants to reduce abuse of runaway youth

The Committee provides $15,179,000 for prevention grants to reduce abuse of runaway youth. This is $1,000 more than the fiscal year 2005 comparable level and the same as the budget request. This program is designed to reduce the sexual abuse of runaway youth by providing grants to support street-based outreach and education to runaway, homeless, and street youth who have been sexually abused or who are at-risk of sexual abuse, in order to connect these young people with services so that they have a chance for a safe and healthy future. The street outreach program ensures rapid engagement with young people in an effort to prevent the most terrible situations that take place when they are subjected to life on the streets—physical and sexual abuse, assault, commercial sexual exploitation, disease, long-term homelessness, and even death.

Child abuse state grants and discretionary activities

For child abuse State grants and discretionary activities, the Committee provides $58,925,000. This is $5,000 more than the fiscal year 2005 comparable level and the same as the budget request. Within this total, the recommendation includes $27,280,000 for State grants and $31,645,000 for child abuse discretionary activities.

Community-based child abuse prevention

The Committee provides $42,859,000 for community-based child abuse prevention. This is $1,000 more than the fiscal year 2005 comparable level and the same as the budget request. The Keeping Children and Families Safe Act of 2003 reauthorized and renamed this program and added voluntary home visiting programs as a core local service. Funds are provided to lead State agencies and are used to develop, operate, expand, and enhance community-based efforts to strengthen and support families in order to prevent child abuse and neglect.

Abandoned infants assistance

The Committee provides $11,955,000 for the Abandoned Infants Assistance program. This is the same as the fiscal year 2005 comparable level and the budget request. The purpose of this program is to provide financial support to public and private community and faith-based entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children exposed to HIV/AIDS and drugs; identify and address their needs; assist such children to reside with their natural families or in foster care; recruit, train and retain foster parents as well as health and social services personnel; provide respite care for families and foster families; and prevent the abandonment of infants and young children.

Child welfare services and training

The Committee provides $289,650,000 for child welfare services. This is the same as the fiscal year 2005 comparable level and the

budget request. This program, authorized by title IV B of the Social Security Act, provides grants to States to assist public welfare agencies to improve child welfare services. State services include preventive intervention in order for children to stay in their homes, alternative placement like foster care or adoption if it is not possible for children to remain at home, and reunification programs so that, if appropriate, children can return home.

The Committee provides $7,409,000 for child welfare training. This is the same as the fiscal year 2005 comparable level and the budget request. The Committee recognizes the need for trained, skilled and qualified child welfare service workers. This program provides grants to institutions of higher education to develop and improve education and training programs and resources for child welfare service providers as well as students seeking degrees in social work.

Adoption opportunities

The Committee provides $27,119,000 for adoption opportunities. This is $3,000 more than the fiscal year 2005 comparable level and the same as the budget request. The Adoption Opportunities Program provides funding specifically targeted to improving the adoption of children, particularly those with special needs, and for providing innovative services that support families involved in adoption.

Adoption incentives

The Committee provides $31,846,000 for the adoption incentives program. This is the same as the fiscal year 2005 comparable level and the budget request. The Adoption Promotion Act of 2003 reauthorized this program and now targets incentives specifically for older children. Funds are awarded to States using three baselines: one for the total number of children adopted, one for children with special needs under the age of nine, and one for children aged nine and older. The goal of this program is to increase the number of adoptions nationwide.

Adoption awareness

The Committee provides $12,802,000 for the adoption awareness program. This is the same as the fiscal year 2005 comparable level and the budget request. This program was authorized in the Children's Health Act of 2000. The adoption awareness program provides training to designated staff of eligible health centers in providing adoption information and referrals to pregnant women on an equal basis with all other courses of action included in non-directive counseling to pregnant women.

Compassion capital fund

The Committee provides $75,000,000 for the compassion capital fund. This is $20,451,000 more than the fiscal year 2005 comparable level and $25,000,000 less than the budget request. This program supports the creation of grants to public/private partnerships to support charitable organizations in expanding or emulating model social services agencies and provides capacity-building funds directly to faith- and community-based organizations.

The Committee is pleased that the budget request included funding to focus on street outreach strategies to prevent youth gang involvement. Within the total provided for the compassion capital fund it is the Committee's intention that $25,000,000 be provided for the youth gang prevention initiative.

Social services and income maintenance research

The Committee provides a program level total of $10,621,000 for social services and income maintenance research, $8,000,000 of which is through the evaluation set-aside. This is $4,621,000 more than the budget request and $21,391,000 less than the fiscal year 2005 comparable level. These funds support research, demonstration, evaluation and dissemination activities. Recent topics funded through this program include welfare-to-work strategies and programs to strengthen family relationships and promote healthy marriages.

The Committee notes the Administration for Children and Family's (ACF) efforts to assist States with meeting the extensive record-keeping, reporting and tracking requirements of the Temporary Assistance for Needy Families (TANF) program. Working through the State information technology consortium, ACF is providing States with the tools necessary to strengthen and improve the complex IT systems required to support TANF. Plans are now underway to pilot test a data exchange program that will offer States a faster, less expensive means of validating, accessing, modifying and recording TANF data elements. Similarly, on behalf of Child Support Enforcement, the consortium is helping to expand data exchange capabilities between the courts and State child support enforcement agencies as well as increase collection efficiency in States and tribal organizations. Next steps include accessing existing databases used as primary sources for collection-related data of non-custodial parents, and enhancing data-matching capabilities to ensure the integrity of the information being collected.

Developmental disabilities

For programs authorized by the Developmental Disabilities Assistance and Bill of Rights Act of 2000 as well as by the Help America Vote Act, the Committee provides $170,561,000. This is $1,986,000 more than the fiscal year 2005 comparable level and $2,000,000 more than the budget request.

The account total includes $72,496,000 for allotments to the States to fund State Councils, the same as the budget request and the fiscal year 2005 comparable level. These Councils engage in such activities as planning, policy analysis, demonstrations, training, outreach, interagency coordination, and public education. They do not provide direct services to the developmentally disabled population.

In addition, $38,109,000 will be available to the States to be used for operating a protection and advocacy system to protect the legal and human rights of the developmentally disabled. This is the same as the budget request and the fiscal year 2005 level.

The Committee provides $14,879,000 for voting access for individuals with disabilities programs. This is the same as the fiscal year 2005 comparable level and the budget request. Within the funds provided, $9,919,000 is for payments to States to promote ac-

cess for voters with disabilities and $4,960,000 is for State protection and advocacy systems. These programs are intended to make polling places accessible and provide equal access and participation for individuals with disabilities. The protection and advocacy program will ensure that individuals can fully participate in the electoral process, including registering to vote, accessing polling places, and casting a vote.

The Committee provides $11,529,000 for developmental disabilities projects of National significance. This is $13,000 less than the fiscal year 2005 comparable level and the same as the budget request.

The Committee provides a total of $33,548,000 for the university centers for excellence in developmental disabilities. This is $1,999,000 more than the fiscal year 2005 comparable level and $2,000,000 more than the budget request. This funding provides discretionary grants to public or not-for-profit entities associated with universities. The grants provide basic operational and administrative core support for these agencies. In addition, these funds support interdisciplinary training, community services, research and technical assistance and information dissemination. Funding above the request is provided to fully fund the new centers established in fiscal year 2005 and to establish one to two new centers in fiscal year 2006.

Native American programs

The Committee provides $44,780,000 for Native American programs. This is the same as the budget request and $6,000 less than the fiscal year 2005 comparable level. The Native American programs assist Tribal and Village governments, Native American institutions and organizations to support and develop stable, diversified local economies. In promoting social and economic self-sufficiency, this organization provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

Community services

The Committee provides $384,672,000 for community services activities. This is $359,973,000 more than the budget request and $341,834,000 less than the fiscal year 2005 comparable level.

State block grant

For the State block grant, the Committee provides $320,000,000. This is $316,793,000 less than the fiscal year 2005 comparable level. No funds were requested for this program. This program provides grants to States, territories and Indian Tribes for services to meet employment, housing, nutrition, energy, emergency services, and health needs of low-income people. By law, 90 percent of these funds are passed directly through to local community action agencies that have previously received block grant funds.

Community economic development

The Committee provides $32,731,000 for community economic development grants. This is the same as the fiscal year 2005 comparable level. No funds were requested for this program. These activities provide assistance to private, locally-initiated community

development corporations that sponsor enterprises providing employment, training and business development opportunities for low-income residents in poor communities. Within the total, $5,436,000 is provided for the Job Opportunities for Low-Income Individuals program, which provides competitive grant to non-profit organizations to create new employment and business opportunities for TANF recipients and other low-income individuals.

Individual development accounts

The Committee provides $24,699,000 for individual development accounts. This is $5,000 less than the fiscal year 2005 comparable level and the same as the budget request. Individual development accounts are dedicated savings accounts that can be used by families with limited means for purchasing a first home, paying for postsecondary education or capitalizing a business. The intent of the program is to encourage participants to develop and reinforce strong habits for saving money. 501(c)(3) organizations are eligible to apply for the funds and applicants must match Federal funds with non-Federal funds.

Rural community facilities

The Committee provides $7,242,000 for the rural community facilities program. This is the same as the fiscal year 2005 comparable amount. No funds were requested for this program. The Committee includes these funds to be used solely for the purpose of improving water and wastewater facilities in poor, rural communities. As in the past, these funds should be allocated to regional, rural community assistance programs.

National youth sports

The Committee concurs with the budget request not to include funding for National youth sports. The fiscal year 2005 funding level for this program is $17,856,000. These funds are made available to a private, non-profit organization to provide recreational activities for low-income youth, primarily in the summer months. College and university athletic facilities are employed in the program.

Community food and nutrition

The Committee concurs with the budget request not to include funding for the community food and nutrition program. The fiscal year 2005 funding level for this program is $7,180,000. This program provides grants to public and private agencies to coordinate existing food assistance programs, to identify sponsors of child nutrition programs and attempt to initiate new programs and to do advocacy work at the State and local levels.

Violent crime reduction programs

The Committee provides $125,991,000 for family violence prevention and services and battered women's shelters. This is the same as the budget request and $361,000 more than the fiscal year 2005 comparable level. This program is designed to assist States and Indian Tribes in efforts to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents, and to provide for technical assistance and training relating to family violence programs to State and local

public agencies (including law enforcement agencies), nonprofit private organizations, and persons seeking such assistance.

The Committee also includes $3,000,000 to continue funding the National domestic violence hotline. This is $224,000 less than the fiscal year 2005 comparable level and the same as the budget request.

Early learning fund

The Committee concurs with the budget request and does not provide funding for the early learning fund. The fiscal year 2005 level for this program is $35,712,000. This program was begun in fiscal year 2001 to help facilitate the development of learning readiness in young children.

Mentoring children of prisoners

The Committee provides $49,993,000 for the mentoring children of prisoners program. This is $395,000 above the fiscal year 2005 comparable level and the same as the budget request. This program supports competitively awarded grants to States and local governments, Indian tribes and consortia, and faith- and community-based organizations to mentor children of prisoners and those recently released from prison.

Independent living training vouchers

The Committee provides $50,000,000 for independent living training vouchers. This is $3,377,000 more than the fiscal year 2005 comparable level and $9,999,000 less than the budget request. These funds support vouchers for college tuition or vocational training for individuals who age out of the foster care system, so they can be better prepared to live independently.

Abstinence education

The Committee provides a program level total of $114,500,000 for the community-based abstinence education program, which is $10,802,000 above the fiscal year 2005 comparable level and $28,045,000 below the budget request. Within the total, $4,500,000 is provided through the evaluation set-aside as requested. The program provides support to public and private entities for implementation of community-based abstinence education programs for adolescents aged 12 through 18 as defined in sections (A) through (H) of Title 5, section 510(b)(2) of the Social Security Act. The entire focus of these programs is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. There is no funding match requirement for these grants. The Committee intends that up to five percent of these funds be used to provide technical assistance and capacity-building support to grantees. Within the total, up to $10,000,000 may be used to carry out a National Abstinence Education Campaign.

The Committee is concerned that the funding for training and technical assistance is not being used effectively to help communities develop abstinence-only programs and to support existing community-based programs. The Administration for Children and Families (ACF) should fully utilize the set-aside to ensure that programs around the country are using appropriate and approved cur-

ricula that are evidence-based and comply with the appropriate Federal legislation. To that end, the Committee directs ACF to issue a report to the House and Senate Committees on Appropriations by no later than 90 days of enactment of this Act on the use of the five percent set-aside since the transfer of the program from the Health Resources and Services Administration and the intended use of the fiscal year 2006 funds. Also include in this report the funds from the National Abstinence Education Campaign that are being used for training and technical assistance.

The Committee reinforces the guidance from its report accompanying the fiscal year 2005 appropriation with respect to the abstinence messages given by the public health entities that are grantees in the community-based abstinence education program and to the conduct of evaluation activities for the program.

The Committee encourages ACF to seek appropriate partnerships with the Corporation for National and Community Service to utilize its corps of volunteers to support and strengthen the community-based abstinence education program. The Corporation's programs include volunteer and mentoring personnel that could be accessed to further bolster the goals of abstinence-only education.

Faith-based center

The Committee provides $1,400,000 for the faith-based center. This is the same as the budget request and $25,000 more than the fiscal year 2005 comparable level. The center will support implementation of faith-based and community initiatives in accordance with the President's executive order.

Program direction

The Committee provides $185,217,000 for program direction expenses for the Administration for Children and Families. This is $7,000 more than the fiscal year 2005 comparable level and the same as the budget request.

PROMOTING SAFE AND STABLE FAMILIES

The Committee provides $404,000,000 for the promoting safe and stable families program. This is $414,000 more than the fiscal year 2005 comparable level and $6,000,000 less than the budget request.

PAYMENTS TO STATES FOR FOSTER CARE AND ASSISTANCE

The bill provides $4,852,800,000 for payments to States for foster care and adoption assistance. This is $185,100,000 less than the fiscal year 2005 level and the same as the budget request. The bill also includes an advance appropriation of $1,730,000,000 for the first quarter of fiscal year 2007 to ensure timely completion of first quarter grant awards.

Of the total appropriation, including the advance appropriation from the prior year, the bill provides $4,685,000,000 for the foster care program to provide maintenance payments to States on behalf of children who must live outside their homes. This is the same as the budget request and $210,500,000 less than the fiscal year 2005 level.

Within the total appropriation, the bill provides $1,795,000,000 for adoption assistance. This is $24,900,000 more than the fiscal year 2005 level and the same as the budget request. This program

provides training for parents and State administrative staff as well as payments on behalf of categorically eligible children considered difficult to adopt. This annually appropriated entitlement is designed to provide alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total appropriation for this account, the bill provides $140,000,000 for the independent living program. This is the same as the fiscal year 2005 level and the budget request. The program is designed to assist foster children age 16 or older to make successful transitions to independence. Funds assist children to earn high school diplomas, receive vocational training, and obtain training in daily living skills. Funds are awarded to States on the basis of the number of children on behalf of whom Federal foster care payments are received.

ADMINISTRATION ON AGING

AGING SERVICES PROGRAMS

For programs administered by the Administration on Aging, the Committee provides a total of $1,376,217,000. This is $17,125,000 less than the fiscal year 2005 comparable level and $7,189,000 more than the budget request. This account finances all programs under the Older Americans Act in this bill, with the exception of the Community Services Employment Program, which is administered by the Department of Labor.

Supportive services and centers

The Committee provides $354,136,000 for supportive services and centers. This is the same as the fiscal year 2005 comparable level and the budget request. Funds for supportive services and centers are awarded to States and territories for in-home and community-based services for frail elderly persons who are at risk of losing their self-sufficiency due to physical or mental impairments. The funds contained in the bill will support a variety of activities including transportation services, information and assistance, and personal care services.

Preventive health

The Committee provides $21,616,000 for preventive health services authorized under part F of title III of the Act. This is the same as the fiscal year 2005 comparable level and the budget request. These funds are awarded to States and territories to support activities that educate older adults about the importance of healthy lifestyles and promote healthy behaviors that can prevent or delay chronic disease and disability.

Protection of vulnerable older americans

The Committee provides $19,360,000 for the protection of vulnerable older Americans, authorized by title VII of the Older Americans Act. This is the same as the budget request and $72,000 more than the fiscal year 2005 comparable level. Funding is provided for both the long-term care ombudsman program, which protects the rights and interests of residents in nursing homes, board and care homes, assisted living facilities and similar adult care facilities, as well as for the prevention of elder abuse, neglect, and exploitation

program, which trains law enforcement and medical professionals in how to recognize and respond to elder abuse.

National family caregiver support program

The Committee provides $155,744,000 for the family caregivers program. This is the same as the fiscal year 2005 comparable level and the budget request. The family caregiver program provides formula grants to States to provide a support system in each State for family caregivers. All States are expected to put in place five basic system components, including: individualized information on available resources; assistance to families in locating services from private and voluntary agencies; caregiver counseling, training and peer support; respite care; and other supplemental services.

Native american caregiver support program

The Committee provides $6,304,000 for the Native American caregiver support program. This is the same as the fiscal year 2005 comparable level and the budget request. The program assists Tribes in providing multifaceted systems of support services for family caregivers as well as for grandparents caring for grandchildren.

Nutrition programs

For congregate and home delivered meals, as well as the nutrition services incentive program, the Committee provides $725,885,000. This is $7,188,000 more than the fiscal year 2005 comparable level and $7,189,000 more than the budget request. These programs are intended to address some of the difficulties confronting older individuals, namely nutrition deficiencies due to inadequate income, lack of adequate facilities to prepare food, and social isolation.

Grants for Native Americans

The Committee provides $26,398,000 for grants for Native Americans. This is the same as the fiscal year 2005 comparable level and the budget request. Grants are distributed to tribal organizations to be used to help Native American elders remain healthy and independent by providing transportation, nutrition, health screening and other services.

Program innovations

The Committee provides $23,843,000 for program innovations. This is the same as the budget request and $19,443,000 less than the fiscal year 2005 comparable funding level. Funds under this program are used for competitive grants and contracts to support projects that develop new and promising practices to serve older adults and their families.

Within the total the Committee provides $3,000,000 for social research into Alzheimer's disease care options, best practices and other Alzheimer's research priorities that include research into cause, cure and care, as well as respite care, assisted living, the impact of intervention by social service agencies on victims, and related needs. The Committee recommends this research utilize and give discretion to Area Agencies on Aging and their non-profit divisions in municipalities with aged populations (over the age of 60)

of over 1 million, with preference given to the largest population. The Committee also recommends that unique partnerships to affect this research be considered for the selected Area Agency on Aging. The Committee is aware of innovative program models aimed at mobilizing older Americans, particularly the 77 million baby boomers, to serve their communities. The Committee encourages partnerships with organizations, such as Experience Corps, that enable older Americans to help meet critical social needs effectively.

Aging network support activities

The Committee provides $13,266,000 for aging network support activities, which include five ongoing programs: the Eldercare Locator, Pension Counseling, Senior Medicare Patrols, the National Long-Term Care Ombudsman Resource Center, and the National Center on Elder Abuse. This is the same as the fiscal year 2005 comparable level and the budget request. These established programs, which began as demonstration projects, provide critical support for the national aging services network.

Alzheimer's disease demonstration grants

The Committee provides $11,786,000 for Alzheimer's disease demonstration grants. This is the same as the budget request and the fiscal year 2005 comparable level. The program provides competitive grants to States to help them plan and establish programs to provide models of care to individuals with Alzheimer's disease. Funds are used for respite care and supportive services, clearinghouses, training, and administrative costs for State offices.

White House Conference on Aging

The Committee concurs with the budget request and does not provide funding for the White House Conference on Aging. The fiscal year 2005 level, the third and final year of funding for the Conference, is $4,520,000. The Committee looks forward to the Conference, currently scheduled to occur December 11 through 14 of 2005. Past White House conferences on aging have prompted the development of many of the programs that represent America's commitment to the elderly.

Program administration

The Committee provides $17,879,000 for program administration expenses for the Administration on Aging (AoA). This is $422,000 less than the fiscal year 2005 level and the same as the budget request. This activity provides administrative and management support for all Older Americans Act programs administered by AoA.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The Committee provides $344,546,000 for general departmental management, which is $29,703,000 below the fiscal year 2005 comparable level and $14,630,000 below the budget request. Included in this amount is authority to spend $5,851,000 from the Medicare trust funds. In addition, the Office of the Secretary has access to $39,552,000 of policy evaluation funding.

This appropriation supports those activities that are associated with the Secretary's roles as policy officer and general manager of the Department. The Office of the Secretary also implements Administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions and field organizations of the Department. This account also supports several small health promotion and disease prevention activities that are centrally administered.

Adolescent Family Life

The Committee provides $30,742,000 for the Adolescent Family Life program, which is $158,000 below the comparable 2005 level and the same as the budget request. The Committee includes bill language requested by the Administration allocating all funds for prevention demonstrations to be available for abstinence education activities under section 510(b)(2) of the Social Security Act. The program provides comprehensive and integrated approaches to the delivery of care services for pregnant and parenting adolescents, and prevention services that promote abstinence from sexual activity among non-parenting teens.

Office of Minority Health

The Committee provides $47,236,000 for the Office of Minority Health, which is $3,282,000 below the fiscal year 2005 comparable amount and the same as the budget request. The Office of Minority Health works with Public Health Service agencies and other agencies of the Department in a leadership and policy development role to establish goals and coordinate other activities in the Department regarding disease prevention, health promotion, service delivery and research relating to disadvantaged and minority individuals; concludes interagency agreements to stimulate and undertake innovative projects; supports research, demonstration, and evaluation projects; and coordinates efforts to promote minority health programs and policies in the voluntary and corporate sectors.

IOM report on unequal treatment.—The Committee is committed to ensuring the overall improved health of the American people, and encourages the Secretary to intensify HHS efforts to work to implement recommendations developed by the Institute of Medicine's *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* study. The recommendations offer significant guidelines and opportunities for eliminating health disparities and improving health across all populations. The Committee requests the Secretary to report on the progress of this action during next year's appropriations hearings.

Charles Drew University.—The Committee notes the challenges faced by Charles R. Drew University of Medicine and Science in Los Angeles. Because of problems with the health care delivery system in South Central Los Angeles, several of the key residency training programs sponsored by the institution are jeopardized. The Committee encourages the Office of Minority Health to take a leadership role in assisting the university in solving these challenges. The Office is urged to consider supporting faculty for the residency programs, and to coordinate a Public Health Service-wide program of support for the institution.

HIV/AIDS for faith-based communities.—The Committee commends the Department for its work with the National Coalition of Pastors' Spouses to develop HIV/AIDS: A Manual for Faith Communities. The Committee encourages the Department to continue this partnership for the translation of this manual into Spanish and Swahili.

Meharry Medical College.—The Committee encourages OMH to continue its successful cooperative agreement with Meharry Medical College aimed at meeting the challenges of academic opportunity for disadvantaged students and improving health care services in underserved communities. In addition, the Committee continues to encourage OMH to support strategic planning and development activities at the Morehouse School of Medicine.

Office on Women's Health

The Committee provides $28,715,000 for the Office on Women's Health, which is $103,000 below the fiscal year 2005 comparable level and the same as the budget request. The Office on Women's Health advises the Secretary and provides Department-wide coordination of programs focusing specifically on women's health.

HIV/AIDS in minority communities

The Committee provides $52,415,000 to be available to the Secretary to transfer to the Department's operating agencies for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities. This is the same as the fiscal year 2005 comparable level and the same as the budget request. These funds are provided to promote an effective culturally competent and linguistically appropriate public health response to the HIV/AIDS epidemic.

Within the total provided, the Committee expects that activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders will be supported at no less than last year's funding level.

Afghanistan

The Committee includes $5,952,000, which is the same as the Administration and the comparable fiscal year 2005 level. These funds will be used for the joint Department of Defense and HHS initiative to improve the largest women's hospital in Kabul, Afghanistan and to create four satellite teaching clinics. Bill language is included identifying the amount of assistance and citing as authority the Afghanistan Freedom Support Act of 2002.

Embryo adoption awareness campaign

The Committee provides $992,000 for the embryo adoption awareness campaign, which is the same as the Administration request and the comparable fiscal year 2005 level. These funds will be used for a competitive grant program to continue embryo adoption public awareness activities.

Information technology security and innovation fund

The Committee does not provide funding for the information technology security and innovation fund, which is $14,695,000 below the fiscal year 2005 comparable level and $14,630,000 below the budget request. This fund supports HHS enterprise-wide investments in such areas as common IT infrastructure services, and security and infrastructure to enable common administrative systems. Almost $67 million has been appropriated for this function over the past four years, in addition to the substantial contributions made by the HHS operating divisions.

Office of Population Affairs.—The Committee is concerned by reports that the State Attorneys General in several States are requesting records to determine any role family planning providers may have had in failing to report criminal activity such as statutory rape. The appropriations bill has had a longstanding provision (sec. 212 of the fiscal year 2005 bill) and continues the provision in sec. 213 of the fiscal year 2006 bill making clear that no family planning provider is exempt from any State law requiring notification or reporting of child abuse, child molestation, sexual abuse, rape or incest. The Committee directs the Office of Population Affairs to send Title X grantees a reminder notification of this Federal requirement. In addition, the Committee requests the Secretary to conduct an audit of a sample of Title X recipients to determine compliance with mandatory reporting requirements.

Salt.—The Committee is aware that the Dietary Guidelines for Americans 2005 (published by the Department of Health and Human Services and the Department of Agriculture) recommends that Americans consume less salt because reducing salt intake may reduce blood pressure, lowering an individual's risk of coronary heart disease, stroke, congestive heart failure, and kidney disease. That recommendation echoes the conclusion of both a 2002 report by the National Institutes of Health and a 2004 report by the Institute of Medicine. Older persons, African Americans, and people with high blood pressure tend to be especially sensitive to the blood pressure-raising effects of salt. While salt occurs naturally in some foods, the great majority of salt is consumed by eating processed foods. The Committee is also aware that in some processed foods salt—in addition to affecting taste—performs important functions, such as preventing the growth of bacteria. The Committee encourages the Secretary to focus on ways—including both voluntary actions by the food industry and regulatory actions by the Food and Drug Administration and the Department of Agriculture—to reduce salt in processed and restaurant foods.

Cross-tracking program participants.—The Committee is interested in better understanding the full impact of federal assistance programs, including the number of individuals who access multiple programs, either concurrently or serially. As such, the Committee directs the U.S. Department of Health and Human Services to work with the Census Bureau to improve the Survey of Income and Program Participation (SIPP) and other infrastructure necessary to cross-reference individuals participating in multiple federal programs. As part of this effort, the Department of Health and Human Services is encouraged to partner with other federal agencies to improve Census Bureau survey measures of participation across all programs that will allow such cross-referencing to occur. The De-

partment shall report to Congress, by March 1, 2006, on the status of this initiative, including a specific list of barriers that may preclude the agency from full compliance with this directive.

Limited English proficiency.—The Committee is concerned about the implementation of the department's "policy guidance" issued pursuant to Executive Order 13166 regarding limited English proficiency. The Committee feels it is important to track the costs of this policy to make sure that the provision of language services is being done as cost effectively as possible. Therefore, HHS, should report to the Committee the total funding spent on the provision of HHS-conducted services in languages other than English, including publications costs, web site development and maintenance costs, outreach activities, translation activities, and language line contracts. The Department should report the same cost categories as provided in the Limited English Proficiency Report requested in House report 108–10.

Men's health.—The Committee understands that there is no entity in the Department responsible for the coordination and oversight of activities across the agency concerning men's health. The Committee is aware of reports that men are 25 percent less likely than women to receive regular health screenings, and that one of the top problems facing men's health is that men are not likely to visit a doctor when they notice a problem. The Committee encourages the Secretary to expand departmental disease prevention and health promotion activities among men and to give consideration to establishing an office for men's health, similar to the HHS Office of Women's Health. The Committee expects the Secretary to be prepared to discuss in the fiscal year 2007 appropriations hearings the activities that have been undertaken with regard to men's health.

Underage drinking.—The Committee strongly supports the efforts by the Department to combat underage drinking particularly the efforts by the Interagency Coordinating Committee to Prevent Underage Drinking (ICCPUD) to develop a National strategy on underage drinking. More than 7,000 teens under the age of 16 take their first drink every day. According to the latest data from Monitoring the Future, one in five eighth-graders report drinking in the past month, and that rises to one in three for 10th-graders and one in two for 12th-graders. The Centers for Disease Control and Prevention (CDC) reported that, for the last year for which data were available, more than 4,500 persons under the age of 21 died as a result of excessive drinking. In addition, NIH has reported significant findings about the negative consequences of underage drinking on adolescent brain development. The Committee therefore includes within the total for the Office of the Secretary the third year of funding necessary to continue the Ad Council's parent-oriented National media campaign to combat underage drinking. Further, the Committee expects the public service announcement to be based on sound scientific research.

HIV/AIDS grants.—The Committee is concerned that agencies at the state and local level which currently receive funding from multiple HHS agencies, such as those administering programs to prevent and treat HIV/AIDS, are burdened with inconsistent data collection and reporting requirements by Federal grants. In order to satisfy these requirements, agencies often must allocate funds to cover administrative costs that might otherwise go to providing di-

rect services. In order to decrease administrative burden and make the most effective use of federal health care dollars, the Committee urges the Secretary to direct the HHS agencies engaged in cooperative agreements for HIV/AIDS services with State and local, private and public entities to address this situation by moving to coordinate data collection and reporting requirements for grantees.

Sleep disorders.—At the National Institutes of Health's Frontiers of Knowledge in Sleep and Sleep Disorders conference in March of 2004, the U.S. Surgeon General reported on the profound impact that chronic sleep loss and untreated sleep disorders have on Americans of all ages and that the public health model is well suited to translate these essential health messages to society. The Committee encourages the Surgeon General to consider development of a Surgeon General's Report on Sleep and Sleep Disorders.

Prostate cancer.—The Committee encourages the Secretary to work with the Director of the NIH and the Administrator of the FDA to resolve, as quickly as possible, all issues related to the adoption of clinical trial surrogate endpoints for prostate cancer research and drug approval. The Committee requests the Secretary to submit a progress report to Congress by July 1, 2006.

Hepatitis C–HIV co-infection.—The Committee is concerned with the growing co-infection of individuals with both HIV and hepatitis C and notes that the largest single cause of death of individuals with HIV infection is now liver disease. The Committee is pleased that, in response to this high co-infection rate, approximately 20 of the state AIDS Drug Assistance Programs (ADAP) have now included Hepatitis C pharmaceuticals on their formularies. The Committee notes that the Ryan White Care Act requires the Secretary to issue guidelines regarding appropriate treatments under the program and requests that the Secretary review and re-issue these treatment guidelines to address the treatment issues and formulary requirements associated with the significant co-infection rate of HIV and hepatitis C.

Biosafety laboratories.—The Committee requests the Secretary of HHS to study if there is a need for additional biosafety level four (BSL–4) laboratories to combat biological threats from discovery to licensed products. With emerging infectious diseases, such as SARS and highly pathogenic avian influenza, increased incidence of drug resistant disease, and an increased potential for their use in biowarfare, the Committee wants to be certain that an adequate number of such facilities exists to ensure that prophylaxis, therapeutics and diagnostics are available to combat these threats. The Committee requests the Secretary to conduct a coordinated review with relevant agencies to: (1) assess any need for additional BSL–4 facilities specifically designed to conduct animal model studies under Good Laboratory Practice guidelines; and (2) define the cost, critical design features, and possible construction timetable to establish new high security BSL–4 research facilities. The Committee would like a report outlining the results of this review by no later than 180 days after enactment of this Act.

NIH Library of Medicine infrastructure.—The Committee continues to support the work of the National Library of Medicine, the largest medical library in the world and the leader in digitized medical information resources. Previously, the Committee has taken steps to ensure that adequate funding was available for the

architectural planning and design of a new NLM building to house the National Center for Biotechnology Information and other activities related to digital information development. With the preliminary work complete, the Committee encourages the Secretary to consider the commitment of necessary resources to begin construction of new physical facilities for the NLM to enable it to keep pace with the rapid increase in medical publishing and biotechnology information research and development.

Evidentiary standards.—The Committee encourages the Secretary to work across the Department to direct its limited funding toward programs with the highest evidentiary standards, such as randomized trials. For example, the Committee is aware of extensive evidence that Nurse-Family Partnership, an early home visitation program for first-time low-income mothers, prevents child abuse and childhood injury, helps develop positive parent-child relationships, and helps the brain development of the children served. The Committee instructs the Secretary to apply the hig evidentiary standards to programs across the Department, and to support agencies within the Department, such as HRSA and ACF, adopting evidence-based programs.

Obesity.—The Committee notes the serious nature of rising obesity rates, especially among girls in underrepresented populations or geographic areas where higher obesity rates prevail. The Committee further recognizes the multi-institutional effort that is needed to attack the obesity problem in America and ensure that children and teens make healthy choices. The Committee understands that the Girl Scouts of the USA has begun a Healthy Living Initiative, which may be able to reach many of its members and their families with a healthy living, balanced lifestyle message to address obesity and other risky behaviors. The Committee encourages HHS to actively partner with organizations such as the Girl Scouts of the USA to promote the Department's obesity and wellness initiatives.

OFFICE OF MEDICARE HEARINGS AND APPEALS

The Committee provides $60,000,000 for this function, which was previously supported under an interagency agreement between the Centers for Medicare and Medicaid Services and the Social Security Administration. Consistent with the requirements of the Medicare Modernization Act of 2003, this function was transferred to the Office of the Secretary. This amount is $2,464,000 above the comparable fiscal year 2005 level and $20,000,000 below the Administration request. This office will support the hearing at the administrative law judge level of the third level of Medicare claims appeals. 42,000 appeals are expected to be heard in fiscal year 2006.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

The Committee provides $75,000,000 for the new health information technology office, of which $58,100,000 is available in budget authority and $16,900,000 in program evaluation tap funding. No budget authority was provided in fiscal year 2005, but $32,779,000 was made available via reprogramming from a combination of program evaluation tap funding and reallocated funds in the Agency

for Healthcare Research and Quality and the Office of the Secretary. The Administration request is $2,750,000 above the amount provided by the Committee in the portion of the program supported by evaluation tap funding. In addition, $50,000,000 is available for health information technology activities in the Agency for Healthcare Research and Quality. This is the same as the Administration budget and the comparable fiscal year 2005 level.

This program is intended to bring together decision-makers to develop standards for modern information technology, to devise certification procedures, to develop electronic information architecture and to test privacy standards. The ultimate goal is the accurate and rapid transfer of a patient's health information electronically.

The Committee is aware of several State e-health initiatives for sharing health care information among providers. The Committee encourages the Office of the National Coordinator for Health Information Technology (ONCHIT) to take advantage of the expertise of these States as it begins the process of developing standards and policies for a national health information network. The Committee urges the Office to address the information technology infrastructure needs of public and private non-profit community health care systems.

OFFICE OF THE INSPECTOR GENERAL

The Committee provides $39,813,000 for the Office of the Inspector General (OIG), which is $117,000 less than the fiscal year 2005 comparable level and the same as the budget request. A permanent appropriation for this office is contained in the Health Insurance Portability and Accountability Act of 1996. Total funds provided between this bill and the permanent appropriation would be $199,813,000 in fiscal year 2006.

The Office of the Inspector General was created by law to protect the integrity of Departmental programs as well as the health and 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.

OFFICE FOR CIVIL RIGHTS

The Committee provides $34,996,000 for the Office of Civil Rights (OCR), which is $17,000 less than the fiscal year 2005 comparable level and the same as the budget request. This includes authority to transfer $3,314,000 from the Medicare trust funds.

The Office for Civil Rights is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

The Committee provides an estimated $328,552,000 for medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the Administration request and $2,084,000 below the fiscal year 2005 comparable amount.

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 for active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee provides $183,589,000 for the public health and social services emergency fund for homeland security related activities within the Office of the Secretary. Within the amount, $63,589,000 is for homeland security preparedness activities within the Office of the Secretary and $120,000,000 is for influenza preparedness.

In addition, the Committee also provides $2,213,744,000 within the accounts of the managing agencies of jurisdiction, for homeland security activities requested in this account. The amounts are broken out by Agency as follows: $1,616,723,000 within the Centers for Disease Control and Prevention; $500,000,000 within the Health Resources and Services Administration; and $97,021,000 within the National Institutes of Health for chemical, nuclear and radiological research.

Since fiscal year 2002, terrorism preparedness and response funds have been requested and provided for within the Public Health and Social Services Emergency Fund (PHSSEF), with the exception of biodefense research funds within the National Institute of Allergy and Infectious Diseases. However, now that these programs and activities have become a central part of these Agencies annual management responsibilities, the Committee believes the funding more appropriately belongs within the managing Agency's account.

After adjusting for these changes, the comparable total for homeland security related activities in the Committee recommendation is $2,397,333,000 for fiscal year 2006. This is $10,082,000 below the comparable fiscal year 2005 amount and $30,500,000 below the request.

While the Committee has, for FY 2006, provided funding for these activities directly to the relevant agencies, the Committee expects Department-wide coordination to continue. The Committee directs the Secretary to submit to the Committee a detailed operating plan for bioterrorism preparedness activities, now funded in large measure in the agencies, prior to the commitment of funds for grants, or for contracts in excess of $1 million.

The Committee bill also includes language to finance HHS's Project BioShield procurement management costs through the appropriation for the Strategic National Stockpile, consistent with the requirements of section 319F–2(c)(7)(B)(ii) of the Public Health Service Act. To cover these costs, the bill authorizes the transfer of $8,589,000 from the SNS appropriation (CDC) to the Public Health and Social Services Emergency Fund.

The Committee does not provide funding within the Office of the Secretary for healthcare provider credentialing. The Committee believes a better use of resources would be to expand the ongoing credentialing program operated by HRSA to permit cross-state credentialing.

Pandemic Preparedness.—The Committee directs the Department to finalize its August 2004 draft Pandemic Influenza Preparedness and Response Plan and make it publicly available. The final plan should provide the operational blueprint for the six pandemic phases as defined by the World Health Organization.

The Committee believes that pandemic preparedness includes much more than just public health, and urges the Secretary to press for the appointment of a senior official, whose primary responsibility is to assure Cabinet-level planning and coordination between civil society (non-governmental economic infrastructure) and government during a pandemic period.

The Committee commends the Secretary for taking steps to implement the draft Pandemic Influenza Preparedness and Response Plan, and it notes the important roles that both vaccines and antivirals will play in the event of pandemic. Given the potential lack of a match between available vaccines and a particular strain of influenza that could cause a pandemic, the Committee supports efforts to increase domestic manufacturing capabilities for rapid production of vaccines and antivirals and the purchase of vaccines and antivirals in the event of a pandemic influenza outbreak.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the number of Public Health Service employees assigned to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization.

Sec. 203. The Committee continues a provision to prohibit the use of funds to implement section 399F(b) of the Public Health Service Act or section 1503 of the NIH Revitalization Act of 1993.

Sec. 204. The Committee continues a provision to limit the salary of an individual through an NIH, AHRQ, or SAMHSA grant or other extramural mechanism to not more than the rate of Executive Level I.

Sec. 205. The Committee includes a provision limiting the compensation of an individual working in Head Start to the Federal Executive Level II salary.

Sec. 206. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committee receives a report detailing the planned use of such funds.

Sec. 207. The Committee continues a provision, although changes the percentage provided in the fiscal year 2005 bill, permitting the Secretary to use up to 1.3 percent of funds authorized under the PHS Act for the evaluation of programs.

(TRANSFER OF FUNDS)

Sec. 208. The Committee modifies a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary appropriation from an account.

(TRANSFER OF FUNDS)

Sec. 209. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

(TRANSFER OF FUNDS)

Sec. 210. The Committee continues a provision to make NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 211. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 212. The Committee continues a provision related to the Medicare Advantage program.

Sec. 213. The Committee continues a provision stating that no provider of services under title X shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 214. The Committee continues a provision to exempt States from Synar provisions if certain funding criteria are met.

Sec. 215. The Committee continues a provision to allow CDC international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 216. The Committee continues a provision to permit the Division of Federal Occupational Health to use personal services contracting to employ professional management/administrative and occupational health professionals.

Sec. 217. The Committee includes a provision granting authority to the Office of the Director of the National Institutes of Health (NIH) to enter directly into transactions in order to implement the NIH Roadmap for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 218. The Committee includes a provision that permits the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry to transfer funds that are available for Individual Learning Accounts to "Disease Control, Research, and Training".

Sec. 219. The Committee includes a provision rescinding $15,912,000 of unobligated balances in the Health Professions Student Loan program.

TITLE III—DEPARTMENT OF EDUCATION

The Committee's recommendations for the Department of Education for fiscal year 2006 will bring total departmental funding to $56,692,772,000, the highest level in the agency's history.

The Committee continues to emphasize the importance of developing clear, measurable outcomes for programs within the Department of Education as outlined in the Government Performance and

Results Act. It is vital that the Committee be provided with information on the actual results achieved by the programs, not simply the number of students affected by the program or the quantity of materials distributed. Program outcomes should, to the extent possible, focus on the achievement improvements that result to students and teachers in the classroom as a result of the Federal investment. Programs that are able to demonstrate these results over time will be considered higher funding priorities than programs that are unable to clearly demonstrate their value to the American public.

The Committee notes that urban school districts employ more people and manage larger budgets than many Fortune 500 companies. Yet many schools—particularly in inner cities—are failing to prepare students for higher education, employment and productive citizenship. The Committee encourages the Secretary to examine the effects that various local district governance structures, including elected and appointed school boards, have had on academic achievement in public schools and be prepared to respond to questions relating to this topic in the fiscal year 2007 budget hearings.

The Committee is aware that, nationally, only 61.5 percent of public education operational budgets reach the classroom, according to the National Center for Educational Statistics. However four states (Maine, New York, Tennessee and Utah) spend over 65 percent of their budget in the classroom. The Committee encourages the Secretary to examine the impact this spending priority has had on the academic achievement of students in these states and to examine efforts that would result in a greater percentage of all school district budgets being spent on classroom instruction, such as classroom teachers, personnel, instructional aides, supplies, activities and tuition.

EDUCATION FOR THE DISADVANTAGED

The bill includes $14,728,735,000 for the disadvantaged programs. This amount is $1,702,738,000 less than the budget request and $115,239,000 below the fiscal year 2005 appropriation. Of the total amount available, $7,144,426,000 is appropriated for fiscal year 2006 for obligation after July 1, 2006 and $7,383,301,000 is appropriated for fiscal year 2007 for obligation on or after October 1, 2006. This appropriation account includes compensatory education programs authorized under title I of the Elementary and Secondary Education Act of 1965; and title VIII of the Higher Education Act.

The Committee is aware that the method some states currently employ to calculate school expenditures masks huge gaps in per-pupil spending within districts. State funding analyses, and data which drive federal funding formulas, tend to average teacher salaries for entire districts instead of calculating the actual salaries of teachers assigned to any particular school. Many states actually spend less on teachers in schools serving low-income and minority students than they spend on teachers in schools serving more affluent students. The most highly-paid teachers, and therefore the more experienced and highly credentialed teachers, are concentrated in more affluent schools, leaving high-poverty and high-minority schools with teachers who have less experience, less education, and face the most challenging assignments. The Education

Trust has found that, in California, forty-two of the fifty largest school districts spend significantly more on teachers in their schools serving the fewest numbers of Latino and African-American students. For a student attending a high school that serves mostly Latino and African-American students, as much as $172,000 less may be spent on that student's teachers over the course of a K–12 career.

The Committee urges the Secretary to examine this issue, determine how many states are using this practice, ascertain what effects the practice may have on title I grants to LEAs, and work with states to adopt data-collection policies that will make school-level teacher salary data publicly available, and to analyze and report on the factors that contribute to the teacher-spending gap, such as personnel and budgeting practices, in order to close the gap in teacher spending and quality within school districts. The Committee expects the Secretary to be prepared to report on this effort in the fiscal year 2007 budget hearings.

Grants to local educational agencies

Of the amounts provided for Title I programs, $6,934,854,000 is available for basic grants to local education agencies. This amount is the same as last year's level and the request. The Committee rejects the inclusion of any 100% hold harmless provision because it unfairly penalizes underprivileged and immigrant children in states with growing populations.

Funding for concentration grants, which targets funds to Local Educational Agencies in counties with high levels of disadvantaged children, is $1,365,031,000, the same as last year and the request level. The bill includes $2,269,843,000 for targeted grants, an increase of $50,000,000 above last year and $552,738,000 below the request. A total of $2,269,843,000 is also included for education finance incentive grants, $50,000,000 above the request and $50,000,000 above last year's level.

Financial assistance flows to school districts by formula, based in part on the number of school-aged children from low-income families. Within districts, local school officials target funds on school attendance areas with the greatest number or percentage of children from poor families. Local school districts develop and implement their own programs to meet the needs of disadvantaged students.

Funds under this account will also be used to pay the Federal share of State administrative costs for title I programs. The maximum State administration grant is equal to 1 percent of title I local educational agency plus State agency grants to the State, or $400,000, whichever is greater. These funds are included in the grants to local educational agencies account, rather than being a separate line item.

Recent studies have demonstrated that comprehensive school-improvement models, when well implemented, boost student achievement to a greater extent than other interventions designed to serve similar student populations. The Committee believes that comprehensive school reform provides an exemplary approach to raising academic achievement, particularly for schools that do not make adequate yearly progress under the No Child Left Behind Act. The Committee believes that States should utilize their four percent school improvement set aside funds, estimated at over

$500,000,000 in fiscal year 2006, to support implementation of CSR models with demonstrated success. Further, the Committee intends that the Secretary shall notify States that schools currently receiving CSR subgrants shall receive priority for targeted grants and/or technical assistance under section 1003(a) of ESEA.

In addition, the Committee is concerned that in some cases, States have distributed the funds set aside within the title I program for school improvement purposes equally to each school identified in need of improvement. The Committee believes that this is resulting in allocations for each school that may be too small to effectively leverage needed reforms. The Committee strongly urges States to examine methods for distributing school improvement funds that will result in awards of sufficient size and scope to support the initial costs of comprehensive school reforms and to limit funding to programs that include each of the reform components described in section 1606(a) of the No Child Left Behind Act of 2001 and have the capacity to improve the academic achievement of all students in core academic subjects within participating schools.

Even Start

The Committee provides $200,000,000 for Even Start, $25,095,000 below last year and $200,000,000 above the request. Even Start provides grants for programs focusing on the education of disadvantaged children, aged 1–7 years, who live in title I target school attendance areas, plus their parents who are eligible to be served under the Adult Education Act. These parents are not in school, are above the State's compulsory school attendance age limit, and have not earned a high school diploma (or equivalent). Even Start funds are allocated to the States, generally in proportion to title I basic grants.

Reading First State Grants

The bill provides $1,041,600,000 for Reading First State grants, the same as the budget request and the same as the fiscal year 2005 level. This program provides assistance to states and school districts in establishing scientific research-based reading programs for children in kindergarten through grade three. The program also provides for professional development and other supports to ensure that teachers can identify children at-risk for reading failure and provide the most effective early instruction to overcome specific barriers to reading proficiency.

The Committee urges the Department to ensure accountability of States and local education agencies through ongoing, reliable screening and diagnostic and classroom-based assessments of the literacy programs funded with Reading First grants.

Early Reading First

The bill provides $104,160,000 for Early Reading First, the same as the budget request and the fiscal year 2005 level. This is a competitive grant program targeted toward children ages three through five, and would support the development of verbal skills, phonemic awareness, pre-reading development and assistance for professional development for teachers in evidence-based strategies of instruction.

Striving Readers

The bill provides $30,000,000 for Striving Readers, $170,000,000 below the budget request and $5,200,000 above last year's level. Striving Readers will make competitive grants to develop, implement and evaluate reading interventions for middle- or high-school students who are reading significantly below grade level.

Literacy through school libraries

The bill provides $19,683,000 for literacy through school libraries, the same as the budget request and the fiscal year 2005 level. This program helps school districts provide students with increased access to up-to-date school library materials, a well-equipped, technologically advanced school library media center, and well-trained, and professionally certified school library media specialists. At appropriations of less than $100,000,000 the Department makes competitive awards to districts with a child poverty rate of at least 20 percent.

High school intervention

The bill does not include funding for the high school intervention program proposed by the Administration at $1,240,000,000. The Committee supports the Administration's goals in this program which are to increase the achievement of high school students, particularly students at risk of failing to meet challenging State academic content standards; eliminate gaps in achievement between students from different ethnic and racial groups and between disadvantaged students and their more advantaged peers; and enable all high school students to graduate with the education, skills, and knowledge necessary to succeed in postsecondary education and in a demanding, high-technology economy. However, the Committee notes that this program has not been authorized.

State agency programs: migrant

The bill includes $390,428,000 for the migrant education program, the same as the budget request and the fiscal year 2005 appropriation. This program supports formula grants to State agencies for the support of special educational and related services to children of migratory agricultural workers and fishermen. The purpose of this program is to provide supplementary academic education, remedial or compensatory instruction, English for limited English proficient students, testing, plus guidance and counseling.

State agency programs: neglected and delinquent

For the State agency program for neglected and delinquent children, the bill includes $49,600,000, the same as the budget request and the fiscal year 2005 appropriation. This formula grant program provides services to participants in institutions for juvenile delinquents, adult correctional institutions, or institutions for the neglected.

Evaluation

The Committee provides $9,424,000 for evaluation, the same as the 2004 appropriation and the budget request. Title I evaluation supports large scale national evaluations that examine how title I is contributing to improved student performance at the State, local

education agency, and school levels. It also supports short-term studies that document promising models and other activities to help States and local education agencies implement requirements in the title I statute.

Comprehensive school reform

The bill includes $10,000,000 for the Comprehensive School Reform (CSR) Program, $10,000,000 above the request and $195,344,000 below last year's level, due to budget constraints. The Committee has provided sufficient funding to meet estimated continuation costs for the program in fiscal year 2006. The CSR program authorizes incentive grants of at least $50,000 per year, for 3 years, for schools to implement effective, research-driven strategies for schoolwide reform. Recent studies have demonstrated that comprehensive school-improvement models, when well implemented, boost student achievement to a greater extent than other interventions designed to serve similar student populations. The Committee believes that comprehensive school reform provides an exemplary approach to raising academic achievement, particularly for schools that do not make adequate yearly progress under the No Child Left Behind Act. The Committee believes that States should utilize their four percent school improvement set aside funds, estimated at over $500,000,000 in fiscal year 2006, to support implementation of CSR models with demonstrated success. Further, the Committee intends that the Secretary shall notify States that schools currently receiving CSR subgrants shall receive priority for targeted grants and/or technical assistance under section 1003(a) of ESEA.

In addition, the Committee is concerned that in some cases, States have merely divided the funds for school improvement purposes by the number of schools identified in need of improvement and that this is resulting in allocations for each school that may be too small to effectively leverage needed reforms. The Committee strongly urges States to examine methods for distributing school improvement funds that will result in awards of sufficient size and scope to support the initial costs of comprehensive school reforms and to limit funding to programs that include each of the reform components described in section 1606(a) of the No Child Left Behind Act of 2001 and have the capacity to improve the academic achievement of all students in core academic subjects within participating schools.

Migrant education, high school equivalency program

The bill includes $18,737,000 for the high school equivalency program. This amount is the same as the budget request and the fiscal year 2005 level. The high school equivalency program recruits migrant students aged 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program.

College assistance migrant programs

The bill includes $15,532,000 for the college assistance migrant programs. This amount is the same as the fiscal year 2005 level and the budget request. The college assistance migrant program

(CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

IMPACT AID

The bill provides $1,240,862,000 for Federal impact aid programs in fiscal year 2006, a decrease of $3,001,000 below the fiscal year 2005 appropriation and the same as the budget request. This account supports payments to school districts affected by Federal activities. Impact Aid represents a federal responsibility to local schools educating children whose families are connected with the military or who live on Indian land.

The bill also includes language ensuring that schools serving the children of military personnel continue to receive Impact Aid funds when the military parents who live on-base are deployed and the child continues to attend the same school and in cases in which an on-base military parent is killed while on active duty and the child continues to attend the same school.

The Committee notes that the Department of Defense is making plans to bring back to the continental United States over 70,000 U.S. military personnel currently stationed overseas, along with an estimated 100,000 family members. The Committee is concerned about the effect this action will have on the Impact Aid program and the schools enrolling approximately 32,000 military dependent students new to the Impact Aid Program. The Committee requests the Secretary to procure from the Secretary of Defense a timeline for this anticipated action along with the estimated total dollar savings this move will have on the Department of Defense Overseas Schools system and the financial impact the influx of these additional students will have on the Impact Aid Program and to report this information to the House and Senate authorizing and appropriation committees beginning October 1, 2005 and every six months thereafter.

Basic support payments

The bill includes $1,102,896,000 for basic support payments to local educational agencies, an increase of $27,878,000 above the fiscal year 2005 appropriation and the budget request. Basic support payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children such as children of members of the uniformed services who live on Federal property.

Payments for children with disabilities

The Committee recommends $49,966,000 for payments on behalf of Federally-connected children with disabilities, the same as the budget request and the fiscal year 2005 appropriation. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities maintenance

The Committee recommends $5,000,000 for facilities maintenance, $2,838,000 below the fiscal year 2005 amount and the budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department of Education.

Construction

The Committee recommends $18,000,000 for the construction program, $27,544,000 below the budget request and $30,545,000 below the fiscal year 2005 level. This program provides formula and competitive grants to eligible locally owned school districts for building and renovating school facilities.

Payments for Federal property

The bill provides $65,000,000 for payments related to Federal property, an increase of $2,504,000 above the fiscal year 2005 appropriation and the budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

The bill includes $5,393,765,000 for school improvement programs. This amount is $225,891,000 less than the comparable fiscal year 2005 appropriation and $61,546,000 above the budget request for comparable programs. This appropriation account includes programs authorized under titles II, IV, V, VI, and VII of the Elementary and Secondary Education Act; the McKinney-Vento Homeless Assistance Act, title IV–A of the Civil Rights Act, and section 105 of the Compact of Free Association Amendments Act of 2003.

State grants for improving teacher quality

The bill includes $2,916,605,000 for state grants for improving teacher quality, which is the same as the budget request and the fiscal year 2005 level. This program gives states and districts a flexible source of funding with which to meet their particular needs in strengthening the skills and knowledge of teachers and administrators to enable them to improve student achievement. States are authorized to retain 2.5 percent of funds for state activities, including reforming teacher certification, re-certification or licensure requirements; expanding, establishing or improving alternative routes to state certification; carrying out programs that include support during the initial teaching and leadership experience, such as mentoring programs; assisting school districts in effectively recruiting and retaining highly qualified and effective teachers and principals; reforming tenure systems; and developing professional development programs for principals.

States send funding to the local level by formula and by competitive grant. Among other things, local uses of funds include initiatives to assist recruitment of principals and fully qualified teachers; initiatives to promote retention of highly qualified teachers and principals; programs designed to improve the quality of the teacher force; teacher opportunity payments; professional development activities; teacher advancement initiatives and hiring fully qualified teachers in order to reduce class size.

The Committee is aware that funding under the teacher quality program can be used for professional development and support for principals as well as teachers. The Committee recognizes the unique role that the principal plays as the instructional leader and CEO of a school, and strongly encourages states and school dis-

tricts to devote a significant portion of professional development funds to providing high-quality, ongoing professional development opportunities to principals. Particularly recommended is professional development to enhance principals' ability to work productively with families, provide staff development to teachers and other professionals, and to utilize data in decision-making. The Committee also encourages states and school districts to develop principals' professional development that is based on sound research on the most current models of leadership.

Early childhood educator professional development

The bill includes $14,696,000 for early childhood educator professional development, the same as the budget request and the fiscal year 2005 level. This program provides competitive grants to partnerships to improve the knowledge and skills of early childhood educators and caregivers who work in communities that have high concentrations of children living in poverty.

Mathematics and science partnerships

The bill includes $190,000,000 for mathematics and science partnerships, $79,000,000 below the budget request and $11,440,000 above the fiscal year 2005 level. This program promotes strong math and science teaching skills for elementary and secondary school teachers. Grantees may use program funds to develop rigorous math and science curricula, establish distance learning programs, and recruit math, science and engineering majors into the teaching profession. They may also provide professional development opportunities. Grants are made to States by formula based on the number of children aged 5 to 17 who are from families with incomes below the poverty line, and States then award the funds competitively to partnerships which must include the State agency, and engineering, math or science department of an institution of higher education, and a high-need school district. Other partners may also be involved.

Innovative Education Program Strategies State Grants

The bill includes $198,400,000 for State grants under Innovative Education Program Strategies, $98,400,000 above the budget request and the same as the fiscal year 2005 level. This program provides funding to State and local educational agencies for obtaining technology and training in technology related to the implementation of school based reform; acquiring and using educational materials; improving educational services for disadvantaged students; combating illiteracy among children and adults; addressing the educational needs of gifted and talented children; and implementing school improvement and parental involvement activities under ESEA Title I.

Education technology

The bill includes $300,000,000 for education technology activities. This amount is $196,000,000 below the comparable fiscal year 2005 level. The President's budget proposed to terminate this program. Under this program, states are required to direct ninety-five percent of the funds to school districts for increasing access to technology, especially for high-need schools; improving and expanding

teacher professional development in technology; and promoting innovative state and local initiatives using technology to increase academic achievement.

Supplemental education grants

The bill provides $12,132,000 for supplemental education grants to the Federated States of Micronesia and $6,051,000 for supplemental education grants to the Republic of the Marshall Islands, the same as the budget request and the fiscal year 2005 level. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) authorizes these countries to receive funding for general education assistance.

21st century community learning centers

The bill provides $991,077,000 for 21st century community learning centers, the same as the budget request and the fiscal year 2005 level. This program is a formula grant to states. Ninety-five percent of funds are distributed on a competitive basis from the state to local school districts, community-based organizations and other public entities and private organizations. Grantees must target students who attend low-performing schools. Funds may be used for before and after school activities that advance student academic achievement including remedial education and academic enrichment activities; math, science, arts, music, entrepreneurial and technology education; tutoring and mentoring; recreational activities; and expanded library service hours.

State assessments

The bill includes $411,680,000 for state assessments, the same as the budget request and the fiscal year 2005 level. This program provides states with funding to develop annual assessments and to carry out activities related to ensuring accountability for results in the state's schools and school districts.

High school assessments

The bill does not include funding for the high school assessment initiative, proposed for funding by the Administration at $250,000,000. The Committee notes that this program is not authorized.

Javits gifted and talented education

The bill does not include funding for gifted and talented education, the same as the budget request and $11,022,000 below fiscal year 2005 level. This program supports grants to build and enhance the ability of elementary and secondary schools to meet the needs of gifted and talented students. Competitive grants are awarded to states and school districts, institutions or higher education and other public and private entities.

Foreign language assistance grants

The bill does not include funding for foreign language assistance grants, the same as the budget request. The program was funded at $17,856,000 in fiscal year 2005. The program supports competitive grants to school districts and states to increase the quality and

quantity of elementary and secondary-level foreign language instruction in the United States.

Education for homeless children and youth

For the education of homeless children and youth program, the Committee recommends $62,496,000, the same as the budget request and the fiscal year 2005 appropriation. Grants are allocated to States in proportion to the total that each State receives under the title I program. For local grants, at least 50 percent must be used for direct services to homeless children and youth, including tutoring or remedial or other educational services.

Training and advisory services

The bill includes $7,185,000 for training and advisory services authorized by title IV–A of the Civil Rights Act. This amount is the same as the budget request and the same as the fiscal year 2005 amount. Title IV–A authorizes technical assistance and training services for local educational agencies to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards 3-year grants to regional equity assistance centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs; training designed to develop educators' skills in specific areas, such as the identification of race and sex bias in instructional materials; increasing the skills of educational personnel in dealing with race-based confrontations such as hate crimes; and providing technical assistance in the identification and selection of appropriate educational programs to meet the needs of limited English proficient students.

Education for Native Hawaiians

The Committee recommends $24,770,000 for education for Native Hawaiians, $7,854,000 below the budget request and $9,454,000 below the fiscal year 2005 amount. A number of programs limited to Native Hawaiians are supported with these funds, including a model curriculum project, family-based education centers, postsecondary education fellowships, gifted and talented education projects, and special education projects for disabled pupils.

Alaska Native education equity

The Committee recommends $31,224,000 for the Alaska Native education equity program, the same as the budget request and $3,000,000 below the fiscal year 2005 amount. These funds are used to develop supplemental educational programs to benefit Alaska Natives.

Rural Education

The bill includes $170,624,000 for rural education programs, the same as the fiscal year 2005 level and the budget request. This fund includes two programs to assist rural school districts to improve teaching and learning in their schools. The small, rural schools achievement program provides funds to rural districts that

serve a small number of students; the rural and low-income schools program provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district.

Comprehensive Centers

The bill includes $56,825,000 for comprehensive centers, the same as the fiscal year 2005 level and the budget request. The Committee intends these funds to be used for the new comprehensive centers that will provide training, technical assistance, and professional development in reading, mathematics, and technology, particularly to schools that fail to meet their State's definition of adequate yearly progress.

The Committee is pleased that the Department has decided to establish a Comprehensive Center in California and urges consideration be given for establishing such a center in southern California. Southern California has more than 60 percent of California's 6.3 million students, the majority of schools in need of program improvement, the highest number of English Language Learner students, and the largest number of schools targeted for restructuring. In addition, southern California has 1.6 million Title I students—12 percent of the national total; 2,400 Title I schools—6 percent of the national total; and over 1 million Limited English Proficient students—22 percent of the national total.

INDIAN EDUCATION

The bill includes $119,889,000 for Indian education. This amount is the same as the fiscal year 2005 appropriation and the budget request. This account supports programs authorized by part A of Title VII of the Elementary and Secondary Education Act and section 215 of the Department of Education Organization Act.

Grants to local educational agencies

The bill provides $96,294,000 for grants to local education agencies, the same as the budget request and $1,128,000 above the fiscal year 2005 amount. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Affairs. The purpose of this program is to reform elementary and secondary school programs that serve Indian students, including preschool children. Grantees must develop a comprehensive plan and assure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special programs for Indian children

The Committee recommends $19,595,000 for special programs for Indian children, the same as fiscal year 2005 and the budget request. These programs make competitive awards to improve the quality of education for Indian students. This program also funds a new Indian Teacher Corps, which hopes to train over 1,000 Indian teachers over a five-year period to take positions in schools that serve concentrations of Indian children.

National activities

The bill provides $4,000,000 for national activities, $1,129,000 below fiscal year 2005 and the same as the budget request. Funds under this authority support research, evaluation and data collection to provide information on the status of education for the Indian population and on the effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

The bill includes $708,522,000 for innovation and improvement programs. This amount is $384,121,000 less than the comparable fiscal year 2005 appropriation and $599,349,000 below the budget request for comparable programs. This appropriation account includes programs authorized under part G of title I and portions of titles II and V of the Elementary and Secondary Education Act.

Troops to teachers

The bill includes $14,793,000 for troops to teachers, the same as the budget request and the fiscal year 2005 level. This program is designed to assist eligible members of the armed forces to obtain certification or licensure as elementary and secondary school teachers, or vocational or technical teachers. The transition to teachers program is based on the model of the troops to teachers program and would address the need of high-need school districts for highly qualified teachers.

Transition to teaching

The bill includes $44,933,000 for transition to teaching, the same as the budget request and the fiscal year 2005 level. Transition to teaching is designed to help mitigate the shortage of qualified licensed or certified teachers in many of our Nation's schools. The program provides grants to help support efforts to recruit, train and place talented individuals into teaching positions and to support them during their first years in the classroom. In particular, the program focuses on mid-career professionals with substantial career experience, and recent college graduates. Grants are made on a competitive basis.

National writing project

The bill provides $20,336,000 for the National Writing Project, the same as the fiscal year 2005 level. The President's budget did not request funding for this program. Funds are provided to the National Writing Project, a nonprofit educational organization that supports teacher training programs in the effective teaching of writing, and supports classroom-level research on teaching writing that documents effectiveness in terms of student performance. To provide these services, the National Writing Project contracts with numerous institutions of higher education and nonprofit education providers to operate small teacher training programs. Federal funds support 50 percent of the costs of these programs, and recipients must contribute an equal amount.

Teaching of traditional American history

The bill includes $50,000,000 for the teaching of traditional American history, $69,040,000 below the budget request and the fiscal year 2005 level. This program supports competitive grants to school districts to promote the teaching of American history in elementary and secondary schools as a separate academic subject.

School leadership

The bill includes $14,880,000 for school leadership activities, the same as the fiscal year 2005 level. The President's budget did not propose funding for this program. The program provides competitive grants to assist high-need school districts with recruiting, training, and retaining principals and assistant principals.

Advanced credentialing

The bill includes $16,864,000 for advanced credentialing, the same as the fiscal year 2005 level and $8,864,000 above the budget request. The program authorizes competitive grants to states, school districts, the National Board for Professional Teaching Standards (NBPTS) working with a district or states, the American Board for the Certification of Teacher Excellence working with a district or state, or another certification or credentialing organization working with a district or state. The program supports activities to encourage and support teachers seeking advanced certification or credentialing.

The Committee intends that $9,920,000 of the funds be awarded to the National Board for Professional Teaching Standards and that $6,944,000 be awarded to the American Board for the Certification of Teacher Excellence. The Committee expresses concern that the National Board for Professional Teaching Standards has begun to move away from its primary focus of improving classroom teacher quality and into other arenas within the education field, such as school counseling. The Committee encourages the Board to retain its focus on improving the skills and credentials of classroom teachers.

Charter schools

The Committee recommends $216,952,000 for support of charter schools, $1,750,000 below the budget request and the same as the fiscal year 2005 amount. Charter schools are developed and administered by individuals or groups of individuals, which may include teachers, administrators, and parents. These groups enter into charters for operation of their schools, which must be granted exemptions from State and local rules that limit flexibility in school operation and management. Under this program, grants are made to State educational agencies in States that have charter school laws; the State educational agencies will in turn make sub-grants to authorized public chartering agencies in partnerships with developers of charter schools.

The demand for enrollment in charter schools is likely to increase substantially as a result of the focus on school choice created by the No Child Left Behind Act. The Committee is aware that both charter schools that operate within a school district, as well as those that operate as a separate school district, have had difficulty obtaining funds on a basis equal to traditional school dis-

tricts and public schools. In addition, charter schools usually do not receive funding for facilities equivalent to traditional school districts. The Committee encourages the Secretary to examine means by which charter schools can receive their fair share of taxpayer dollars, particularly where federal funds are involved.

Credit enhancement for charter school facilities

The bill includes $36,981,000 for credit enhancement for charter school facilities, the same as the budget request and fiscal year 2005. This program helps charter schools meet their facility needs by providing funding on a competitive basis to leverage other funds and help charter schools obtain school facilities by means such as purchase, lease and donation. Charter schools are more likely than traditional schools to have problems obtaining adequate facilities because they are perceived as more financially risky than other schools, and unlike traditional school districts, charter schools generally lack the ability to issue general obligation bonds backed by property taxes.

Voluntary public school choice

The bill includes $26,543,000 for voluntary public school choice, the same as the budget request and the fiscal year 2005 level. This program supports efforts to establish intradistrict and interdistrict public school choice programs to provide parents with greater choice for their children's education. Funds are used to make competitive awards to states, school districts or partnerships.

Magnet schools assistance

The bill includes $107,771,000 for the magnet schools assistance program, the same as the budget request and the fiscal year 2005 level. The magnet schools assistance program awards competitive grants to local educational agencies for use in establishing or operating magnet schools that are part of a desegregation plan approved by a court or by the Department of Education's Office for Civil Rights. A magnet school is defined by the statute as "a school or education center that offers a special curriculum capable of attracting substantial numbers of students of different racial backgrounds." A funding priority is given to local educational agencies that did not receive a grant in the preceding fiscal year.

Fund for the improvement of education

The bill includes $27,000,000 for the fund for the improvement of education, $387,079,000 below the fiscal year 2005 level and $129,296,000 below the comparable budget request. The fund for the improvement of education has a broad portfolio of activities. Under the fund, the Secretary of Education supports activities that identify and disseminate innovative educational approaches. Several separate program authorities are included in this line item, including Foundations for Learning grants. The Committee has included language allowing the Secretary to use funds under FIE to carry out an evaluation of the DC School Choice Incentive Act of 2003.

Teacher Incentive Fund

The Committee has included $100,000,000 for a pilot program to develop and implement innovative ways to provide financial incentives for teachers and principals who raise student achievement and close the achievement gap in some of our Nation's highest-need schools. The President requested $500,000,000 for this initiative.

The Committee intends that the Secretary use this funding to award competitive grants to local educational agencies (LEAs), including charter schools that are LEAs, States, or partnerships of (1) a local educational agency, a State, or both and (2) at least one non-profit organization to design and implement fair, differentiated compensation systems for public school teachers and principals based primarily on measures of gains in student achievement, in addition to other factors, for teachers and principals in high-need areas.

The Committee intends that each applicant demonstrate a significant investment in, and ensure the sustainability of, its project by committing to pay for an increasing share of the total cost of the project, for each year of the grant, with State, local, or other non-Federal funds. The Committee further intends that the Department assess each funded project through an outside, independent evaluator, to inform others interested in implementing similar reforms. The Department may use a portion of the funds available for this initiative to pay the costs of this evaluation.

Ready To Learn Television

The bill does not include funding for the Ready to Learn Television program, $23,312,000 below both the budget request and the fiscal year 2005 level. Ready to Learn supports the development and distribution of educational video programming for preschool children, elementary school children and their parents. Only public telecommunications entities are eligible to receive awards.

Dropout prevention programs

The bill does not include funding for the dropout prevention program, the same as the budget request. This program was funded at $4,930,000 in fiscal year 2005. The dropout prevention program provides assistance to help schools implement effective school dropout prevention and reentry programs. This program has only been funded for two years, and has made only about two dozen awards. The Committee notes that districts desiring to implement dropout prevention programs can use funds under title I for innovative programs to support such efforts; hence there is no need for a separately funded line-item to accomplish this purpose.

Ellender fellowships/Close-Up

The bill includes $1,469,000 for Ellender fellowships, the same as the fiscal year 2005 level. The budget did not propose funding for this program. The Ellender fellowship program makes an award to the Close-Up Foundation of Washington D.C. This organization provides fellowships to students from low income families and their teachers to enable them to participate with other students and teachers for a week of seminars on government and meetings with representatives of the three branches of the Federal government.

Advanced placement test fee program

The Committee recommends $30,000,000 for advanced placement fees. This recommendation is $21,500,000 below the budget request and $240,000 above the fiscal year 2005 amount. The advanced placement test fee program awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income students who are enrolled in advanced placement classes and plan to take the advanced placement test. This program also supports competitive grants to states, school districts and national nonprofit educational agencies for programs that encourage greater participation by low-income students in advanced placement courses.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

The bill includes $763,870,000 for school improvement programs. This amount is $96,901,000 less than the comparable fiscal year 2005 appropriation and $367,103,000 above the budget request for comparable programs. This appropriation account includes programs authorized under parts of titles II, IV, and V of the Elementary and Secondary Education Act.

Safe and drug-free schools and communities: State grants

The Committee bill includes $400,000,000 for the State grants program, $400,000,000 above the budget request and $37,381,000 below the fiscal year 2005 level. The program supports State formula grants for comprehensive, integrated approaches to drug and violence prevention. Local educational agencies must use their funds to implement a drug and violence prevention program for students and employees.

Safe and drug-free schools and communities: National programs

For the national programs under the Safe and Drug-Free Schools and Communities Act, the bill provides $152,537,000, the same as the fiscal year 2005 amount and $115,430,000 below the budget request. Under this program, the Secretary of Education administers a variety of activities to prevent the illegal use of drugs and violence among, and promote safety and discipline for, students at all educational levels, preschool through postsecondary. Within the amount provided, the Committee intends that the student drug testing pilot program be funded at a level of at least $10,000,000.

Alcohol abuse reduction

The bill does not include funding for grants to reduce alcohol abuse, the same as the budget request and $32,736,000 below the fiscal year 2005 level. This program awards competitive grants to districts to develop and implement innovative and effective programs to reduce alcohol abuse in secondary schools.

Mentoring programs

The bill includes $49,307,000 for mentoring programs which provide competitive grants to school districts and community-based organizations to promote mentoring programs for children with the greatest need. This is the same as the budget request and the fiscal year 2005 level.

Character education

The bill includes $24,493,000 for character education, the same as the fiscal year 2005 level and the budget request. This program provides support for the design and implementation of character education programs in elementary and secondary schools. Grantees may select the elements of character that will be taught, and must consider the views of parents and students to be served by the program.

Elementary and secondary school counseling

The bill includes $34,720,000 for elementary and secondary school counseling, the same as the fiscal year 2005 level. The budget did not propose funding for this program. This program provides grants to school districts to enable them to establish or expand elementary school and secondary school counseling programs.

Physical education for progress

The bill includes $73,408,000 for the physical education for progress program, $18,408,000 above the budget request and the same as the fiscal year 2005 level. The Committee expects that funds will be used to develop programs that can provide information to states, school districts and other youth organizations on the most effective methods for encouraging all students—not simply those who are already participating in competitive sports—to develop positive attitudes about fitness and increased levels of personal fitness.

Civic education

The bill includes $29,405,000 for civic education, the same as the fiscal year 2005 level. The budget did not propose funding for this program. Program funds support the "We the People" and the Cooperative Education Exchange programs. "We the People" seeks to promote civic competence and responsibility among students. Cooperative Education Exchange provides support for education exchange activities in civics and economics between the United States and eligible countries in Central and Eastern Europe, the Commonwealth of Independent States, any country that was formerly a republic of the Soviet Union, the Republic of Ireland, the province of Northern Ireland and developing countries with a democratic form of government.

State grants for incarcerated youth offenders

The bill does not include funding for state grants for incarcerated youth offenders, the same as the budget request and $26,784,000 below the fiscal year 2005 level. This program makes grants to state correctional agencies to assist and encourage incarcerated youths to acquire functional literacy skills and life and job skills.

ENGLISH LANGUAGE ACQUISITION

The bill includes $675,765,000 for English language acquisition programs. This amount is the same as the budget request and the comparable fiscal year 2005 appropriation level.

This program provides formula grants to states to serve limited English proficient students. Grants are based on each state's share

of the Nation's limited English proficient and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve limited English proficient students and evaluation activities.

SPECIAL EDUCATION

The bill includes $11,813,783,000 for programs for children with disabilities authorized under the Individuals with Disabilities Education Act (IDEA). This funding level is $312,347,000 below the budget request and $140,177,000 above the comparable fiscal year 2005 appropriation.

State Grants: Grants to States for special education

The bill provides $10,739,746,000 for grants to States, $358,000,000 below the budget request and $150,000,000 above the fiscal year 2005 level. Out of the total made available for school year 2006–2007, $5,326,746,000 is appropriated for fiscal year 2006 for obligation after July 1, 2006 and $5,413,000,000 is appropriated for fiscal year 2007 for obligation on, or after, October 1, 2006.

This program provides formula grants to assist the States in meeting the excess costs of providing special education and related services to children with disabilities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities. Funds are distributed based on the amount that each State received from the fiscal year 1999 appropriation, and the numbers of children in the general population and who live in poverty in the age range for which each State mandates free appropriate public education for children with disabilities.

State grants: Preschool grants

The bill provides $384,597,000 for preschool grants, the same as the fiscal year 2005 level and the budget request. This program provides grants to States on the basis of their proportionate share of the total number of children in the 3 through 5 age range and the number of these children living in poverty. These funds are provided in order to assist States to make a free appropriate public education available to all children with disabilities in the 3 through 5 age range.

State Grants: Grants for infants and families

The bill provides $440,808,000 for grants for infants and families, the same as the fiscal year 2005 level and the budget request. This formula grant program assists States in developing and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs to make available early intervention services to all children with disabilities, aged birth through 2, and their families.

IDEA National Activities: State improvement

The bill includes $50,653,000 for State improvement, the same as the fiscal year 2005 appropriation. The budget did not request funding for this program. This program supports competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest

groups, and others, to improve results for children with disabilities by reforming and improving their educational, early intervention, and transitional service systems. Among these systems are those for professional development, technical assistance, and dissemination of knowledge about best practices. Awards are based on State improvement plans developed by the States.

Special Education—Vocational Rehabilitation Transition Initiative

The bill does not include funding for a new program proposed by the Administration to develop systems for using data on secondary, employment and postsecondary school outcomes for students with disabilities. The Administration requested $5,000,000 for this initiative.

IDEA National Activities: Technical assistance and dissemination

The bill includes $49,397,000 for technical assistance and dissemination, the same as the budget request and $2,999,000 below the fiscal year 2005 appropriation. This program provides technical assistance and information through competitive awards that support institutes, regional resource centers, clearinghouses, and efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

IDEA National Activities: Personnel preparation

The bill includes $90,626,000 for personnel preparation, which is the same as the budget request and the fiscal year 2005 appropriation. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the skills and knowledge they need to serve those children. Awards focus on addressing the need for personnel to serve low-incidence populations and high-incidence populations, leadership personnel, and projects of national significance.

IDEA National Activities: Parent information centers

The bill includes $25,964,000 for parent information centers, the same as the fiscal year 2005 level and the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified. Technical assistance is also provided under this program for developing, assisting and coordinating centers receiving assistance under this program.

IDEA National Activities: Technology and media services

The bill includes $31,992,000 for technology and media services, which is $6,824,000 below the fiscal year 2005 appropriation and the same as the budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities.

The bill includes $11,400,000 for Recording for the Blind and Dyslexic Inc. These funds support continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers and accelerated use of digital technology. The Committee believes that the funds recommended will enable RFB&D to significantly expand its service to students with print disabilities and to continue the digital production and use of its extensive library of educational materials.

The Committee continues to recognize the importance of very small businesses in increasing the quality and cost effectiveness of the television-captioning program. As this program transitions into a mandated program as authorized by the Telecommunications Act, the Department shall give full and fair consideration to the applications for very small businesses.

REHABILITATION SERVICES AND DISABILITY RESEARCH

The bill includes $3,128,638,000 for rehabilitation services and disability research. This amount is $69,340,000 above the budget request and $54,064,000 above the fiscal year 2005 appropriation. The programs in this account are authorized by the Rehabilitation Act of 1973, the Helen Keller National Center Act, and the Assistive Technology Act of 1998.

Vocational rehabilitation grants to States

For vocational rehabilitation State grants, the bill includes $2,720,192,000, the same as the budget request and $84,347,000 above fiscal year 2005. This program supports basic vocational rehabilitation services through formula grants to the States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities.

Client assistance

The bill includes $11,901,000 for the client assistance program, the same as the budget request and the fiscal year 2005 amount. A client assistance program is required in each State as a condition of receipt of a basic State grant. State formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

For training personnel to provide rehabilitation services to persons with disabilities, the bill includes $38,826,000, the same as the budget request and the fiscal year 2005 amount. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities.

Demonstration and training programs

The bill includes $6,577,000 for demonstration and training programs, the same as the budget request and $19,030,000 below the fiscal year 2005 level. These programs authorize discretionary awards on a competitive basis to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Migrant and seasonal farmworkers

For programs serving migrant and seasonal farmworkers, the bill provides $2,302,000, which is the same as the fiscal year 2005 amount and $2,302,000 above the budget request. This program provides discretionary grants to make comprehensive vocational rehabilitation services available to migrant and seasonal farmworkers with vocational disabilities. Projects emphasize outreach activities, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

For recreational programs, the bill provides $2,543,000, the same as the fiscal year 2005 amount and $2,543,000 above the budget request. This program provides individuals with recreation and related activities to aid in their employment, mobility, independence, socialization, and community integration. Discretionary grants are made on a competitive basis to States, public agencies, and nonprofit private organizations, including institutions of higher education.

Protection and advocacy of individual rights

For protection and advocacy for persons with disabilities, the bill provides $16,656,000, the same as the budget request and the fiscal year 2005 level. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies needed to protect and advocate the rights of persons with disabilities.

The Committee notes that returning military personnel who have sustained disabilities in the course of active service often encounter barriers that impede their ability to reenter civilian life. The Committee further notes that families of active duty service members that include children and other members with disabilities face many stresses and need assistance with accessing appropriate educational as well as health and other support services, such as respite care. The Committee urges the Secretary to provide outreach and advocacy services that supplement services and supports provided by the Veteran's Administration and other veteran and military family organizations.

Projects with industry

For projects with industry, the bill provides $19,735,000, $1,890,000 below the fiscal year 2005 amount and $19,735,000 above the budget request. This program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. The program provides training and experience in realistic work settings to persons with disabilities to

prepare them for employment in the competitive labor market. Awards are made to a variety of agencies and organizations, including business and industrial corporations, rehabilitation facilities, labor organizations, trade associations, and foundations.

Supported employment State grants

For supported employment State grants, the bill includes $30,000,000, which is $7,379,000 below the fiscal year 2005 amount and $30,000,000 above the budget request. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with significant disabilities are given special supervision and assistance to enable them to work in an integrated setting.

Independent living: State grants

For State grants for independent living, the bill includes $22,816,000. This amount is the same as the budget request and the fiscal year 2005 level. This program supports formula grants to the States to provide services for independent living for persons with significant disabilities.

Independent living: Centers

For centers for independent living, the bill provides $75,392,000, which is the same as the budget request and the fiscal year 2005 level. Discretionary grants support a network of consumer-controlled, nonresidential, community-based private nonprofit centers that provide a wide range of services to help persons with significant disabilities live more independently in family and community settings. Centers provide information and referral services, independent living skills training, peer counseling, and individual and systems advocacy. Discretionary grants are made to private nonprofit organizations.

Independent living: Services for older blind persons

For independent living services for older blind individuals, the bill provides $33,227,000. This amount is the same as the fiscal year 2005 amount and the budget request. Discretionary grants support services for persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Program improvement

For program improvement activities, the bill provides $843,000, which is the same as the fiscal year 2005 level and the same as the budget request. The program: (1) provides technical assistance and consultative services to public and non-profit private agencies and organizations; (2) provides short-term training and technical instruction; (3) conducts special demonstrations; (4) collects, prepares, publishes and disseminates educational or informational materials; and (5) carries out monitoring and conducts evaluations.

Evaluation

The bill includes $1,488,000 for program evaluation, the same as the budget request and the fiscal year 2005 level. These funds are used to evaluate the impact and effectiveness of individual programs authorized under the Rehabilitation Act. Contracts are awarded on an annual basis for studies to be conducted by persons not immediately involved in the administration of the programs authorized by the Act.

Helen Keller National Center

For the Helen Keller National Center for Deaf-Blind Youth and Adults, the bill includes $8,597,000, $1,984,000 below the comparable fiscal year 2005 amount and the same as the budget request. These funds are used for the operation of the national center for intensive services for deaf-blind individuals and their families at Sands Point, New York and a network of 10 regional offices for referral and counseling and technical assistance.

National Institute on Disability and Rehabilitation Research

The bill includes $107,783,000 for the National Institute on Disability and Rehabilitation Research, the same as the budget request and the fiscal year 2005 level. The Institute supports research, demonstration and training activities that are designed to maximize the employment and integration into society of individuals with disabilities of all ages.

Assistive technology

For assistive technology activities, the bill provides $29,760,000, the same as the fiscal year 2005 amount and $14,760,000 above the budget request. Technology assistance activities are authorized under the Assistive Technology Act of 1998. This Act authorizes the following activities: discretionary grants to the States to assist them in developing statewide programs to facilitate the provision of devices for, and services to, persons with disabilities; protection and advocacy services related to assistive technology; discretionary grants to the states for alternative financing programs; and technical assistance activities.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

The bill provides $17,000,000 for the American Printing House for the Blind, an increase of $136,000 above the fiscal year 2005 appropriation and the budget request. This appropriation subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The Printing House, which is chartered by the State of Kentucky, manufactures and maintains an inventory of special materials that is distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

The bill provides $56,137,000 for the National Technical Institute for the Deaf (NTID), an increase of $793,000 above the comparable fiscal year 2005 amount and $1,665,000 above the request. Within the total, $800,000 is specified for construction. The NTID was established by Congress in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of deaf individuals. The Institute also conducts applied research and provides training in various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

The bill provides $107,657,000 for Gallaudet University, an increase of $3,100,000 above the fiscal year 2005 appropriation and the budget request. Gallaudet is a private, non-profit educational institution Federally-chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts various research on deafness, and provides public service programs for deaf persons.

VOCATIONAL AND ADULT EDUCATION

The bill includes $1,991,782,000 for vocational and adult education programs. This amount is $19,166,000 below the fiscal year 2005 appropriation and $1,776,048,000 above the budget request. This appropriation account includes vocational education programs authorized by the Carl D. Perkins Vocational and Applied Technology Education Act. The account also includes adult education programs originally authorized by the Adult Education Act and reauthorized under the Workforce Investment Act of 1998.

Vocational education basic grants

This bill includes $1,194,331,000 for basic grants to States under the Carl D. Perkins Vocational and Technical Education Act of 1998, which is the same as the fiscal year 2005 amount. The budget request proposed elimination of this program and moved the funds into the high school reform proposal. Out of the total for basic grants to States made available for school year 2004–2005, $403,331,000 is appropriated for fiscal year 2006 for obligation after July 1, 2006 and $791,000,000 is appropriated for fiscal year 2007 for obligation on, or after, October 1, 2006.

State grants support a variety of vocational education programs developed in accordance with the State plan. The Act concentrates federal resources on institutions with high concentrations of low-income students. The populations assisted by Basic Grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets.

The Committee is concerned with instances where State agencies are not adequately communicating about the needs and supports for students with disabilities, especially those student with disabil-

ities who participate in vocational and technical education curriculums housed either on-site at the local education agency (LEA) or at a career and technology center (CTC) apart from the LEA. State Educational Agencies have an obligation under the Individuals with Disabilities Education Act to ensure that all students with disabilities receive a free appropriate public education in the least restrictive environment. The Committee strongly encourages States to improve collaboration between State agencies and programs to ensure that appropriate resources are provided to ensure that all students are able to participate appropriately in vocational and technical education programs.

Tech-prep

The bill includes $105,812,000 for tech-prep, the same as fiscal year 2005. The budget request did not propose separate line item funding for this program. This appropriation includes activities under title II of the Carl D. Perkins Vocational and Technical Education Act of 1998. The tech-prep education program provides planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model technical education programs. These programs begin in high school and provide students with the mathematical, science, communications and technological skills needed to enter a 2-year associate degree or 2-year certificate program in a given occupational field, and to make a successful transition into further postsecondary education or begin their careers. The purpose of tech-prep is to develop structural links between secondary and postsecondary institutions that integrate academic and vocational education and better prepares students to make the transition from school to careers.

National programs

For national programs, the Committee provides $11,757,000, which is the same as the fiscal year 2005 amount. The budget did not request separate funding for this program. This authority supports the conduct and dissemination of research in vocational education, and includes support for the National Centers for Research and Dissemination in Career and Technical Education, five regional curriculum coordination centers, and other discretionary research.

Tech-Prep Education Demonstration

The bill does not include funding for the Tech-Prep Education Demonstration. The President's budget did not request funding for it. Last year this program was funded at $4,899,000. The program makes competitive grants to consortia to establish Tech-prep programs in secondary schools located on the sites of community colleges.

Occupational and Employment Information Program

The bill does not include funding for the Occupational and Employment Information Program. The President's budget did not request funding for it. Last year this program was funded at $9,307,000. The program provides career information and guidance

services to students and adults through a network of state agencies.

State programs for adult education

For state grants, the Committee recommends $569,672,000, which is the same as the fiscal year 2005 amount, and $369,672,000 above the comparable budget request. State formula grants support programs to enable all 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.

Grants are provided on a formula basis to States under the new Adult Education and Family Literacy Act. The formula provides an initial allotment of $25,000 for each state and $100,000 to each outlying area, with additional allotments distributed on the basis of population aged 16 through 60 who are without a high school diploma or equivalent who are not enrolled in secondary school.

States may use 12.5 percent of their allotments for state leadership activities and may use an additional 5 percent or $65,000 for state administration. States and localities must give priority to adult education and literacy activities that are built on a strong foundation of research on effective practices and that effectively employ technology. Funds are provided on a forward-funded basis.

The Committee notes that over 40 percent of new adult education entrants are seeking English as-a-second language (ESL) services and that ESL accounts for 51 percent of all adults receiving adult education services and 76 percent of the hours of instruction received. The Committee expects that the funds provided in this program will be used by states with large concentrations of students who seek English language proficiency training to meet the needs of those individuals. The Committee bill retains language similar to that contained in last year's bill that guarantees a portion of the funds will be used to provide civics education services to new immigrants.

National Programs—National Leadership Activities

The Committee provides $9,096,000 for national leadership activities. This amount is the same as the fiscal year 2005 level and the budget request. Through applied research, development, dissemination, evaluation, and program improvement activities, this program assists State efforts to improve the quality of adult education. The funds support such projects as evaluations on the status and effectiveness of adult education programs, national and international adult literacy surveys, and technical assistance on using technology to improve instruction and administration that show promise of contributing to the improvement and expansion of adult education.

National Institute for Literacy

For the National Institute for Literacy, the bill provides $6,638,000, which is the same as the fiscal year 2005 amount and the budget request. The Institute supports research and development projects, tracks progress made toward national literacy goals, supports research fellowships, disseminates information through a

national clearinghouse, and coordinates literacy information data from national and State sources.

Smaller learning communities

The bill includes $94,476,000 for the smaller learning program, the same as the fiscal year 2005 level. The Administration did not request funding for this program. As in past years, the bill specifies that these funds shall be used only for activities related to the redesign of large high schools enrolling 1,000 or more students.

Community technology centers

The bill does not include funding for community technology centers, $4,960,000 below the fiscal year 2005 level and the same as the request. The program provides competitive grants to create and expand community technology centers that offer disadvantaged residents of economically distressed urban and rural communities access to information technology and related training. Other Federal programs also exist that fund communities that want to establish and operate technology centers.

STUDENT FINANCIAL ASSISTANCE

The bill provides $15,283,752,000 for student financial assistance programs, an increase of $1,018,003,000 over the comparable fiscal year 2005 appropriation and $232,775,000 above the budget request.

Pell grants

The bill increases the maximum Pell Grant to $4,100, $50 below the budget request and $50 above the fiscal year 2005 amount. The bill provides $13,383,000,000 in new budget authority for the Pell Grant program, $184,000,000 above the request and $1,018,003,000 above the comparable fiscal year 2005 amount. Pell Grants provide portable education vouchers to postsecondary students who may use them at any of over 6,000 eligible schools. The bill does not include funding for enhanced Pell grants for state scholars, which the administration requested at $33,000,000. The Committee notes that this program has not been authorized.

Federal Supplemental Educational Opportunity Grants

The bill provides $778,720,000 for federal supplemental educational opportunity grants, the same as the request and the fiscal year 2005 level. The SEOG program provides grants through postsecondary institutions to qualified students who demonstrate exceptional financial need. Institutions have broad flexibility within the eligibility criteria for awarding these grants with the exception that priority must be given to Pell Grant recipients.

Work-study

The bill provides $990,257,000 for the work-study program, the same as the comparable fiscal year 2005 appropriation and the budget request. Funding for this program is provided through institutions to students who work part-time to meet the cost of education. Institutions receive funding according to a statutory formula and may allocate it for job location and job development centers.

Perkins loans cancellations

The bill provides $66,132,000 for federal Perkins loans cancellations, $66,132,000 above the budget request and the same as the fiscal year 2005 amount. The Federal Government reimburses institutional Perkins revolving loan funds for loan cancellations permitted under Federal law. Loans may be canceled when the borrower pursues a career in one of 12 statutorily-designated professions including corrections, medical technical work, and peace corps or VISTA service.

Leveraging educational assistance partnership

The bill includes $65,643,000 for the leveraging educational assistance partnership (LEAP) program, the same as the fiscal year 2005 level and $65,643,000 above the budget request. LEAP provides dollar-for-dollar matching funds to States as an incentive for providing need-based grant and work study assistance to eligible postsecondary students. Federally supported grants and job earnings are limited to $5,000 per award year for full-time students. By law, each State's allocation is based on its relative share of the total national population of students eligible to participate in the programs, except that no state is to receive less than it received in 1979. If LEAP amounts are below this level, each State is allocated an amount proportional to the amount of funds it received in 1979. If a state does not use all of its allocation, the excess funds are distributed to other States in the same proportion as the original distribution. States must, at a minimum, match LEAP grants dollar for dollar with state funds provided through direct state appropriations for this purpose.

STUDENT AID ADMINISTRATION

The bill includes $124,084,000 in discretionary resources for the Student Aid Administration account. The Committee recommendation is $5,000,000 more than the comparable fiscal year 2005 funding level and $20,201,000 below the request, when adjusted for discretionary-scored spending. Funds appropriated to the Student Aid Administration account, in addition to mandatory funding available through Section 458 of the Higher Education Act, will support the Department's student aid management expenses. The Federal Student Aid Office and the Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs. The Committee bill does not include the Administration's legislative proposal to fund this new account solely through annual appropriations.

LOANS FOR SHORT-TERM TRAINING

The bill does not include a new program to provide loans for short-term training proposed for funding by the Administration at $11,000,000. This program would help dislocated, unemployed, transitioning or older workers and students acquire or upgrade specific job-related skills through short-term training programs of less than 10 weeks. The Committee notes that this program is not authorized.

HIGHER EDUCATION

The bill provides $1,936,936,000 for higher education programs, a decrease of $179,762,000 below the fiscal year 2005 appropriation and $734,621,000 above the budget request.

Strengthening institutions

The bill provides $80,338,000 for the regular strengthening institutions program, the same as the budget request and the fiscal year 2005 level. This program provides general operating subsidies to institutions with low average educational and general expenditures per student and significant percentages of low-income students. Awards may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Hispanic-serving institutions

The bill provides $95,873,000 for the Hispanic-serving institutions program, the same as the budget request and $767,000 above the fiscal year 2005 level. The HSI program provides operating subsidies to schools that serve at least 25 percent Hispanic students of whom at least half are low-income students.

Despite the gains by Hispanics in higher education, including a 300 percent increase over the past 25 years in the enrollment of Hispanic-Americans at degree-granting institutions of higher education, the Committee is concerned that Hispanics continue to lag behind their non-Hispanic peers in overall education achievement. In 2001, only 21.7 percent of all Hispanics in the age group 18–24 years were enrolled in degree-granting institutions, versus 39.3 percent of all non-Hispanic white students. In 2001–2002, Hispanics earned only 6.4 percent of the bachelor's degrees, 4.6 percent of the master's degrees, and 3.2 percent of the PhDs awarded in the U.S. despite the fact that Hispanics comprise over 13 percent of the population. The Committee supports legislative efforts in the reauthorization of the Higher Education Act to expand graduate opportunities for Hispanic-serving institutions and encourages the Department to submit a budget request for graduate programs for HSIs in the event that such a program expanding graduate opportunities is authorized.

Strengthening historically black colleges and universities

The bill provides $240,500,000 for strengthening historically black colleges and universities (HBCUs), $1,924,000 above the fiscal year 2005 appropriation and the same as the budget request.

This program provides operating subsidies to accredited, legally authorized HBCUs established prior to 1964 whose principal mission is the education of black Americans. Funds may be used to support both programs and management and are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented. The minimum grant is $500,000.

Strengthening historically black graduate institutions

The bill provides $58,500,000 for the strengthening historically black graduate institutions program, the same as the budget request and $468,000 above the fiscal year 2005 appropriation.

The program provides 5-year grants to the following 18 post-secondary institutions that are specified in section 326(e)(1) of the Higher Education Act: Morehouse School of Medicine, Meharry Medical School, Charles R. Drew Postgraduate Medical School, Clark-Atlanta University, Tuskegee University School of Veterinary Medicine, Xavier University School of Pharmacy, Southern University School of Law, Texas Southern University Schools of Law and Pharmacy, Florida A&M University School of Pharmaceutical Sciences, North Carolina Central University School of Law, Morgan State University qualified graduate program, Hampton University qualified graduate program, Alabama A&M qualified graduate program, North Carolina A&T State University qualified graduate program, University of Maryland Eastern Shore qualified graduate program, Jackson State qualified graduate program, Norfolk State University and Tennessee State University. Of the amount appropriated, the first $26,600,000 is used to make grants to the first 16 institutions listed above. Any amount appropriated in excess of $26,600,000 but less than $28,600,000 is used to make grants to Norfolk State University and Tennessee State University and any remaining appropriation is made available to each of the 18 institutions based on a formula. Awards may be used for building endowments as well as the same purposes for which the strengthening HBCU grants may be used.

Strengthening Alaska Native and Native Hawaiian-serving institutions

The Committee recommends $6,500,000 for strengthening Alaska Native and Native Hawaiian-serving institutions, $5,404,000 below the fiscal year 2005 level and the same as the budget request.

Strengthening tribally controlled colleges and universities

The Committee recommends $23,808,000 for the strengthening tribally controlled colleges and universities program, the same as the budget request and the fiscal year 2005 level.

International education and foreign languages studies

Domestic programs

The bill provides $92,466,000 for the domestic activities of the international education and foreign languages studies programs, the same as the fiscal year 2005 appropriation and the budget request. The program assists graduate and undergraduate foreign language and area studies programs and students at institutions of postsecondary education. Programs include national resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access. In

general, the Secretary has discretion to allocate funding among these various activities.

Overseas programs

The bill provides $12,737,000 for the overseas programs in international education and foreign language studies authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The appropriation is the same as the budget request and the fiscal year 2005 appropriation. Funding for these programs support group projects abroad, faculty research abroad, special bilateral projects, and doctoral dissertation research abroad.

Institute for International Public Policy

The bill provides $1,616,000 for the Institute for International Public Policy, the same as the budget request and the fiscal year 2005 appropriation. This program provides a grant to an eligible recipient to operate the Institute through sub-grantees chosen among minority serving institutions.

Fund for the improvement of postsecondary education

The Committee recommends $49,211,000 for the fund for the improvement of postsecondary education (FIPSE), $27,000,000 above the budget request and $112,897,000 below the fiscal year 2005 amount. FIPSE awards grants and contracts to a variety of postsecondary institutions and other organizations to improve the quality and delivery of postsecondary education.

Minority science and engineering improvement

The bill provides $8,818,000 for the minority science and engineering improvement program (MSEIP), the same as the fiscal year 2005 appropriation and the budget request.

The MSEIP program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Interest subsidy grants

The bill does not include funding for interest subsidy grants authorized under section 121 of the Higher Education Act, the same amount requested in the budget and $1,488,000 below the fiscal year 2005 appropriation. This program provides loan subsidies to higher education institutions for facilities acquisition, construction and renovation loans taken prior to 1974. All loans will terminate by the fiscal year 2013. The authority to initiate new loan subsidy commitments was repealed in the 1992 amendments to the Higher Education Act.

Tribally controlled postsecondary vocational and technical institutions

The bill includes $7,440,000 for grants for tribally controlled postsecondary vocational and technical institutions, the same as the budget request and the fiscal year 2005 amount. This program provides grants for the operation and improvement of training pro-

grams to ensure continuation and expansion of vocational training opportunities for Indian youth.

TRIO

The bill provides $836,543,000 for the TRIO programs, $467,153,000 above the budget request and the same as the fiscal year 2005 appropriation. The TRIO programs provide a variety of outreach and support services to encourage low-income, potential first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to institutions of higher education and other agencies. At least two-thirds of the eligible participants in TRIO must be low-income, first-generation college students.

GEAR UP

The bill includes $306,488,000 for the GEAR UP program, the same as last year's level and $306,488,000 above the budget request. GEAR UP provides grants to states and partnerships of low-income middle and high schools, institutions of higher education and community organizations to target entire grades of students and give them the skills and encouragement to successfully pursue postsecondary education.

Byrd scholarships

The bill does not include funding for the Byrd scholarships program, the same as the budget request and $40,672,000 below the fiscal year 2005 appropriation. The Byrd scholarship program provides formula grants to States to award $1,500 scholarships to students who demonstrate academic excellence in high school.

Javits fellowships

The Committee recommends $9,797,000 for the Javits fellowship program, the same as the budget request and the fiscal year 2005 appropriation. Under the Javits program, institutions receive Federal support to make fellowship awards to students pursuing doctoral study in the arts, humanities, and social sciences.

Graduate assistance in areas of national need program

The Committee recommends $30,371,000 for the graduate assistance in areas of national need (GAANN) program, the same as the budget request and the fiscal year 2005 appropriation. The GAANN program awards grants to institutions of higher education to provide fellowships to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need.

Teacher quality enhancement grants

The Committee recommends $58,000,000 for teacher quality enhancement grants, $58,000,000 above the budget request and $10,337,000 below the fiscal year 2005 appropriation. Teacher quality enhancement grants have three components: state grants, partnership grants and recruitment grants. By statute, state and partnership grants each receive 45 percent of the appropriation, and recruitment grants receive 10 percent.

Under the state grant component, states apply to receive up to three years of funding to improve the quality of their teaching force through promoting reform activities such as teacher licensing and certification, accountability for high quality teacher preparation and professional development and recruiting teachers for high-need schools. States must match 50 percent of the federal award.

Under the partnership component, partnerships apply to receive a five-year grant to strengthen the capacity of K–12 educators in designing and implementing effective teacher education programs, and by increasing collaboration among these practitioners and departments of arts and sciences and schools of education at institutions of higher education. Partnerships must match 25 percent of the federal grant in the first year, 35 percent in the second year, and 50 percent for the remaining years.

The recruitment component supports the efforts to reduce shortages of qualified teachers in high-need school districts. States or partnerships may apply to receive these grants.

The Committee believes that colleges of education play a key role in improving teacher quality. The Committee urges colleges receiving teacher quality enhancement grants to consider the recommendations made by the Teaching Commission, including recruiting stronger students from all major fields of study, requiring education majors to receive at least a minor in an academic subject in addition to education, using research-based practices and pedagogy and offering opportunities to learn and observe in a real world setting.

Child care access means parents in school

The Committee recommends $15,970,000 for child care access means parents in school program, the same as the budget request and the fiscal year 2005 appropriation. Under this program, institutions may receive discretionary grants of up to four years to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Priority is given to childcare programs that leverage significant local or institutional resources and utilize a sliding fee scale. Grants can only be used to supplement childcare services or start new programs.

Community college access

The bill does not include funding for a proposed community college access program, which was requested by the Administration at $125,000,000. This program would support competitive awards to States providing dual-enrollment programs through which high school students take college-level courses through community colleges and receive both high school and postsecondary credit. The Committee notes that this program has not been authorized.

Demonstration projects to ensure quality higher education for students with disabilities

The Committee does not recommend funding for demonstration projects in disabilities, the same as the budget request. The program was funded at $6,944,000 in fiscal year 2005.

This program provides discretionary grants for three years to support model demonstration projects that provide technical assist-

ance and professional development activities for faculty and administrators in institutions of higher education in order to provide students with disabilities a high-quality postsecondary education. A number of models have now been developed and are being disseminated to other institutions.

Underground railroad program

The Committee does not recommend funding for the underground railroad program, which is the same as the budget request. This program was funded at $2,204,000 in fiscal year 2005. The underground railroad program provides grants to non-profit institutions to research, display, interpret and collect artifacts relating to the history of the underground railroad.

GPRA data/HEA program evaluation

The Committee recommends $980,000 for program evaluation and development of data required under the Government Performance and Results Act for Higher Education programs administered by the Department. This is the same as the fiscal year 2005 appropriation and the budget request.

The Committee understands that for many higher education programs, baseline and performance indicator data are sparse, nonexistent or difficult to collect. Funding under this activity will support the Department in developing high-quality data as required under the Government Performance and Results Act.

Olympic Scholarships

The bill includes $980,000 for Olympic Scholarships, the same as the fiscal year 2005 level. The budget did not request funding for this program. This program provides financial assistance to athletes who are training at the U.S. Olympic Education Center or one of the U.S. Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education.

Thurgood Marshall legal education opportunity program

The bill does not include funding for the Thurgood Marshall legal education opportunity program, the same as the budget request. The program was funded at $2,976,000 in fiscal year 2005. This program provides low-income, minority and disadvantaged college students with the information, preparation and financial assistance needed to gain access to and complete law school study.

HOWARD UNIVERSITY

The bill provides $240,790,000 for Howard University, $2,000,000 above the budget request and the fiscal year 2005 appropriation. The bill includes a minimum of $3,524,000 for the endowment, which is the same as the current level.

Howard University is a "Research I" university located in the District of Columbia. Direct appropriations for Howard University are authorized by 20 U.S.C. 123, originally enacted in 1867. Howard University provides undergraduate liberal arts, graduate and professional instruction to approximately 11,000 students from all 50 States. Masters degrees are offered in over 55 fields and Doctor of Philosophy degrees in 26 fields.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

The bill provides $573,000 for the Federal administration of the college housing and academic facilities loan (CHAFL) program, the Higher Educational Facilities Loans program and the College Housing Loans program, the same as the budget request and the fiscal year 2005 appropriation.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL AND FINANCING PROGRAM

Federal administration

The bill provides $210,000 for the administration of the historically black college and university capital financing program authorized under part D of title III of the Higher Education Act, the same as the fiscal year 2005 appropriation and the same as the budget request. The program is intended to make capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Bond subsidies

Under the HBCU capital program, a private, for-profit "designated bonding authority" issues construction bonds to raise capital for loans to historically black colleges and universities for construction projects. The Department provides insurance for these bonds, guaranteeing full payment of principal and interest to bond holders. Federally insured bonds and unpaid interest are limited by statute to $375,000,000. The letter of credit limitation establishes the total amount of bonds which can be issued by the designated bonding authority. The credit limitation must be explicitly stated in an appropriation Act according to the authorizing legislation.

INSTITUTE OF EDUCATION SCIENCES

The bill includes $522,696,000 for the Institute of Education Sciences. This amount is $43,632,000 above the budget request, and $538,000 below the fiscal year 2005 level. This account supports education research, statistics, and assessment activities.

Research

This bill includes $164,194,000 for educational research, the same as the fiscal year 2005 level and the budget request. The Institute of Education Sciences supports research, development and national dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Statistics

This bill includes $90,931,000 for the activities of the National Center for Education Statistics, exclusive of the National Assessment of Educational Progress. This amount is the same as the budget request and the fiscal year 2005 level.

Statistics activities are authorized under the Education Sciences Reform Act of 2002, title I of P.L. 107–279. The Center collects, analyzes, and reports statistics on all levels of education in the

United States. Activities are carried out directly and through grants and contracts. Major publications include "The Condition of Education" and "Digest of Education Statistics." Other products include projections of enrollments, teacher supply and demand, and educational expenditures. Technical assistance to state and local education agencies and postsecondary institutions is provided. International comparisons are authorized.

Regional educational laboratories

The Committee has included $66,132,000 for the regional educational laboratories. This amount is the same as the fiscal year 2005 level. The budget request did not include funding for this program. The Committee believes that the regional educational laboratories can play a key role in supporting the achievement of all children by focusing and aligning their work to help states and education practitioners implement the requirements contained in the No Child Left Behind Act (NCLB). This assistance should include product development, applied research, technical assistance and professional development. The Committee intends that each regional educational laboratory identify priority NCLB issues in their designated region and provide assistance with the implementation of NCLB. Particular focus should be placed on helping states and schools implement the provisions contained in the Highly Qualified Teacher regulations.

IDEA National Activities: Research and innovation

The bill includes $72,566,000 for research and innovation, $10,538,000 below the fiscal year 2005 level and the same as the budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice and improving the use of knowledge.

Special education studies and evaluations

The bill includes $10,000,000 for special education studies and evaluations, the same as the budget request and $6,000,000 below the comparable fiscal year 2005 level. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the Individuals with Disabilities Education Act and the effectiveness of State and local efforts to provide special education and early intervention programs and services to infants, toddlers, and children with disabilities. Funding for this activity was previously supported through funds set aside under the special education grants to states program.

Statewide data systems

The bill includes $24,800,000 for statewide data systems development, the same as the budget request and the fiscal year 2005 level. This program awards grants, on a competitive basis, to State educational agencies to enable such agencies to design, develop, and implement statewide, longitudinal data systems to efficiently and accurately manage, analyze, disaggregate, and use individual student data, consistent with the No Child Left Behind Act.

The Committee supports the design, development and implementation of longitudinal data systems that will enable States to use data to close achievement gaps. The Committee notes that much of this data is already being collected and is available for free on various websites, such as www.schoolmatters.com, and the Committee encourages the Department, states, school districts, researchers and the public to make use of available data to improve education and management of taxpayer resources.

Assessment

This bill includes $94,073,000 for the National Assessment of Educational Progress, $22,500,000 below the budget request, and the same as the fiscal year 2005 level. The Assessment is authorized under section 303 of the National Assessment of Educational Progress Authorization Act, and is the only nationally representative survey of educational ability and achievement of American students. The primary goal of the Assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, and history, as well as citizenship, literature, art, and music. The Assessment is operated by contractors through competitive awards made by the National Center for Education Statistics; a National Assessment Governing Board formulates the policy guidelines for the program. Within the amounts provided, $5,088,000 is for the National Assessment Governing Board.

The Committee is concerned that a key purpose of public education is being neglected: the civic mission of schools to educate our young people for democracy and to prepare them to be engaged citizens. The National Assessments of Educational Progress in civics and history are the best way we have to measure how well schools are doing in fulfilling this purpose. Therefore, the Committee requests that the National Assessment Governing Board, in consultation with the Commissioner, National Center for Education Statistics, prepare a report on the feasibility of the National Assessment of Educational Progress conducting state level assessments in the subjects of U.S. history and civics at grades 8 and 12 and, if feasible, the earliest schedule under which such assessments could be administered. The Governing Board shall, within 180 days of enactment of the FY 2006 appropriation, submit the feasibility report to the House and Senate Appropriations Committees, the House Education and the Workforce Committee, the Senate Health, Education, Labor and Pensions Committee, and the Secretary of Education.

DEPARTMENTAL MANAGEMENT

The bill includes $559,518,000 for departmental management (salaries and expenses) at the Department of Education. This amount is $3,536,000 above the fiscal year 2005 appropriation and $408,000 below the budget request. These activities are authorized by the Department of Education Organization Act, P.L. 96–88, and include costs associated with the management and operations of the Department as well as separate costs associated with the Office for Civil Rights and the Office of the Inspector General.

The Committee continues to be pleased with the emphasis the Department's senior management team has placed on complying with the Government Performance and Results Act. The Committee expects the Department to continue to develop and refine GPRA measures for all programs, focusing particularly on student achievement outcomes.

The Committee urges the Department of Education to fully investigate whether Xavier University of Louisiana is entitled to approximately $1,142,465 as a result of errors by the Department of Education with respect to Federal Cash Transaction Reports (ED–PMS–272) and the Grant Administrative and Payment System (GAPS) from the period of March 31, 1987 through June 30, 2002. If the results of an investigation determine that such errors were made by the Department of Education, the Committee urges the Department of Education to reimburse all funds owed to Xavier University as a result of such errors.

Program administration

The bill includes $418,992,000 for program administration. This amount is $288,000 below the fiscal year 2005 appropriation and the same as the budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation and health, retirement and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants and other contractual services.

The Committee recognizes the invaluable role that the Communities Can program has served over the last five years and the important financial support for this endeavor arranged by the Federal Interagency Coordinating Council (FICC) through the Departments of Education and of Health and Human Services, among others. Communities Can efforts have proven valuable in ensuring the integration into their communities of children and youth with disabilities and their families by promoting models of coordinated services that have ensured effective utilization of scarce resources. The models have generated support from the private sector, including faith-based organizations, which has amplified the impact of public resources. In light of the dissolution of the FICC, the Committee is concerned that Communities Can be able to continue its work in promoting effective models of coordinated services for this population. Therefore, the Committee requests the Office of Special Education and Rehabilitative Services to provide it a plan of action for carrying forward this activity in the absence of the FICC.

The Committee is aware that the Department of Education is taking steps to restructure the Rehabilitation Services Administration's system for providing oversight and monitoring of the Vocational Rehabilitation program. The Committee is interested in ensuring that the Department have a replacement system and plan in place for accountability, monitoring and technical assistance of these programs prior to the dismantling of the current system. The Committee directs the Department to develop such a plan and discuss such a plan with state vocational Rehabilitation agencies and stakeholders in advance of further staffing reductions.

Office for Civil Rights

The bill includes $91,526,000 for the salaries and expenses of the Office for Civil Rights. This amount is $2,151,000 above the fiscal year 2005 appropriation and the same as the budget request. This Office is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, membership in a patriotic society, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 16,000 local educational agencies, 3,500 institutions of higher education, as well as to proprietary schools, State rehabilitation agencies, libraries, and other institutions receiving Federal funds.

Office of the Inspector General

The bill includes $49,000,000 for the Office of the Inspector General. This amount is $1,673,000 above the fiscal year 2005 appropriation and $408,000 below the budget request. This Office has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision which prohibits funds under this Act from being used for the transportation of students or teachers in order to overcome racial imbalances or to carry out a plan of racial desegregation.

Sec. 302. The Committee continues a provision which prohibits funds under this Act from being used to require the transportation of any student to a school other than the school which is nearest the student's home in order to comply with title VI of the Civil Rights Act of 1964.

Sec. 303. The Committee continues a provision which prohibits funds under this Act from being used to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Sec. 304. The Committee continues a provision which allows up to 1 percent of any discretionary funds appropriated for the Department of Education to be transferred between appropriations accounts, provided that no appropriation is increased by more than 3 percent by any such transfer. This provision requires the Secretary to notify the Appropriations Committees of both Houses of Congress at least 15 days in advance of a transfer.

Sec. 305. The Committee includes a provision, pursuant to section 303 of H. Con. Res. 95, the concurrent resolution on the budget for fiscal year 2006, which provides $4,300,000,000 for the purpose of eliminating the estimated Pell grant shortfall.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

The bill provides $4,669,000 for the Committee for Purchase From People Who Are Blind or Severely Disabled, the same as the comparable fiscal year 2005 appropriation and the budget request.

The Committee for Purchase From People Who Are Blind or Severely Disabled was established by the Wagner-O'Day Act of 1938 as amended. Its primary objective is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service was established by the National and Community Service Trust Act of 1993 to enhance opportunities for national and community service and provide national service educational awards. The Corporation makes grants to States, institutions of higher education, public and private nonprofit organizations, and others to create service opportunities for a wide variety of individuals through full-time national and community service programs. The Committee requests that the Chief Executive Officer of the Corporation be prepared to discuss the economic impact of its programs at the fiscal year 2007 appropriations hearing.

DOMESTIC VOLUNTEER SERVICE PROGRAMS

The Committee recommends $357,962,000 for the Domestic Volunteer Service Programs that are administered by the Corporation for National and Community Service. This is $4,217,000 above the fiscal year 2005 appropriation and $2,000,000 below the budget request. Appropriations for these programs are not authorized in law for fiscal year 2006.

VISTA

The Committee recommends $96,428,000 for the Volunteers in Service to America (VISTA) program, this is $2,188,000 above the fiscal year 2005 level and the same as the budget request. The VISTA program supports individuals who recruit volunteers and organize community volunteer activities but who do not provide direct volunteer services.

Teach for America

The Committee recommends $2,000,000 for capacity building for Teach for America. This is $2,000,000 less than the budget request.

National Senior Volunteer Corps

The Committee recommends a total of $219,784,000 for the National Senior Volunteer Corps, $3,927,000 above the fiscal year 2005 level and the same as the budget request.

The Committee recommends $112,058,000 for the Foster Grandparents program, $634,000 above the fiscal year 2005 level and the

same as the budget request. This program provides volunteer service opportunities for low-income people aged 60 and over.

The Committee recognizes the valuable contributions of seniors participating in the Foster Grandparent Program [FGP]. In accordance with the Domestic Volunteer Service Act [DVSA], the Committee intends that one-third of the increase over the fiscal year 2005 level shall be used to fund Program of National Significance [PNS] expansion grants to allow existing FGP programs to expand the number of volunteers serving in areas of critical need as identified by Congress in the DVSA. All remaining funds shall be used to fund an administrative cost increase for each Foster Grandparent Program nationwide. The amount to be allocated to individual grantees shall be calculated based on a percentage of the entire federal grant award in fiscal year 2005, including the amount specified for payment of non-taxable stipends to Foster Grandparent volunteers. The Corporation for National and Community Service (CNCS) shall comply with the directive that use of PNS funding increases in the FGP shall not be restricted to any particular activity. The Committee further directs that CNS shall not stipulate a minimum or maximum amount for PNS grant augmentation.

In addition, the maximum dollars CNCS may use in FY 2006 for Communications and Training, Technical Assistance, and Recruitment and Retention activities shall not exceed the amount enacted for these two activities in FY 2005.

Funds appropriated for FY 2006 may not be used to implement or support service collaboration agreements or any other changes in the administration and/or governance of national service programs prior to passage of a bill by the authorizing committee of jurisdiction specifying such changes.

The CNCS shall comply with the directive that use of funding increases in the FGP, RSVP, SCP and VISTA not be restricted to any particular activity. In addition, none of these increases may be used to fund demonstration activities.

The Committee recommends $47,438,000 for the Senior Companion program, $1,533,000 above the fiscal year 2005 appropriation and the same as the budget request. The program provides project grants to private, non-profit organizations and State and local public agencies to offer volunteer service opportunities to low-income individuals aged 60 and over. These volunteers assist older adults with physical, mental or emotional impairments that put them at risk for institutionalization.

The bill provides $60,288,000 for the Retired Senior Volunteer Program (RSVP), $1,760,000 above the fiscal year 2005 appropriation and the same as the budget request. This program provides part-time volunteer service opportunities for low-income individuals aged 55 and over to recruit volunteers and organize volunteer activities relating to a variety of social needs.

Program administration

The Committee recommends $39,750,000 for program administration, $1,062,000 above the fiscal year 2005 appropriation and the same as the budget request.

NATIONAL AND COMMUNITY SERVICE PROGRAMS, OPERATING EXPENSES

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends $523,087,000 for National and Community Service Programs operating expenses, including the Trust. This is $18,430,000 less than the comparable fiscal year 2005 level and $5,000,000 less than the budget request. The Committee recommends $270,000,000 for AmeriCorps State and National grants (authorized under subtitle C) and education awards only grants (authorized under subtitle H), plus an additional $146,000,000 for the Trust, including $10,000,000 to be held in reserve, and $4,000,000 for the President's Freedom Scholarships.

The Committee recommendation includes the following program levels:

Learn and Serve	$40,000,000
National Civilian Community Corps	25,500,000
Innovation and Demonstration	9,945,000
Evaluation	4,000,000
State Commissions	12,642,000
Points of Light Foundation	10,000,000
America's Promise	5,000,000

SALARIES AND EXPENSES

The Committee recommends $27,000,000 for salaries and expenses associated with the administrative activities of the Corporation. This is $1,208,000 more than the comparable fiscal year 2005 level and the same as the budget request.

OFFICE OF INSPECTOR GENERAL

The Committee recommends $6,000,000 for Office of Inspector General, $48,000 more than the comparable fiscal year 2005 level and the same as the budget request. The Committee directs the Inspector General to continue to review the Corporation's management of the National Service Trust.

The Office of Inspector General is authorized by the Inspector General Act of 1978, as amended. This Office provides an independent assessment of all Corporation operations and programs, including those of the Volunteers in Service to America and the National Senior Service Corps, through audits, investigations, and other proactive projects.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes a number of administrative provisions carried previous years: (1) language regarding qualified student loans eligible for education awards; (2) language regarding the availability of funds for the placement of volunteers with disabilities; (3) language directing the Inspector General to levy sanctions in accordance with standard Inspector General audit resolution procedures, which include, but are not limited to, debarment of any grantee found to be in violation of AmeriCorps' program requirements, including using grant or program funds to lobby the Congress; (4) language which requires the Corporation to ensure that significant changes to program requirements or policy are made only through public notice and comment rulemaking; and

(5) language prohibiting an officer or employee of the Corporation from disclosing any grant selection information to any person not authorized to receive such information.

CORPORATION FOR PUBLIC BROADCASTING

The Committee has provided $400,000,000 in advance funding for fiscal year 2008 for the Corporation for Public Broadcasting (CPB). The Administration did not request any advance funding.

The Committee has included authority for CPB to spend up to $30,000,000 in previously appropriated fiscal year 2006 funds for digital conversion activities. The Committee has also included authority for CPB to spend up to $52,000,000 in fiscal year 2006 funds the Satellite Interconnection system.

The Committee rescinds $100,000,000 in funds previously appropriated for fiscal year 2006.

FEDERAL MEDIATION AND CONCILIATION SERVICE

The bill provides $42,331,000 for the Federal Mediation and Conciliation Service (FMCS), a decrease of $2,108,000 below the comparable fiscal year 2005 appropriation the same as the budget request.

The FMCS attempts to prevent and minimize labor-management disputes having a significant impact on interstate commerce or national defense, except in the railroad and airline industries. The agency convenes boards of inquiry appointed by the President in emergency disputes and conducts dispute mediation, preventive mediation, and arbitration. In addition, the Service offers alternative dispute resolution services and training to other Federal agencies to reduce litigation costs and speed Federal administrative proceedings.

The bill also includes provisions first enacted in the fiscal year 1996 Appropriations Act granting the agency the authority to accept gifts and to charge fees for certain services.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $7,809,000 for the Federal Mine Safety and Health Review Commission, which is the same as the fiscal year 2005 level and the same as the budget request. The Commission is responsible for reviewing the enforcement activities of the Secretary of Labor under the Federal Mine Safety and Health Act. The Commission's administrative law judges hear and decide cases initiated by the Secretary of Labor, mine operators, or miners. The five-member Commission hears appeals from administrative law judge decisions, rules on petitions for discretionary review, and may direct, of its own initiative, review of cases that present unusual questions of law.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

The Committee recommends $249,640,000 for the Institute of Museum and Library Services. This is $30,924,000 below the fiscal year 2005 level and $8,965,000 below the budget request. The Institute makes state formula grants for library services and discretionary national grants for joint library and museum projects.

For Library Services, the Committee recommends $165,500,000 for State Grants and $3,500,000 for library services to Native Americans and Native Hawaiians. The Committee recommends $12,500,000 for national leadership grants.

In honor of her career as a librarian and lifelong dedication to early learning, early reading, and literacy, the Committee has renamed the Librarians for the 21st Century program, the Laura Bush 21st Century Librarian Program. The Committee has included $24,000,000 for this program that recruits and educates librarians. This program is helping recruit new professionals for public, academic, research and school libraries; building the capacity of library schools through faculty and curriculum development; and updating the skills of current library workers. The Committee is particularly interested in the program's work in enhancing school library media centers. Research has established the value of the school library media center to student achievement, but there is a great need to raise awareness among teachers and school administrators about the role that the library and librarian can play. School library media centers can contribute to improved student achievement by providing instructional materials aligned to the curriculum; by collaborating with teachers, administrators and parents; and by extending their hours of operation beyond the school day. The Committee encourages IMLS to establish a priority within the Laura Bush 21st Century Librarian Program to develop or enhance programs to promote collaboration between educators and librarians employed in educational institutions.

For Museum Services, the Committee recommends $17,325,000 for the Museums for America program, $992,000 for the 21st Museum Professionals program, and $446,000 for Museum Assessment programs. The Committee recommends $2,800,000 for Conservation Project Support; $815,000 for the Conservation Assessment Program; $8,000,000 for National Leadership Grants for Museums, and $845,000 for Native American and Native Hawaiian Museum Services. The Committee has included $1,000,000 and in first time funding for Museum Grants for African American History and Culture.

The Committee recommends $11,917,000 for program administration, the same as the budget request.

MEDICARE PAYMENT ADVISORY COMMISSION

The Committee recommends $10,168,000 for the Medicare Payment Advisory Commission, an increase of $269,000 above the comparable fiscal year 2005 appropriation and the budget request. The Commission advises Congress on matters of physician and hospital reimbursement under the Medicare and Medicaid programs.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

The Committee recommends $993,000 for the National Commission on Libraries and Information Science. This is the same as the fiscal year 2005 level and the budget request.

NATIONAL COUNCIL ON DISABILITY

The bill provides $2,800,000 for the National Council on Disability (NCD), a decrease of $544,000 below the comparable fiscal

year 2005 appropriation and the same as the budget request. The Council monitors implementation of the Americans with Disabilities Act and makes recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on public policy issues of concern to individuals with disabilities.

NATIONAL LABOR RELATIONS BOARD

The bill provides $252,268,000 for the National Labor Relations Board (NLRB). This is $2,408,000 above the fiscal year 2005 level and the same as the budget request. The NLRB receives, investigates, and prosecutes unfair labor practice charges filed by businesses, labor unions, and individuals. It also schedules and conducts representation elections. The five-member Board considers cases in which an administrative law judge decisions are appealed.

The Committee remains concerned about the involuntary expansion of the mandatory jurisdiction of the National Labor Relations Board (NLRB) and its ever increasing burden on small businesses. The Committee asks the administration to investigate the heavy caseload taken on by the NLRB and how the backlog might be reduced through an adjustment of the jurisdictional thresholds set in 1959. The Committee urges NLRB to examine the scope of its original jurisdiction, and report to the Committee by March 1, 2006 on how its jurisdiction has increased since 1959 due to the absence of adjustments on the mandatory jurisdiction thresholds to account for inflation. Additionally, the Committee urges NLRB to report on the number of cases brought before NLRB annually, delineated by incremental thresholds of gross receipts and/or purchases, and bargaining unit size, with special attention paid to cases involving small businesses. Inasmuch as current NLRB reporting requirements may not capture this information in such detail, the Committee urges the NLRB to revise all necessary forms and regulations to capture such data on an individual basis (or, at a minimum, in an appropriate "banded" aggregate).

NATIONAL MEDIATION BOARD

The bill provides $11,628,000 for the National Mediation Board (NMB), the same as the comparable fiscal year 2005 appropriation and the budget request. The NMB mediates labor disputes between employees and railroad and airline carriers subject to the Railway Labor Act. The Board also resolves representation disputes involving labor organizations seeking to represent railroad or airline employees.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $10,510,000 for the Occupational Safety and Health Review Commission, the same as the fiscal year 2005 level and the budget request. The Commission adjudicates contested citations issues by the Occupational Safety and Health Administration against employers for violations of safety and health standards. The Commission's administrative law judges settle and decide cases at the initial level of review. The agency's three appointed Commissioners also review cases, issue rulings on complicated

issues, and may direct review of any decision by an administrative law judge.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS ACCOUNT

The bill provides $97,000,000 for dual benefits, a decrease of $10,136,000 below the comparable fiscal year 2005 appropriation and the same as the budget request. These funds are used to pay dual benefits to those retirees receiving both railroad retirement and social security benefits. The bill includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately $7,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNT

The bill provides $150,000 for the interest earned on unnegotiated checks, the same as the budget request and the comparable amount provided for fiscal year 2005.

LIMITATION ON ADMINISTRATION

The bill provides a consolidated limitation of $102,543,000 on the expenditure of railroad retirement and railroad unemployment trust funds for administrative expenses of the Railroad Retirement Board, the same as the comparable fiscal year 2005 appropriation and the budget request. The bill includes a provision from the fiscal year 1999 Appropriations Act prohibiting the transfer of resources formerly identified in a Memorandum of Understanding from the RRB to the Inspector General.

The Railroad Retirement Board (RRB) administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the RRB for administrative expenses. The Committee prohibits funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

The bill includes language (Sec. 516) limiting the availability of funds to the Railroad Retirement Board to enter into an arrangement with a nongovernmental financial institution to serve as disbursing agent for benefits payable under the Railroad Retirement Act of 1974.

The Committee is pleased with the management of the Board and reiterates its interest in quickly and comprehensively implementing the Government Performance and Results Act.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The bill provides authority to expend $7,196,000 from the railroad retirement and railroad unemployment insurance trust funds for the Office of Inspector General, the same as the comparable fiscal year 2005 appropriation and the budget request. This account provides funding for the Inspector General to conduct and super-

vise audits and investigations of programs and operations of the Board.

The Committee compliments the work of the Office of the Inspector General of the Railroad Retirement Board for their work in obtaining information on actual collections, offsets, and funds put to better use as required in House Report 105–635. This information is of great use to the Committee and the Committee understands the difficulty encountered by the OIG in obtaining it. The Committee expects that the Office of Inspector General will continue to report the information to it.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The bill provides $20,470,000 for mandatory payments necessary to compensate the Old Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Funds for special payments to certain uninsured persons (for which no payroll tax is received), costs incurred for administration of pension reform activities and interest lost on the value of benefit checks issued but not negotiated. This appropriation restores the trust funds to the position they would have been in had they not borne these costs properly charged to the general funds.

SUPPLEMENTAL SECURITY INCOME PROGRAM

The Committee provides $29,533,174,000 for the Supplemental Security Income (SSI) program. The Committee also provides $11,110,000,000 in advance funding for the first quarter of fiscal year 2007.

Beneficiary services

In addition to Federal benefits, the Social Security Administration (SSA) administers a program of supplementary State benefits for those States that choose to participate. The funds are also used to reimburse the trust funds for the administrative costs of the program. The bill provides $52,000,000 for beneficiary services, the same as the budget request, within the total appropriation for SSI. This funding reimburses State vocational rehabilitation services agencies for successful rehabilitation of SSI recipients.

Research and demonstration

Within the appropriation for SSI, the bill provides $27,000,000 for research and demonstration activities conducted under section 1110 of the Social Security Act.

Administration

Within the appropriation for SSI, the Committee provides $2,897,000,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. This is the same funding level as the budget request.

LIMITATION ON ADMINISTRATIVE EXPENSES

The Committee provides a limitation on administrative expenses for the Social Security Administration (SSA) of $9,159,700,000 to be funded from the Social Security and Medicare trust funds. This

is $554,799,000 more than the fiscal year 2005 comparable level and $108,700,000 less than the budget request.

Social Security Advisory Board

The Committee provides that not less than $2,000,000 within the limitation on administrative expenses shall be available for the Social Security Advisory Board, the same as both the fiscal year 2005 level the budget request.

User fees

In addition to other amounts provided in the bill, the Committee provides an additional limitation of $120,000,000 for administrative activities funded from user fees. This is $5,000,000 less than the fiscal year 2005 level and the same as the request.

OFFICE OF INSPECTOR GENERAL

(INCLUDING TRANSFER OF FUNDS)

The Committee provides $92,805,000 for the Office of the Inspector General (OIG), $2,427,000 more than the fiscal year 2005 comparable level and $195,000 less than the budget request. The bill also provides authority to expend $66,805,000 from the Social Security trust funds for activities conducted by the Inspector General, $1,969,000 more than the fiscal year 2005 comparable level and $195,000 less than the budget request.

TITLE V—GENERAL PROVISIONS

Sec. 501. The Committee continues a provision to allow the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision to prohibit the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision to prohibit appropriated funds to be used to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.

Sec. 504. The Committee continues a provision to limit the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision to prohibit funds to be used to carry out a needle distribution program.

Sec. 506. The Committee continues a provision to require grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 507. The Committee continues a provision to prohibit appropriated funds to be used for any abortion.

Sec. 508. The Committee continues a provision to provide exceptions for Sec. 507 and adds a limitation prohibiting funds from the

bill to be made available to a Federal, State or local government or program if they discriminate against institutional or individual health care entities if they do not provide, pay for, or refer for abortions.

Sec. 509. The Committee continues a provision to prohibit the use of funds in the Act concerning research involving human embryos. However, this language should not be construed to limit federal support for research involving human embryonic stem cells listed on an NIH registry and carried out in accordance with policy outlined by the President.

Sec. 510. The Committee continues a provision to prohibit the use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 511. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 512. The Committee continues a provision to prohibit the use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 513. The Committee continues a provision that prohibits the transfer of funds from this Act except by authority provided in this Act or another appropriation Act.

Sec. 514. The Committee includes a provision to limit funds in the bill for public libraries to those libraries that comply with the requirements of the Children's Internet Protection Act.

Sec. 515. The Committee includes a provision to limit technology funds in the bill for elementary and secondary schools to those schools that comply with the requirements of the Children's Internet Protection Act.

Sec. 516. The Committee includes language limiting the availability of funds to the Railroad Retirement Board to enter into an arrangement with a nongovernmental financial institution to serve as disbursing agent for benefits payable under the Railroad Retirement Act of 1974.

Sec. 517. The Committee maintains a provision clarifying the procedures for reprogramming of funds. The Committee notes that this provision is consistent with reprogramming language included in other bills within the Committee's jurisdiction.

Sec. 518. The Committee includes a provision extending the availability of funds appropriated under section 1015 of P.L. 108–173 for an additional year, allowing CMS and SSA more flexibility to implement the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

CONSTITUTIONAL AUTHORITY

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives states that:

Each report of a committee on a public bill or public joint resolution shall contain the following:

> (1) A statement citing the specific powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.

The Committee on Appropriations bases its authority to report this legislation on Clause 7 of Section 9 of Article I of the Constitution of the United States of America which states:

> No money shall be drawn from the Treasury but in consequence of Appropriations made by law * * *.

Appropriations contained in this Act are made pursuant to this specific power granted by the Constitution.

COMPARISON WITH BUDGET RESOLUTION

Clause 3(c)(2) of rule XIII of the Rules of the House of Representatives requires an explanation of compliance with section 308(a)(1)(A) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, which requires that the report accompanying a bill providing new budget authority contain a statement detailing how the authority compares with the report submitted under section 302 of the Act for the most recently agreed to concurrent resolution on the budget for the fiscal year. This information follows:

[In millions of dollars]

	302(b) allocation		This bill	
	Budget authority	Outlays	Budget authority	Outlays
Discretionary	142,514	143,702	142,514	143,802
Mandatory	402,591	404,083	402,591	404,083

In accordance with the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following information was provided to the Committee by the Congressional Budget Office:

FIVE-YEAR PROJECTIONS

In compliance with section 308(a)(1)(B) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following table contains five-year projections associated with the budget authority provided in the accompanying bill:

[In millions of dollars]

Outlays:	
2006	370,337
2007	58,474
2008	15,470
2009	3,789
2010 and beyond	542

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

In accordance with section 308(a)(1)(C) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the financial assistance to State and local governments is as follows:

[In millions of dollars]

New budget authority	220,961
Fiscal Year 2006 outlays resulting therefrom	159,308

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the transfers of funds provided in the accompanying bill.

The table shows, by Department and agency, the appropriations affected by such transfers.

APPROPRIATION TRANSFERS RECOMMENDED IN THE BILL

Account to which transfer is made	Amount	Account from which transfer is made	Amount
Department of Labor:	.....	Department of Labor	
Special Benfits	(1)	Postal Service	(1)
Various Agencies [1]		Energy Employee Occupational Illness Compensation Fund [1].	.....
Employment Standards Administration—Salaries and Expenses.	$33,050,000	Black Lung Disability Trust Fund	$33,050,000
Departmental Management—Salaries and Expenses.	24,239,000	Black Lung Disability Trust Fund	24,239,000
Office of Inspector General	344,000	Black Lung Disability Trust Fund	344,000
Department of Health and Human Services:		Department of Health and Human Services:	
National Institutes of Health:		National Institutes of Health	
Various Institutes and centers for AIDS.	up to 3%	Various institutes and centers for AIDS	up to 3%
Various institutes and centers for AIDS.	(2)	Office of AIDS Research	(2)
Various institutes and centers	up to 1%	Various institutes and centers	up to 1%
Related Agencies:			
National Service Trust	146,000,000	Corp. for National and Community Service	146,000,000
National Service Trust	(1)	Corp. for National and Community Service	(1)
Social Security Administration:.			
Office of Inspector General	66,805,000	Federal Old-Age and Survivors Insurance Trust Fund and Federal Disability Insurance Trust Fund.	66,805,000

[1] Such sums.
[2] Amount det'd to be AIDS.

RESCISSIONS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the rescissions recommended in the accompanying bill.

Account	Amount
Department of Labor, National Emergency Grants	−$20,000,000
Department of Labor, Training and Employment Service	−5,000,000
Department of Labor, Training and Employment Service	−125,000,000
Department of Labor, Workers Compensation Programs	−120,000,000
Department of HHS, Health Professions Student Loans	−15,912,000
Corporation of Public Broadcasting, Fiscal Year 2006 Advance	−100,000,000

CHANGES IN APPLICATION OF EXISTING LAW

Pursuant to clause 3, rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill which may directly or indirectly change the application of existing law.

In some instances the bill includes appropriations for certain ongoing programs which are not yet authorized for fiscal year 2006.

The bill provides that appropriations shall remain available for more than one year for some programs for which the basic author-

izing legislation does not presently authorize such extended availability.

In various places in the bill, the Committee has earmarked funds within appropriation accounts in order to fund specific sections of a law. Whether these actions constitute a change in the application of existing law is subject to individual interpretation, but the Committee felt that this fact should be mentioned.

In several instances, the bill provides advance appropriations for fiscal year 2007 or 2008 for programs for which such advances are not authorized by law.

TITLE I—DEPARTMENT OF LABOR

TRAINING AND EMPLOYMENT SERVICES

Language prohibiting the use of funds from any other appropriation to provide meal services at or for Job Corps centers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Language allowing the use of funds for amortization payments to States which had independent retirement plans in their State employment service agencies prior to 1980.

Language allowing the Labor Department to withhold from State allotments funds available for penalty mail under the Wagner-Peyser Act.

Language providing that funds in this Act for one-stop career centers and unemployment insurance national activities may be used for contracts, grants or agreements with non-State entities.

Language providing that funds in this Act may be used by the States for integrated Employment Service and Unemployment Insurance automation efforts.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Language authorizing the Secretary of Labor to accept and spend all sums of money ordered to be paid to the Secretary, in accordance with the terms of a Consent Judgment in U.S. District Court for the Northern Mariana Islands.

Language authorizing the Secretary of Labor to collect user fees for processing certain applications and issuing certain certificates and registrations under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act.

SPECIAL BENEFITS

Language providing funds may be used under the Federal Employees' Compensation Act in which the Secretary of Labor may reimburse an employer, who is not the employer at the time of injury, for portions of the salary of a reemployed, disabled beneficiary.

Language allowing the Secretary of Labor to transfer certain administrative funds from the Postal Service fund and certain other government corporations and agencies related to the administration of the Federal Employees' Compensation Act.

Language allowing the Secretary of Labor to require any person filing a claim for benefits under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act to provide such identifying information as the Secretary may require, including a Social Security number.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language establishing a maximum amount available for grants to States under the Occupational Safety and Health Act, which grants shall be no less than 50 percent of the costs of State programs required to be incurred under plans approved by the Secretary under section 18 of the Act.

Language authorizing the Occupational Safety and Health Administration to retain and spend up to $750,000 of training institute course tuition fees for training and education grants.

Language allowing the Secretary of Labor to collect and retain fees for services provided to Nationally Recognized Testing Laboratories.

Language prohibiting OSHA from obligating or expending any of these funds to enforce the annual fit test requirement of the General Industry Respiratory Protection Standard with respect to exposure to tuberculosis.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language allowing the Mine Safety and Health Administration to collect up to $750,000 at the National Mine Health and Safety Academy for room, board, tuition, and the sale of training materials, otherwise authorized by law to be collected, to be available for mine safety and health education and training activities, notwithstanding 31 U.S.C. 3302.

Language allowing the Mine Safety and Health Administration to accept land, buildings, equipment, and other contributions from public and private sources; to prosecute projects in cooperation with other agencies, Federal, State, or private; and to promote health and safety education and training in the mining community through cooperative programs with States, industry, and safety associations.

Language allowing the Secretary of Labor to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of major disasters.

GENERAL PROVISIONS

Language is included deeming certain payments for workers compensation to be consistent with P.L. 107–17.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Language providing that $39,180,000 from general revenues, notwithstanding section 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program under section 1820 of such Act.

Language providing that in addition to fees authorized by section 427(b) of the Health Care Quality Improvement Act of 1986, fees shall be collected for the full disclosure of information under the Act sufficient to recover the full costs of operating the National Practitioner Data Bank, and shall remain available until expended to carry out that Act.

Language providing that fees collected under the Health Care Fraud and Abuse Data Collection Program shall be sufficient to recover the full costs of operating the program, and shall remain available until expended to carry out that Act.

Language providing that $26,000,000 of the funding provided for community health centers is to be allocated to high-poverty counties, notwithstanding current law.

Language providing that all pregnancy counseling under the family planning program shall be nondirective.

Language making $25,000,000 available under section 241 of the Public Health Service Act to fund special programs for the care and treatment of individuals with HIV disease.

Language identifying a specific amount for maternal and child health SPRANS activities, notwithstanding current law.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Language permitting the Centers for Disease Control and Prevention to purchase and insure official motor vehicles in foreign countries.

Language providing the Centers for Disease Control and Prevention to purchase, hire, maintain and operate aircraft.

Language providing that $30,000,000 is available until expended for equipment and construction and renovation of facilities.

Language providing that $123,883,000 is available until September 30, 2006 for International HIV/AIDS.

Language providing that collections from user fees may be credited to the Centers for Disease Control and Prevention appropriation.

Language making specific amounts under section 241 of the Public Health Service Act available to carry out: National Immunization Surveys; National Center for health Statistics surveys; information systems standards development and architecture and applications-based research used at local public health levels; Public Health Research; and the National Occupational Research Agenda.

Language allowing the Director of the Centers for Disease Control and Prevention to redirect certain funds appropriated under Public Law 101–502.

Language providing that not to exceed $12,500,000 may be made available for grants under section 1509 of the Public Health Service Act to not more than 15 States, tribes, or tribal organizations.

Language permitting the Centers for Disease Control and Prevention to proceed with property acquisition, including a long-term ground lease for construction on non-federal land, for construction of a replacement laboratory in the Ft. Collins, Colorado area.

Language permitting the Centers for Disease Control and Prevention to exempt from any personnel ceiling applicable to the Agency both civilian and Commissioned Officers detailed to the States, municipalities, or other organizations under authority of section 214 of the Public Health Service Act for purposes related to homeland security during the period of detail or assignment.

NATIONAL INSTITUTES OF HEALTH

NATIONAL LIBRARY OF MEDICINE

Language providing that the National Library of Medicine may enter into certain personal services contracts.

Language making $8,200,000 available under section 241 of the Public Health Service Act to carry out National Information Center on Health Services Research and Health Care Technology and related health services.

OFFICE OF THE DIRECTOR

Language providing that the National Institutes of Health is authorized to collect third party payments for the cost of the clinical services that are incurred in NIH research facilities and that such payments shall be credited to the NIH Management Fund and shall remain available for one fiscal year after they are deposited.

Language providing the Director of NIH authority to transfer funds between appropriation accounts in this or any other Act.

Language providing that a uniform percentage of the amounts appropriated to the Institutes and Centers may be transferred and utilized for the NIH Roadmap for Medical Research.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

Language making specific amounts available under section 241 of the Public Health Service Act to fund technical assistance, National data, data collection and evaluation activities; $16,000,000 to carry out national surveys on drug abuse; and, $4,300,000 to evaluate substance abuse treatment programs.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Language is included to permit the Agency for Healthcare Research and Quality to retain and expend amounts received from Freedom of Information Act fees, reimbursable and interagency agreements and the sale of data tapes.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

A provision that in the administration of title XIX of the Social Security Act, payments to a state for any quarter may be made with respect to a State plan or plan amendment in effect during any such quarter, if submitted in, or prior to, such quarter and approved in that or any such subsequent quarter.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

Language providing indefinite authority for paying benefits if the annual appropriation is insufficient.

PROGRAM MANAGEMENT

A provision that all funds collected in accordance with section 353 of the Public Health Service Act, together with such sums as may be collected from authorized user fees, administrative fees collected relative to Medicare overpayment recovery activities, and the sale of data, shall be available for expenditure by the Center for Medicare and Medicaid Services.

Language allowing fees charged in accordance with 31 U.S.C. 9701 to be credited to the Centers for Medicare and Medicaid Services administrative account.

Language providing that funds under this heading are available for the Healthy Start, Grow Smart program.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Language providing that the sum of the amounts available to a State with respect to expenditures under title IV–A of the Social Security Act in fiscal year 1997 under this appropriation and under such title IV–A as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 shall not exceed the limitations under section 116(b) of such Act.

SOCIAL SERVICES BLOCK GRANT

Language providing that States may transfer up to 10 percent of Temporary Assistance for Needy Family funds to the Social Services Block Grant.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Language making $6,000,000 available under section 241 of the Public Health Service Act to carry out provisions of section 1110 of the Social Security Act.

Language providing that unexpended Community Services Block Grant funds may be carried over to the next fiscal year by local grantees.

Language making $4,500,000 available under section 241 of the Public Health Service Act to carry out evaluations of adolescent pregnancy prevention approaches.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Language making $39,552,000 available under section 241 of the Public Health Service Act to carry out national health or human services research and evaluation activities.

Language providing $13,120,000 for prevention service demonstration grants under the Adolescent Family Life program, notwithstanding current law.

HEALTH INFORMATION TECHNOLOGY INITIATIVE

Language making $16,900,000 available under section 241 of the Public Health Service Act to carry out health information technology network development activities.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Language providing for the transfer of $8,589,000 from amounts appropriated to the Centers for Disease Control and Prevention for activities authorized by Section 319F–2(a) of the Public Health Service Act.

TITLE III—DEPARTMENT OF EDUCATION

IMPACT AID

Language ensuring that schools serving the children of military personnel continue to receive Impact Aid funds when the military parents who live on-base are deployed and the child continues to attend the same school and in cases in which an on-base military parent is killed while on active duty and the child continues to attend the same school.

SCHOOL IMPROVEMENT PROGRAMS

Language allowing the Republic of the Marshall Islands and the Federated States of Micronesia to reserve up to five percent of their supplemental education grants for technical assistance, administration and oversight purposes.

VOCATIONAL AND ADULT EDUCATION

Language stating that a portion of the amount provided for Adult Education State Grants shall be for integrated English literacy and civics education services to immigrants and other limited English proficient populations, and specifying the distribution of such funds.

STUDENT FINANCIAL ASSISTANCE

Language providing that the maximum Pell grant a student may receive in the 2005–2006 academic year shall be $4,100.

HIGHER EDUCATION

Language providing that funds are available to fund fellowships for academic year 2006–2007 under part A, subpart 1 of title VII of the Higher Education Act of 1965, under the terms and conditions of part A, subpart 1.

Language providing that notwithstanding any other provision of law, funds made available to carry out title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 may be used to support visits and study in foreign countries by individuals who are participating in advanced foreign language training and international studies in areas that are vital to United States national security and who plan to apply their language skills and knowledge of these countries in the fields of government, the professions, or international development.

HOWARD UNIVERSITY

Language providing that Howard University shall use not less than $3,524,000 for the endowment program pursuant to the Howard University Endowment Act.

TITLE IV—RELATED AGENCIES

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS, OPERATING EXPENSES

Language prohibiting certain funds from being used for stipends or other monetary incentives for volunteers or volunteer leaders whose incomes exceed 125 percent of the national poverty level.

NATIONAL AND COMMUNITY SERVICE PROGRAMS, OPERATING EXPENSES

Language allowing certain funds to be used for education award-only grants.

Language allowing certain additional funds to be transferred to the National Service Trust, upon a determination that it is necessary to support the activities of national service participants and after notice is transmitted to the Congress.

Language prohibiting certain funds from being used to support salaries and related expenses (including travel) attributable to employees of the Corporation for National and Community Service.

Language requiring certain funds to be provided in an manner that is consistent with the recommendations of peer review panels in order to ensure that priority is given to programs that demonstrate quality, innovation, replicability, and sustainability.

Language allowing certain funds to support an endowment fund, and permitting certain investments of the endowment fund.

Language prohibiting funds for national service programs run by certain other Federal agencies.

Language requiring the Corporation for National and Community Service to increase significantly the level of matching funds and in-kind contributions provided by the private sector, and to reduce the total Federal costs per participant in all programs.

Language allowing certain funds to be made available to provide assistant to State commissions on national and community service.

Language allowing certain funds to be used for grant application reviews.

ADMINISTRATION PROVISIONS

Language allowing certain loans to be considered qualified student loans.

Language allowing certain grantees to be eligible for grants targeted to individuals with disabilities.

Language requiring the Inspector General of the Corporation for National and Community Service to conduct random audits of the grantees that administer activities under the AmeriCorps programs, to levy sanctions for violations, and to obtain reimbursements of misused funds from grantees committing substantial violations.

Language requiring the Corporation for National and Community Service to make significant changes to program requirements or policies only through public notice and comment rulemaking.

Language prohibiting personnel of the Corporation for National and Community Service from making unauthorized disclosures of covered grant selection information.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

The bill includes language specifying that notwithstanding 31 U.S.C. 3302, fees charged by the Federal Mediation and Conciliation Service, up to full-cost recovery, for special training activities and for arbitration services shall be credited to and merged with its administrative account, and shall remain available until expended; that fees for arbitration services shall be available only for education, training, and professional development of the agency workforce; and that the Director of the Service is authorized to accept on behalf of the United States gifts of services and real, personal, or other property in the aid of any projects or functions within the Director's jurisdiction.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The bill includes a provision requiring that appropriations to the NLRB shall not be available to organize or assist in organizing agricultural laborers or used in connection with investigations, hearings, directives, or orders concerning bargaining units composed of agricultural laborers as referred to in 2(3) of the Act of July 5, 1935 (29 U.S.C. 152), and as amended by the Labor-Management Relations Act, 1947, as amended, and as defined in 3(f) of the Act of June 25, 1938 (29 U.S.C. 203), and including in said definition employees engaged in the maintenance and operation of ditches, canals, reservoirs, and waterways, when maintained or operated on a mutual non-profit basis and at least 95 per centum of the water stored or supplied thereby is used for farming purposes.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

The bill includes language providing that the total amount provided for railroad retirement dual benefits shall be credited to the

Dual Benefits Payments Account in 12 approximately equal amounts on the first day of each month in the fiscal year.

LIMITATION ON ADMINISTRATION

The bill includes language providing that the Railroad Retirement Board shall determine the allocation of its administrative budget between the railroad retirement accounts and the railroad unemployment insurance administration fund.

SOCIAL SECURITY ADMINISTRATION

LIMITATION ON ADMINISTRATIVE EXPENSES

Language providing that unobligated balances at the end of fiscal year 2006 shall remain available until expended for the agency's information technology and telecommunications hardware and software infrastructure, including related equipment and non-payroll administrative expenses associated solely with this information technology and telecommunications infrastructure; language authorizing the use of up to $15,000 for official reception and representation expenses; and language providing that reimbursement to the trust funds under this heading for expenditures for official time for employees of the Social Security Administration pursuant to section 7131 of title 5, United States Code, and for facilities or support services for labor organizations pursuant to policies, regulations, or procedures referred to in 7135(b) of such title shall be made by the Secretary of the Treasury, with interest, from amounts in the general fund not otherwise appropriated, as soon as possible after such expenditures are made.

Language providing that funds may be derived from administration fees collected pursuant to 1616(d) of the Social Security Act or 212(b)(3) of Public Law 93–66 and that, to the extent that the amounts collected pursuant to such sections in fiscal year 2006 exceed $119,000,000, the amounts shall be available in fiscal year 2007 only to the extent provided in advance in appropriations Acts.

Language providing that funds may be derived from fees collected pursuant to section 303(c) of the Social Security Protection Act of Public Law 108–203 and shall remain available until expended.

Language providing that unobligated funds previously appropriated for Federal-State partnerships shall be transferred to the Supplemental Security Income Program and remain available until expended.

OFFICE OF INSPECTOR GENERAL

Language permitting the transfer of a certain amount of funds into this account from the SSA administrative account provided that the Appropriations Committees are promptly notified.

GENERAL PROVISIONS

Sections 102, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 301, 302, 303, 304, 501, 504, 505, 507, 508, 509, 510, 511, 512, 513, 514, 516, 517, 518 and 519 of the bill are general provisions, most of which have been carried in previous appropriations acts, which place limitations on the

use of funds in the bill or authorize or require certain activities, and which might, under some circumstances, be construed as changing the application of existing law.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 2006 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. 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, 2006, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding:

The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3 of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law:

Agency/Program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
DEPARTMENT OF LABOR				
Employment and Training Administration—Training and Employment Services.	2003	Such Sums	$5,217,070,000	$5,121,792
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
HRSA:				
Health Professions, except certain nursing programs.	2002	Such Sums	$295,111,000	$47,128,000
Healthy Start	1995	Such Sums	$102,543,000	$97,747,000
Newborn Hearing Screening	2002	Such Sums	$9,995,000	$10,000,000
Organ Transplantation	1993	Such Sums	$24,990,000	$23,282,000
Bone Marrow Donor Registry	2003	Such Sums	$21,891,000	$25,416,000
Rural and Community Access to Emergency Devices.	2003	25,000,000	$12,500,000	$1,960,000
State Offices of Rural Health	2002	Such Sums	$7,996,000	$8,223,000
Family Planning	1985	158,400,000	$142,500,000	$285,963,000
CDC:				
Birth Defects	2002	Such Sums	$98,040,000	$127,179,000
Cancer Registries	2003	Such Sums	$45,649,000	$48,584,000
Prostate Cancer	2004	Such Sums	$15,452,000	$14,071,000

Agency/Program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
Breast and Cervical Cancer Prevention.	2003	Such Sums	$199,371,000	$204,425,000
Wisewoman	2003	Such Sums	$12,500,000	$12,500,000
Prevention Centers	2003	Such Sums	$26,830,000	$29,700,000
Health Statistics	2003	Such Sums	$125,899,000	$109,021,000
Infectious Disease Control	2005	Such Sums	$225,589,000	$229,471,000
Diabetes	2005	Such Sums	$63,457,000	$64,960,000
Safe Motherhood/Infant Health Promotion.	2005	Such Sums	$44,738,000	$44,740,000
Childhood Obesity	2005	Such Sums	$41,930,000	$41,930,000
Oral Health Promotion	2005	Such Sums	$11,204,000	$12,000,000
Preventive Health Services Block Grant.	1998	Such Sums	$149,092,000	$100,000,000
HIV/AIDS Prevention	2005	Such Sums	$662,267,000	$657,694,000
Sexually Transmitted Diseases Grants.	1998	Such Sums	$112,117,000	$159,633,000
Tuberculosis Grants	2002	Such Sums	$132,689,000	$138,811,000
Asthma Prevention	2005	Such Sums	$32,422,000	$32,422,000
Lead Poisoning Prevention	2005	Such Sums	$36,474,000	$36,474,000
Injury Prevention and Control	2005	Such Sums	$138,237,000	$138,237,000
Loan Repayment	2002	Such Sums	$500,000	$500,000
NIH:				
National Institutes of Health—Research Training.	1996	Such Sums	$416,992,000	$0
National Cancer Institute	1996	Such Sums	$2,248,000,000	$4,841,774,000
National Heart, Lung, and Blood Institute.	1996	Such Sums	$1,354,945,000	$2,951,270,000
National Institute on Aging	1996	Such Sums	$453,541,000	$1,057,203,000
National Institute on Alcohol Abuse and Alcoholism.	1994	Such Sums	$185,538,000	$440,333,000
National Institute on Drug Abuse.	1994	Such Sums	$424,315,000	$1,010,130,000
National Institute of Mental Health.	1994	Such Sums	$613,352,000	$1,417,692,000
National Institute of Biomedical Imaging and Bioengineering.	2003	Such Sums	$280,100,000	$299,808,000
National Library of Medicine	1996	Such Sums	$140,936,000	$318,091,000
SAMSHA:				
Substitute Abuse and Mental Health Services Administration programs.	FY 2003	Such Sums	$3,158,068,000	$3,230,744,000
ACF:				
Low Income Home Energy Assistance.	FY 2004	2,605,300,000	$1,888,790,000	$1,984,799,000
Office of Refugee Resettlement, except: Unaccompanied Alien Children, Trafficking Victims and Torture Victims.	FY 2002	Such Sums	$439,894,000	$478,006,000
Trafficking Victims	FY 2005	15,000,000	up to $9,915,000	up to $9,915,000
Torture Victims	FY 2005	20,000,000	$9,915,000	$9,915,000
Child Care Development Block Grant.	FY 2002	1,000,000,000	$2,099,994,000	$2,082,910,000
Head Start	FY 2003	Such Sums	$6,815,570,000	$6,899,000,000
Voting Access for individuals with Disabilities.	FY 2005	35,000,000	$14,879,000	$14,879,000
Native American programs	FY 2002	Such Sums	$45,946,000	$44,780,000
Community Services Block Grant programs.	FY 2003	Such Sums	$739,315,000	$389,672,000
AOA:				
Aging Services Programs	FY 2005	Such Sums	$1,393,342,000	$1,376,217,000

Agency/Program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
OFFICE OF THE SECRETARY				
Adolescent Family Life (Title XX).	1985	30,000,000	$14,716,000	$30,742,000
DEPARTMENT OF EDUCATION				
Education for the Disadvantaged—Migrant Education.	FY 2003	Such Sums	$34,750,000	$34,269,000
Innovation and Improvement—Credit Enhancement for Charter School Facilities.	FY 2003	Such Sums	$24,838,000	$36,981,000
Special Education:				
Grants to States Part B	FY 2002	Such Sums	$7,528,533,000	$10,739,746,000
Preschool Grants	FY 2002	Such Sums	$390,000,000	$384,597,000
Grants for Infants and Families.	FY 2002	Such Sums	$417,000,000	$440,808,000
IDEA National Activities	FY 2002	Such Sums	$337,271,000	$248,632,000
Rehabilitation Services and Disability Research.	FY 2003	Such Sums	$3,013,305,000	$3,128,638,000
Special Institutions for Persons with Disabilities:				
National Technical Institute for the Deaf.	FY 2003	Such Sums	$53,800,000	$56,137,000
Gallaudet University	FY 2003	Such Sums	$100,800,000	$107,657,000
Vocational and Adult Education.	FY 2003	Such Sums	$2,121,690,000	$1,991,782,000
Student Financial Assistance	FY 2004	Such Sums	$14,007,296,000	$15,281,752,000
Student Aid Administration	FY 2004	Such Sums	$116,727,000	$124,084,000
Higher Education:				
Aid for Institutional Development.	FY 2004	Such Sums	$485,065,000	$505,519,000
International Education and Foreign Language.	FY 2004	Such Sums	$103,680,000	$106,819,000
Domestic Program	FY 2004	Such Sums	$89,211,000	$92,466,000
Institute for International Public Policy.	FY 2004	Such Sums	$1,629,000	$1,616,000
Fund for Improvement of Post Secondary Education.	FY 2004	Such Sums	$157,700,000	$59,211,000
Minority Science and Engineering Improvement.	FY 2004	Such Sums	$8,889,000	$8,818,000
Tribally Controlled Post-Secondary Vocational and Technical Institutions.	FY 2004	$4,000,000	$7,185,000	$7,440,000
Federal TRIO Programs	FY 2004	Such Sums	$832,559,000	$836,543,000
GEAR UP	FY 2004	Such Sums	$298,230,000	$306,488,000
Javitts Fellowships	FY 2004	Such Sums	$9,876,000	$9,797,000
Graduate Assistance in Areas of National Need.	FY 2004	Such Sums	$30,616,000	$30,371,000
Teacher Quality Enhancement Grants.	FY 2004	Such Sums	$88,887,000	$58,000,000
Child Care Access Means Parents in School.	FY 2004	Such Sums	$16,098,000	$15,970,000
GPRA Data/HEA program evaluation.	FY 2004	Such Sums	$988,000	$980,000
B.J. Stupak Olympic Scholarships.	FY 2004	Such Sums	$988,000	$980,000
Howard University—Endowment Program.	FY 1985	$2,000,000	$2,000,000	$3,524,000
Institute of Education Sciences—Research and Innovation in Special Education.	FY 2002	Such Sums	$78,380,000	$72,566,000

Agency/Program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
RELATED AGENCIES				
Corporation for National and Community Service.	FY 1996	Such Sums	$600,385,000	$918,949,000
Corporation for Public Broadcasting, Interconnection.	FY 1993	$200,000,000	$65,327,000	$52,000,000
Corporation for Public Broadcasting, Digitalization.	FY 2001	$20,000	$20,000,000	$30,000,000
National Council on Disability.	FY 2003	Such Sums	$2,858,000	$2,800,000

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

SECTION 1015 OF THE MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003

(Public Law 108–173)

SEC. 1015. FUNDING START-UP ADMINISTRATIVE COSTS FOR MEDICARE REFORM.

(a) * * *

(b) AVAILABILITY.—Amounts provided under subsection (a) shall remain available until September 30, [2005] *2006*.

* * * * * * *

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 1

Date: June 16, 2005
Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2006
Motion by: Dr. Weldon
Description of Motion: To make a permanent change in law to prohibit any entity performing, or supporting, research involving human cloning from receiving any funding from the National Institutes of Health.
Results: Rejected 29 yeas to 36 nays.

Members Voting Yea

Mr. Aderholt
Mr. Alexander
Mr. Berry
Mr. Bonilla
Mr. Carter
Mr. Cramer
Mr. Crenshaw
Mr. Culberson
Mr. Cunningham
Mr. Doolittle
Mrs. Emerson
Mr. Goode
Mr. Istook
Mr. Kingston
Mr. LaHood
Mr. Latham
Mr. Mollohan
Mrs. Northup
Mr. Peterson
Mr. Rehberg
Mr. Rogers
Mr. Sherwood
Mr. Simpson
Mr. Taylor
Mr. Tiahrt
Mr. Wamp
Dr. Weldon
Mr. Wicker
Mr. Wolf

Members Voting Nay

Mr. Bishop
Mr. Boyd
Mr. Clyburn
Ms. DeLauro
Mr. Dicks
Mr. Edwards
Mr. Farr
Mr. Fattah
Mr. Frelinghuysen
Ms. Granger
Mr. Hinchey
Mr. Hobson
Mr. Hoyer
Mr. Jackson
Ms. Kaptur
Mr. Kennedy
Mr. Kilpatrick
Mr. Kirk
Mr. Knollenberg
Mr. Kolbe
Mr. Lewis
Mrs. Lowey
Mr. Moran
Mr. Murtha
Mr. Obey
Mr. Olver
Mr. Pastor
Mr. Price
Mr. Regula
Mr. Rothman
Ms. Roybal-Allard
Mr. Sabo
Mr. Serrano
Mr. Sweeney
Mr. Visclosky
Mr. Walsh

ROLL CALL NO. 2

Date: June 16, 2005
Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2006
Motion by: Mr. Obey
Description of Motion: To increase various Labor, Health and Human Services, and Education programs above amounts recommended in the underlying bill; increases are offset by a reduction to tax cuts for individuals in certain income groups.
Results: Rejected 29 yeas to 35 nays.

Members Voting Yea

Mr. Berry
Mr. Bishop
Mr. Boyd
Mr. Clyburn
Mr. Cramer
Ms. DeLauro
Mr. Dicks
Mr. Edwards
Mr. Farr
Mr. Fattah
Mr. Hinchey
Mr. Hoyer
Mr. Jackson
Ms. Kaptur
Mr. Kennedy
Ms. Kilpatrick
Mrs. Lowey
Mr. Mollohan
Mr. Moran
Mr. Murtha
Mr. Obey
Mr. Olver
Mr. Pastor
Mr. Price
Mr. Rothman
Ms. Roybal-Allard
Mr. Sabo
Mr. Serrano
Mr. Visclosky

Members Voting Nay

Mr. Aderholt
Mr. Alexander
Mr. Bonilla
Mr. Carter
Mr. Crenshaw
Mr. Culberson
Mr. Doolittle
Mrs. Emerson
Mr. Frelinghuysen
Mr. Goode
Ms. Granger
Mr. Hobson
Mr. Istook
Mr. Kingston
Mr. Kirk
Mr. Knollenberg
Mr. Kolbe
Mr. LaHood
Mr. Latham
Mr. Lewis
Mrs. Northup
Mr. Peterson
Mr. Regula
Mr. Rehberg
Mr. Rogers
Mr. Sherwood
Mr. Simpson
Mr. Sweeney
Mr. Taylor
Mr. Tiahrt
Mr. Walsh
Mr. Wamp
Dr. Weldon
Mr. Wicker
Mr. Wolf

ROLL CALL NO. 3

Date: June 16, 2005
Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2006
Motion by: Mr. Walsh
Description of Motion: To strike language in the bill rescinding $120,000,000 under the heading, "Workers Compensation Programs", and to expand the purposes for which unexpended funds provided under the same heading in chapter 8 of division B of the Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Attacks on the United States Act, 2002 (P.L. 107-117) may be used.
Results: Rejected 28 yeas to 35 nays.

Members Voting Yea

Mr. Berry
Mr. Bishop
Mr. Boyd
Mr. Clyburn
Mr. Cramer
Ms. DeLauro
Mr. Dicks
Mr. Edwards
Mr. Farr
Mr. Fattah
Mr. Frelinghuysen
Mr. Hinchey
Mr. Hoyer
Ms. Kaptur
Mr. Kennedy
Mrs. Lowey
Mr. Mollohan
Mr. Moran
Mr. Obey
Mr. Olver
Mr. Price
Mr. Rothman
Ms. Roybal-Allard
Mr. Sabo
Mr. Serrano
Mr. Sweeney
Mr. Visclosky
Mr. Walsh

Members Voting Nay

Mr. Aderholt
Mr. Alexander
Mr. Bonilla
Mr. Carter
Mr. Crenshaw
Mr. Culberson
Mr. Cunningham
Mr. Doolittle
Mrs. Emerson
Mr. Goode
Ms. Granger
Mr. Hobson
Mr. Istook
Ms. Kilpatrick
Mr. Kingston
Mr. Kirk
Mr. Knollenberg
Mr. Kolbe
Mr. LaHood
Mr. Latham
Mr. Lewis
Mrs. Northup
Mr. Peterson
Mr. Regula
Mr. Rehberg
Mr. Rogers
Mr. Sherwood
Mr. Simpson
Mr. Taylor
Mr. Tiahrt
Mr. Wamp
Dr. Weldon
Mr. Wicker
Mr. Wolf
Mr. Young

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
TITLE I - DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training, current year	184,618	153,736	153,736	-30,882	---
Advance from prior year	(706,304)	(712,000)	(712,000)	(+5,696)	---
FY 2007	712,000	712,000	712,000	---	---
Adult Training	896,618	865,736	865,736	-30,882	---
Youth Training	986,288	950,000	950,000	-36,288	---
Dislocated Worker Assistance, current year	345,264	226,867	345,264	---	+118,397
Advance from prior year	(841,216)	(848,000)	(848,000)	(+6,784)	---
FY 2007	848,000	848,000	848,000	---	---
Dislocated Worker Assistance	1,193,264	1,074,867	1,193,264	---	+118,397

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Federally Administered Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	70,800	56,717	---	-70,800	-56,717
Advance from prior year	(210,304)	(212,000)	(212,000)	(+1,696)	---
FY 2007	212,000	212,000	212,000	---	---
Dislocated Worker Assistance Nat'l Reserve	282,800	268,717	212,000	-70,800	-56,717
Less funding reserved for Community College Initiative (NA)	(-125,000)	---	---	(+125,000)	---
Dislocated Worker Assistance Nat'l Reserve	157,800	268,717	212,000	+54,200	-56,717
Total, Dislocated Worker Assistance	1,476,064	1,343,584	1,405,264	-70,800	+61,680
Native Americans	54,238	54,238	54,238	---	---
Migrant and Seasonal Farmworkers	75,759	---	75,759	---	+75,759
Job Corps:					
Operations	844,670	851,019	851,019	+6,349	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Advance from prior year	(586,272)	(591,000)	(591,000)	(+4,728)	---
FY 2007	591,000	591,000	591,000	---	---
Construction and Renovation	16,190	---	---	-16,190	---
Advance from prior year	(99,200)	(100,000)	(100,000)	(+800)	---
FY 2007	100,000	75,000	100,000	---	+25,000
Subtotal, Job Corps	1,551,860	1,517,019	1,542,019	-9,841	+25,000
National Activities:					
Pilots, Demonstrations and Research	85,167	30,000	74,000	-11,167	+44,000
Responsible Reintegration of Youthful Offender	49,600	---	---	-49,600	---
Evaluation	7,936	7,936	7,936	---	---
Prisoner Re-entry	19,840	35,000	19,840	---	-15,160
Community College initiative	124,000	250,000	125,000	+1,000	-125,000
Community College initiative (NA) 1/	(125,000)	---	---	(-125,000)	---
Subtotal, CC initiative, program level	249,000	250,000	125,000	-124,000	-125,000
Denali Commission	6,944	---	---	-6,944	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Other	3,458	2,000	2,000	-1,458	---
Subtotal, National activities	296,945	324,936	228,776	-68,169	-96,160
Subtotal, Federal activities	2,261,602	2,164,910	2,112,792	-148,810	-52,118
Current Year	1,358,602	1,286,910	1,209,792	-148,810	-77,118
FY 2007	903,000	878,000	903,000	---	+25,000
Total, Training and Employment Services	5,337,772	5,055,513	5,121,792	-215,980	+66,279
Current Year	(2,874,772)	(2,617,513)	(2,658,792)	(-215,980)	(+41,279)
FY 2007	(2,463,000)	(2,438,000)	(2,463,000)	---	(+25,000)
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS	436,678	436,678	436,678	---	---
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES	1,057,300	966,400	966,400	-90,900	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation:					
State Operations	2,663,040	2,622,499	2,622,499	-40,541	---
National Activities	10,416	10,416	10,416	---	---
Subtotal, Unemployment Compensation	2,673,456	2,632,915	2,632,915	-40,541	---
Employment Service:					
Allotments to States:					
Federal Funds	23,114	23,300	23,300	+186	---
Trust Funds	757,478	672,700	672,700	-84,778	---
Subtotal, allotments to States	780,592	696,000	696,000	-84,592	---
ES National Activities	64,976	33,766	33,766	-31,210	---
Subtotal, Employment Service	845,568	729,766	729,766	-115,802	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Federal Funds	23,114	23,300	23,300	+186	---
Trust Funds	822,454	706,466	706,466	-115,988	---
One-Stop Career Centers/Labor Market Information	97,974	87,974	87,974	-10,000	---
Work Incentives Grants	19,711	19,711	19,711	---	---
Total, State Unemployment & Employment Srvcs	3,636,709	3,470,366	3,470,366	-166,343	---
Federal Funds	140,799	130,985	130,985	-9,814	---
Trust Funds	3,495,910	3,339,381	3,339,381	-156,529	---
ADVANCES TO THE UI AND OTHER TRUST FUNDS 2/	517,000	465,000	465,000	-52,000	---
PROGRAM ADMINISTRATION					
Adult Employment and Training	38,874	44,631	44,631	+5,757	---
Trust Funds	6,901	7,925	7,925	+1,024	---
Youth Employment and Training	39,627	38,805	38,805	-822	---
Employment Security	6,045	6,039	6,039	-6	---
Trust Funds	48,235	77,952	77,952	+29,717	---
Apprenticeship Services	21,136	21,655	21,655	+519	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Executive Direction	6,845	6,993	6,993	+148	---
Trust Funds	2,065	2,111	2,111	+46	---
Welfare to Work	373	---	---	-373	---
Total, Program Administration	170,101	206,111	206,111	+36,010	---
Federal Funds	112,900	118,123	118,123	+5,223	---
Trust Funds	57,201	87,988	87,988	+30,787	---
Total, Employment and Training Administration	11,155,560	10,600,068	10,666,347	-489,213	+66,279
Federal Funds	7,602,449	7,172,699	7,238,978	-363,471	+66,279
Current Year	(5,139,449)	(4,734,699)	(4,775,978)	(-363,471)	(+41,279)
FY 2007	(2,463,000)	(2,438,000)	(2,463,000)	---	(+25,000)
Trust Funds	3,553,111	3,427,369	3,427,369	-125,742	---
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement and Participant Assistance	109,374	114,462	114,462	+5,088	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Policy and Compliance Assistance	17,357	17,458	17,458	+101	---
Executive Leadership, Program Oversight and Admin	4,482	5,080	5,080	+598	---
Total, EBSA	131,213	137,000	137,000	+5,787	---
PENSION BENEFIT GUARANTY CORPORATION					
Pension insurance activities	(12,211)	(42,122)	(42,122)	(+29,911)	---
Pension plan termination	(169,739)	(161,117)	(161,117)	(-8,622)	---
Operational support	(84,380)	(93,739)	(93,739)	(+9,359)	---
Total, PBGC (Program level)	(266,330)	(296,978)	(296,978)	(+30,648)	---
EMPLOYMENT STANDARDS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement of Wage and Hour Standards	164,493	167,359	167,359	+2,866	---
Office of Labor-Management Standards	41,681	48,799	48,799	+7,118	---
Federal Contractor EEO Standards Enforcement	80,059	82,106	82,106	+2,047	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Federal Programs for Workers' Compensation	97,339	100,129	100,129	+2,790	---
Trust Funds	2,023	2,048	2,048	+25	---
Program Direction and Support	15,252	15,891	15,891	+639	---
Total, ESA salaries and expenses	400,847	416,332	416,332	+15,485	---
Federal Funds	398,824	414,284	414,284	+15,460	---
Trust Funds	2,023	2,048	2,048	+25	---
SPECIAL BENEFITS					
Federal employees compensation benefits	230,000	234,000	234,000	+4,000	---
Longshore and harbor workers' benefits	3,000	3,000	3,000	---	---
Total, Special Benefits	233,000	237,000	237,000	+4,000	---
SPECIAL BENEFITS FOR DISABLED COAL MINERS					
Benefit payments	358,806	308,000	308,000	-50,806	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Administration	5,191	5,250	5,250	+59	---
Subtotal, FY 2006 program level	363,997	313,250	313,250	-50,747	---
Less funds advanced in prior year	-88,000	-81,000	-81,000	+7,000	---
Total, Current Year, FY 2006	275,997	232,250	232,250	-43,747	---
New advances, 1st quarter FY 2007	81,000	74,000	74,000	-7,000	---
Total, Special Benefits for Disabled Coal Miners	356,997	306,250	306,250	-50,747	---
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND, Part B Administrative Expenses	40,321	96,081	96,081	+55,760	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
BLACK LUNG DISABILITY TRUST FUND					
Benefit payments and interest on advances	1,004,951	1,010,011	1,010,011	+5,060	---
Employment Standards Adm. S&E	32,615	33,050	33,050	+435	---
Departmental Management S&E	23,705	24,239	24,239	+534	---
Departmental Management, Inspector General	342	344	344	+2	---
Subtotal, Black Lung Disability	1,061,613	1,067,644	1,067,644	+6,031	---
Treasury Administrative Costs	356	356	356	---	---
Total, Black Lung Disability Trust Fund	1,061,969	1,068,000	1,068,000	+6,031	---
Total, Employment Standards Administration	2,093,134	2,123,663	2,123,663	+30,529	---
Federal Funds	2,091,111	2,121,615	2,121,615	+30,504	---
Current year	(2,010,111)	(2,047,615)	(2,047,615)	(+37,504)	---
FY 2007	(81,000)	(74,000)	(74,000)	(-7,000)	---
Trust Funds	2,023	2,048	2,048	+25	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Safety and Health Standards	16,003	16,628	16,628	+625	---
Federal Enforcement	169,652	174,318	174,318	+4,666	---
State Programs	91,013	92,013	92,013	+1,000	---
Technical Support	20,742	21,652	21,652	+910	---
Compliance Assistance:					
Federal Assistance	70,859	73,278	73,278	+2,419	---
State Consultation Grants	53,362	53,896	53,896	+534	---
Training Grants	10,218	---	10,218	---	+10,218
Subtotal, Compliance Assistance	134,439	127,174	137,392	+2,953	+10,218
Safety and Health Statistics	22,203	24,498	24,498	+2,295	---
Executive Direction and Administration	10,106	10,698	10,698	+592	---
Total, OSHA	464,158	466,981	477,199	+13,041	+10,218

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	115,251	118,335	118,335	+3,084	---
Metal/Non-Metal Enforcement	66,752	68,750	68,750	+1,998	---
Standards Development	2,334	2,506	2,506	+172	---
Assessments	5,238	5,445	5,445	+207	---
Educational Policy and Development	31,255	32,021	32,021	+766	---
Technical Support	25,111	25,736	25,736	+625	---
Program evaluation and information resources (PEIR)	17,525	15,671	15,671	-1,854	---
Program Administration	15,670	12,026	12,026	-3,644	---
Total, Mine Safety and Health Administration	279,136	280,490	280,490	+1,354	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	162,714	167,047	167,047	+4,333	---
Labor Market Information (Trust Funds)	77,845	77,845	77,845	---	---
Prices and Cost of Living	169,370	174,779	174,779	+5,409	---
Compensation and Working Conditions	78,942	81,532	81,532	+2,590	---
Productivity and Technology	10,503	10,847	10,847	+344	---
Executive Direction and Staff Services	29,629	30,473	30,473	+844	---
Total, Bureau of Labor Statistics	529,003	542,523	542,523	+13,520	---
Federal Funds	451,158	464,678	464,678	+13,520	---
Trust Funds	77,845	77,845	77,845	---	---
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Ofce of Disability Employ. Policy, Salaries & expenses	47,164	27,934	27,934	-19,230	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	26,720	29,504	29,504	+2,784	---
Departmental IT Crosscut	29,760	29,760	29,760	---	---
Departmental Management Crosscut	4,960	1,700	1,700	-3,260	---
Legal Services	79,769	81,907	81,907	+2,138	---
Trust Funds	311	311	311	---	---
International Labor Affairs	93,248	12,419	12,419	-80,829	---
Administration and Management	32,414	33,197	33,197	+783	---
Frances Perkins building security enhancements	6,944	6,944	6,944	---	---
Adjudication	25,665	27,126	27,126	+1,461	---
Women's Bureau	9,478	9,764	9,764	+286	---
Civil Rights Activities	6,237	6,451	6,451	+214	---
Chief Financial Officer	5,182	5,340	5,340	+158	---
Total, Salaries and expenses	320,688	244,423	244,423	-76,265	---
Federal Funds	320,377	244,112	244,112	-76,265	---
Trust Funds	311	311	311	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
VETERANS EMPLOYMENT AND TRAINING					
State administration, Grants	161,097	162,415	162,415	+1,318	---
Federal Administration	30,438	30,435	30,435	-3	---
National Veterans Training Institute	1,984	1,984	1,984	---	---
Homeless Veterans Program	20,832	22,000	22,000	+1,168	---
Veterans Workforce Investment Programs	8,482	7,500	7,500	-982	---
Total, Veterans Employment and Training	222,833	224,334	224,334	+1,501	---
Federal Funds	29,314	29,500	29,500	+186	---
Trust Funds	193,519	194,834	194,834	+1,315	---
OFFICE OF THE INSPECTOR GENERAL					
Program Activities	63,478	65,211	65,211	+1,733	---
Trust Funds	5,517	5,608	5,608	+91	---
Total, Office of the Inspector General	68,995	70,819	70,819	+1,824	---
Federal funds	63,478	65,211	65,211	+1,733	---
Trust funds	5,517	5,608	5,608	+91	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Total, Departmental Management	612,516	539,576	539,576	-72,940	---
Federal Funds	413,169	338,823	338,823	-74,346	---
Trust Funds	199,347	200,753	200,753	+1,406	---
WORKING CAPITAL FUND					
Working capital fund	9,920	6,230	6,230	-3,690	---
Total, Title I, Department of Labor	15,321,804	14,724,465	14,800,962	-520,842	+76,497
Federal Funds	11,489,478	11,016,450	11,092,947	-396,531	+76,497
Current Year	(8,945,478)	(8,504,450)	(8,555,947)	(-389,531)	(+51,497)
FY 2007	(2,544,000)	(2,512,000)	(2,537,000)	(-7,000)	(+25,000)
Trust Funds	3,832,326	3,708,015	3,708,015	-124,311	---

Title I Footnotes:
1/ Funding from the Dislocated Worker National Reserve
2/ Two year availability

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION					
HEALTH RESOURCES AND SERVICES					
BUREAU OF PRIMARY HEALTH CARE					
Community health centers	1,734,311	2,037,871	1,834,311	+100,000	-203,560
Free Clinics Medical Malpractice	99	---	---	-99	---
Radiation Exposure Compensation Act	1,958	1,936	1,900	-58	-36
Healthy Community Access Program	82,993	---	---	-82,993	---
Hansen's Disease Services	17,251	16,066	16,066	-1,185	---
Buildings and Facilities	247	222	222	-25	---
Payment to Hawaii, treatment of Hansen's	2,017	2,016	2,016	-1	---
Black lung clinics	5,951	5,912	5,912	-39	---
Subtotal, Bureau of Primary Health Care	1,844,827	2,064,023	1,860,427	+15,600	-203,596

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
BUREAU OF HEALTH PROFESSIONS					
National Health Service Corps:					
Field placements	45,068	40,705	40,705	-4,363	---
Recruitment	86,380	86,091	86,091	-289	---
Subtotal, National Health Service Corps	131,448	126,796	126,796	-4,652	---
Health Professions					
Training for Diversity:					
Centers of excellence	33,609	---	12,000	-21,609	+12,000
Health careers opportunity program	35,647	---	---	-35,647	---
Faculty loan repayment	1,302	---	---	-1,302	---
Scholarships for disadvantaged students	47,128	9,831	35,128	-12,000	+25,297
Subtotal, Training for Diversity	117,686	9,831	47,128	-70,558	+37,297
Training in Primary Care Medicine and Dentistry	88,816	---	---	-88,816	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Interdisciplinary Community-Based Linkages:					
Area health education centers	28,971	---	---	-28,971	---
Health education and training centers	3,819	---	---	-3,819	---
Allied health and other disciplines	11,753	---	---	-11,753	---
Geriatric programs	31,548	---	---	-31,548	---
Quentin N. Burdick program for rural training	6,076	---	---	-6,076	---
Subtotal, Interdisciplinary Comm. Linkages	82,167	---	---	-82,167	---
Health Professions Workforce Info & Analysis	716	712	---	-716	-712
Public Health Workforce Development:					
Public health, preventive med. and dental programs	9,097	---	---	-9,097	---
Health administration programs	1,070	---	---	-1,070	---
Subtotal, Public Health Workforce Development	10,167	---	---	-10,167	---
Nursing Programs:					
Advanced Education Nursing	58,160	42,806	57,637	-523	+14,831
Nurse education, practice, and retention	36,468	46,325	36,468	---	-9,857
Nursing workforce diversity	16,270	21,244	16,270	---	-4,974

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Loan repayment and scholarship program	31,482	31,369	31,369	-113	---
Comprehensive geriatric education	3,450	3,426	3,426	-24	---
Nursing faculty loan program	4,831	4,821	4,821	-10	---
Subtotal, Nursing programs	150,661	149,991	149,991	-670	---
Subtotal, Health Professions	450,213	160,534	197,119	-253,094	+36,585
Children's Hospitals Graduate Medical Education	300,730	200,000	300,000	-730	+100,000
National Practitioner Data Bank	15,700	15,700	15,700	---	---
User Fees	-15,700	-15,700	-15,700	---	---
Health Care Integrity and Protection Data Bank	4,000	4,000	4,000	---	---
User Fees	-4,000	-4,000	-4,000	---	---
Subtotal, Bureau of Health Professions	882,391	487,330	623,915	-258,476	+136,585

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
MATERNAL AND CHILD HEALTH BUREAU					
Maternal and Child Health Block Grant	723,928	723,928	700,000	-23,928	-23,928
Sickle cell service demonstration program	198	---	---	-198	---
Traumatic Brain Injury	9,297	---	9,000	-297	+9,000
Healthy Start	102,543	97,747	97,747	-4,796	---
Universal Newborn Hearing	9,792	---	10,000	+208	+10,000
Emergency medical services for children	19,830	---	19,000	-830	+19,000
Poison control	23,499	23,301	23,301	-198	---
Subtotal, Maternal and Child Health Bureau	889,087	844,976	859,048	-30,039	+14,072
HIV/AIDS BUREAU					
Ryan White AIDS Programs:					
Emergency Assistance	610,094	610,094	610,094	---	---
Comprehensive Care Programs	1,121,836	1,131,836	1,131,836	+10,000	---
AIDS Drug Assistance Program (ADAP) (NA)	(787,521)	(797,521)	(797,521)	(+10,000)	---
Early Intervention Program	195,578	195,578	195,578	---	---
Pediatric HIV/AIDS	72,519	72,519	72,519	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
AIDS Dental Services	13,218	13,218	13,218	---	---
Education and Training Centers	35,051	35,051	35,051	---	---
Subtotal, Ryan White AIDS programs	2,048,296	2,058,296	2,058,296	+10,000	---
Evaluation Tap Funding (NA)	(25,000)	(25,000)	(25,000)	---	---
Subtotal, Ryan White AIDs program level	(2,073,296)	(2,083,296)	(2,083,296)	(+10,000)	---
Telehealth	3,916	3,888	3,888	-28	---
Subtotal, HIV/AIDS Bureau	2,052,212	2,062,184	2,062,184	+9,972	---
SPECIAL PROGRAMS BUREAU					
Organ Transplantation	24,413	23,282	23,282	-1,131	---
Cord Blood Stem Cell Bank	9,859	---	---	-9,859	---
Bone Marrow Program	25,416	22,916	25,416	---	+2,500
Trauma Care	3,418	---	---	-3,418	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
State Planning Grants for Health Care Access.....	10,910	---	---	-10,910	---
Subtotal, Special programs bureau.....	74,016	46,198	48,698	-25,318	+2,500
RURAL HEALTH PROGRAMS					
Rural outreach grants.....	39,278	10,767	10,767	-28,511	---
Rural Health Research.....	8,825	8,528	---	-8,825	-8,528
Rural Hospital Flexibility Grants.....	39,180	---	39,180	---	+39,180
Rural and community access to emergency devices.....	8,927	1,960	1,960	-6,967	---
Rural EMS.....	496	---	---	-496	---
State Offices of Rural Health.....	8,321	8,223	8,223	-98	---
Denali Commission.....	39,680	---	---	-39,680	---
Subtotal, Rural health programs.....	144,707	29,478	60,130	-84,577	+30,652
Family Planning.....	285,963	285,963	285,963	---	---
Health Care-related Facilities and activities.....	482,729	---	---	-482,729	---
Bioterrorism hospital grants to States 1/.....	---	---	500,000	+500,000	+500,000
Program Management.....	147,080	145,992	145,992	-1,088	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Total, Health resources and services.....	6,803,012	5,966,144	6,446,357	-356,655	+480,213
Total, Health resources & services program level	(6,828,012)	(5,991,144)	(6,471,357)	(-356,655)	(+480,213)
Evaluation tap funding.....	(25,000)	(25,000)	(25,000)	---	---
HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM:					
Liquidating account.....	(4,000)	(4,000)	(4,000)	---	---
Program management.....	3,244	2,916	2,916	-328	---
Total, HEAL.....	3,244	2,916	2,916	-328	---
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:					
Post-FY 1988 claims.....	66,000	70,884	70,884	+4,884	---
HRSA administration.....	3,151	2,832	3,500	+349	+668
Total, Vaccine Injury Compensation Trust Fund...	69,151	73,716	74,384	+5,233	+668
Total, Health Resources and Services Admin.....	6,875,407	6,042,776	6,523,657	-351,750	+480,881
Total, HRSA program level.....	(6,904,407)	(6,071,776)	(6,552,657)	(-351,750)	(+480,881)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Infectious Diseases	1,667,095	1,696,964	1,704,529	+37,434	+7,565
Evaluation Tap Funding	(12,794)	(12,794)	(12,794)	---	---
Subtotal, Program level	(1,679,889)	(1,709,758)	(1,717,323)	(+37,434)	(+7,565)
Health Promotion	1,021,709	964,421	983,647	-38,062	+19,226
Health Information and Service	94,438	89,564	195,069	+100,631	+105,505
Evaluation Tap Funding	(134,235)	(134,235)	(28,730)	(-105,505)	(-105,505)
Subtotal, Program level	(228,673)	(223,799)	(223,799)	(-4,874)	---
Environmental health and injury	285,721	284,820	285,721	---	+901
Occupational safety and health 2/	198,970	198,859	164,170	-34,800	-34,689
Evaluation Tap Funding	(87,071)	(87,071)	(87,071)	---	---
Subtotal, Program level 2/	(286,041)	(285,930)	(251,241)	(-34,800)	(-34,689)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Global health	293,863	306,079	309,076	+15,213	+2,997
Supplemental (P.L. 109-13) (emergency)	15,000	---	---	-15,000	---
Subtotal, Program level	(308,863)	(306,079)	(309,076)	(+213)	(+2,997)
Terrorism preparedness and response 1/	---	---	1,616,723	+1,616,723	+1,616,723
Public Health research:					
Evaluation Tap Funding	(31,000)	(31,000)	(31,000)	---	---
Public health improvement and leadership	266,842	206,541	258,541	-8,301	+52,000
Preventive health and health services block grant	118,526	---	100,000	-18,526	+100,000
Buildings and Facilities	269,708	30,000	30,000	-239,708	---
Business services	278,838	263,715	298,515	+19,677	+34,800
Total, Centers for Disease Control	4,510,710	4,040,963	5,945,991	+1,435,281	+1,905,028
Evaluation Tap Funding (NA)	(265,100)	(265,100)	(159,595)	(-105,505)	(-105,505)
Total, Centers for Disease Control program level	(4,775,810)	(4,306,063)	(6,105,586)	(+1,329,776)	(+1,799,523)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	4,825,259	4,841,774	4,841,774	+16,515	---
National Heart, Lung, and Blood Institute	2,941,201	2,951,270	2,951,270	+10,069	---
National Institute of Dental & Craniofacial Research	391,829	393,269	393,269	+1,440	---
National Institute of Diabetes and Digestive and Kidney Diseases	1,713,584	1,722,146	1,722,146	+8,562	---
Juvenile diabetes (mandatory)	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK	(1,863,584)	(1,872,146)	(1,872,146)	(+8,562)	---
National Institute of Neurological Disorders & Stroke	1,539,448	1,550,260	1,550,260	+10,812	---
National Institute of Allergy and Infectious Diseases	4,303,640	4,359,395	4,359,395	+55,755	---
Global HIV/AIDS Fund Transfer	99,200	100,000	---	-99,200	-100,000
Subtotal, NIAID	4,402,840	4,459,395	4,359,395	-43,445	-100,000
National Institute of General Medical Sciences	1,944,067	1,955,170	1,955,170	+11,103	---
National Institute of Child Health & Human Development	1,270,321	1,277,544	1,277,544	+7,223	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
National Eye Institute	669,070	673,491	673,491	+4,421	---
National Institute of Environmental Health Sciences	644,505	647,608	647,608	+3,103	---
National Institute on Aging	1,051,990	1,057,203	1,057,203	+5,213	---
National Institute of Arthritis and Musculoskeletal and Skin Diseases	511,157	513,063	513,063	+1,906	---
National Institute on Deafness and Other Communication Disorders	394,259	397,432	397,432	+3,173	---
National Institute of Nursing Research	138,072	138,729	138,729	+657	---
National Institute on Alcohol Abuse and Alcoholism	438,277	440,333	440,333	+2,056	---
National Institute on Drug Abuse	1,006,419	1,010,130	1,010,130	+3,711	---
National Institute of Mental Health	1,411,933	1,417,692	1,417,692	+5,759	---
National Human Genome Research Institute	488,608	490,959	490,959	+2,351	---
National Institute of Biomedical Imaging and Bioengineering	298,209	299,808	299,808	+1,599	---
National Center for Research Resources	1,115,090	1,100,203	1,100,203	-14,887	---
National Center for Complementary and Alternative Medicine	122,105	122,692	122,692	+587	---
National Center on Minority Health and Health Disparities	196,159	197,379	197,379	+1,220	---
John E. Fogarty International Center	66,632	67,048	67,048	+416	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
National Library of Medicine	315,146	318,091	318,091	+2,945	---
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	---	---
Subtotal, NLM	323,346	326,291	326,291	+2,945	---
Office of the Director 1/	358,047	385,195	482,216	+124,169	+97,021
Biodefense countermeasures 1/	---	---	(97,021)	(+97,021)	(+97,021)
Buildings and Facilities	110,288	81,900	81,900	-28,388	---
Total, National Institutes of Health (NIH)	28,364,515	28,509,784	28,506,805	+142,290	-2,979
Global HIV/AIDS Fund Transfer	-99,200	-100,000	---	+99,200	+100,000
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	---	---
Total, NIH, Program Level	(28,273,515)	(28,417,984)	(28,515,005)	(+241,490)	(+97,021)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health:					
Programs of Regional and National Significance....	274,297	210,213	253,257	-21,040	+43,044
Mental Health block grant.....	410,953	410,953	410,953	---	---
Evaluation Tap Funding.....	(21,803)	(21,803)	(21,803)	---	---
Subtotal, Program level.....	(432,756)	(432,756)	(432,756)	---	---
Children's Mental Health.....	105,112	105,129	105,129	+17	---
Grants to States for the Homeless (PATH).....	54,809	54,809	54,809	---	---
Protection and Advocacy.....	34,343	34,343	34,343	---	---
Subtotal, Mental Health.....	879,514	815,447	858,491	-21,023	+43,044
Subtotal, Program level.....	(901,317)	(837,250)	(880,294)	(-21,023)	(+43,044)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Substance Abuse Treatment:					
Programs of Regional and National Significance....	418,066	442,752	405,131	-12,935	-37,621
Evaluation Tap Funding.....	(4,300)	(4,300)	(4,300)	---	---
Subtotal, Program level.....	(422,366)	(447,052)	(409,431)	(-12,935)	(-37,621)
Substance Abuse block grant.....	1,696,355	1,696,355	1,696,355	---	---
Evaluation Tap Funding.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal, Program level.....	(1,775,555)	(1,775,555)	(1,775,555)	---	---
Subtotal, Substance Abuse Treatment.....	2,114,421	2,139,107	2,101,486	-12,935	-37,621
Subtotal, Program level.....	(2,197,921)	(2,222,607)	(2,184,986)	(-12,935)	(-37,621)
Substance Abuse Prevention:					
Programs of Regional and National Significance....	198,725	184,349	194,950	-3,775	+10,601

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Program Management	75,806	75,817	75,817	+11	---
Evaluation Tap funding (NA)	(18,000)	(16,000)	(16,000)	(-2,000)	---
Subtotal, Program level	93,806	91,817	91,817	-1,989	---
Total, SAMHSA	3,268,466	3,214,720	3,230,744	-37,722	+16,024
Evaluation Tap funding	(123,303)	(121,303)	(121,303)	(-2,000)	---
Total, SAMHSA program level	(3,391,769)	(3,336,023)	(3,352,047)	(-39,722)	(+16,024)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	---	---	318,695	+318,695	+318,695
Evaluation Tap funding (NA)	(260,695)	(260,695)	---	(-260,695)	(-260,695)
Clinial effectiveness research (NA)	(15,000)	(15,000)	---	(-15,000)	(-15,000)
Reducing medical errors (NA)	(84,000)	(84,000)	---	(-84,000)	(-84,000)
Subtotal, Program level	(260,695)	(260,695)	(318,695)	(+58,000)	(+58,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Health Insurance and Expenditure Surveys:					
Evaluation Tap funding (NA)	(55,300)	(55,300)	---	(-55,300)	(-55,300)
Program Support:					
Evaluation Tap funding (NA)	(2,700)	(2,700)	---	(-2,700)	(-2,700)
Total, AHRQ	---	---	318,695	+318,695	+318,695
Evaluation Tap funding (NA)	(318,695)	(318,695)	---	(-318,695)	(-318,695)
Total, AHRQ program level	(318,695)	(318,695)	(318,695)	---	---
Total, Public Health Service appropriation	43,019,098	41,808,243	44,525,892	+1,506,794	+2,717,649
Total, Public Health Service program level	(43,664,196)	(42,450,541)	(44,843,990)	(+1,179,794)	(+2,393,449)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
GRANTS TO STATES FOR MEDICAID					
Medicaid current law benefits	171,407,893	204,166,276	204,166,276	+32,758,383	---
State and local administration	9,318,602	9,803,100	9,803,100	+484,498	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Vaccines for Children	1,468,799	1,502,333	1,502,333	+33,534	---
Subtotal, Medicaid program level	182,195,294	215,471,709	215,471,709	+33,276,415	---
Less funds advanced in prior year	-58,416,275	-58,517,290	-58,517,290	-101,015	---
Total, Grants to States for medicaid	123,779,019	156,954,419	156,954,419	+33,175,400	---
New advance, 1st quarter	58,517,290	62,783,825	62,783,825	+4,266,535	---
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental medical insurance	114,002,000	128,015,000	128,015,000	+14,013,000	---
Hospital insurance for the uninsured	87,000	202,000	202,000	+115,000	---
Federal uninsured payment	199,000	206,000	206,000	+7,000	---
Program management	215,000	164,000	164,000	-51,000	---
General revenue for Part D benefit	---	53,596,000	53,596,000	+53,596,000	---
General revenue for Part D administration (CMS)	---	357,000	357,000	+357,000	---
General revenue for Part D administration (SSA)	---	320,000	320,000	+320,000	---
HCFAC reimbursement	---	80,000	---	---	-80,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Prescription drug eligibility determinations.....	105,900	99,100	99,100	-6,800	---
Subtotal, Payments to Trust Funds, current law..	114,608,900	183,039,100	182,959,100	+68,350,200	-80,000
Less funds advanced in prior year.....	---	-5,216,900	-5,216,900	-5,216,900	---
New Advance FY 2007.....	5,216,900	---	---	-5,216,900	---
Total, Payments to Trust Funds, current law.....	119,825,800	177,822,200	177,742,200	+57,916,400	-80,000
PROGRAM MANAGEMENT					
Medicare reform funding 3/ 4/ 5/ (NA).....	(250,000)	(250,000)	(250,000)	---	---
Research, Demonstration, Evaluation.....	77,494	45,194	65,000	-12,494	+19,806
Medicare Operations.....	1,722,984	2,189,987	2,172,987	+450,003	-17,000
H.R. 3103 funding (NA).....	(720,000)	(720,000)	(720,000)	---	---
Subtotal, Medicare Operations program level.....	(2,442,984)	(2,909,987)	(2,892,987)	(+450,003)	(-17,000)
Revitalization plan.....	24,205	24,205	24,205	---	---
State Survey and Certification.....	258,735	260,735	260,735	+2,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Federal Administration	581,493	657,357	657,357	+75,864	---
Total, Program management, Limitation on new BA.	2,664,911	3,177,478	3,180,284	+515,373	+2,806
Total, Program management, program level	(3,384,911)	(3,897,478)	(3,900,284)	(+515,373)	(+2,806)
Health Care Fraud and Abuse Control:					
Part D drug benefit/medicare advantage (MIP)	---	75,000	---	---	-75,000
Medicaid and SCHIP financial management	---	5,000	---	---	-5,000
Total, Health Care Fraud and Abuse Control	---	80,000	---	---	-80,000
Total, Center for Medicare and Medicaid Services	304,787,020	400,817,922	400,660,728	+95,873,708	-157,194
Federal funds	302,122,109	397,560,444	397,480,444	+95,358,335	-80,000
Current year	(238,387,919)	(334,776,619)	(334,696,619)	(+96,308,700)	(-80,000)
New advance, FY 2007	(63,734,190)	(62,783,825)	(62,783,825)	(-950,365)	---
Trust Funds	2,664,911	3,257,478	3,180,284	+515,373	-77,194

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
ADMINISTRATION FOR CHILDREN AND FAMILIES					
FAMILY SUPPORT PAYMENTS TO STATES					
Payments to territories	23,000	33,000	33,000	+10,000	---
Repatriation	1,000	1,300	1,300	+300	---
Subtotal, Welfare payments	24,000	34,300	34,300	+10,300	---
Child Support Enforcement:					
State and local administration	3,610,465	3,715,816	3,715,816	+105,351	---
Federal incentive payments	446,000	458,000	458,000	+12,000	---
Access and visitation	10,000	12,000	12,000	+2,000	---
Subtotal, Child Support Enforcement	4,066,465	4,185,816	4,185,816	+119,351	---
Total, Family support payments program level	4,090,465	4,220,116	4,220,116	+129,651	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Less funds advanced in previous years.....	-1,200,000	-1,200,000	-1,200,000	---	---
Total, Family support payments, current request.	2,890,465	3,020,116	3,020,116	+129,651	---
New advance, 1st quarter, FY 2007.....	1,200,000	1,200,000	1,200,000	---	---
Total, Family support payments.....	4,090,465	4,220,116	4,220,116	+129,651	---
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM					
Formula grants.....	1,884,799	1,800,000	1,984,799	+100,000	+184,799
Emergency allocation:					
Contingent emergency allocation.....	---	200,000	---	---	-200,000
Emergency allocation.....	297,600	---	---	-297,600	---
Total, Low income home energy assistance.....	2,182,399	2,000,000	1,984,799	-197,600	-15,201

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
REFUGEE AND ENTRANT ASSISTANCE					
Transitional and Medical Services	192,028	264,129	264,129	+72,101	---
Victims of Trafficking	9,915	9,915	9,915	---	---
Social Services	164,888	151,121	160,000	-4,888	+8,879
Preventive Health	4,796	4,796	4,796	---	---
Targeted Assistance	49,081	49,081	49,081	---	---
Unaccompanied minors	53,771	63,083	63,083	+9,312	---
Victims of Torture	9,915	9,915	9,915	---	---
Total, Refugee and entrant assistance	484,394	552,040	560,919	+76,525	+8,879
CHILD CARE AND DEVELOPMENT BLOCK GRANT	2,082,921	2,082,910	2,082,910	-11	---
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	---	---
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth and Families:					
Head Start, current funded	5,454,314	5,499,336	5,499,000	+44,686	-336
Advance from prior year	(1,388,800)	(1,400,000)	(1,400,000)	(+11,200)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
FY 2007	1,400,000	1,388,800	1,400,000	---	+11,200
Subtotal, Head Start, program level	6,843,114	6,899,336	6,899,000	+55,886	-336
Consolidated Runaway, Homeless Youth Program	88,724	88,728	88,728	+4	---
Maternity Group Homes	---	10,000	---	---	-10,000
Prevention grants to reduce abuse of runaway youth	15,178	15,179	15,179	+1	---
Child Abuse State Grants	27,280	27,280	27,280	---	---
Child Abuse Discretionary Activities	31,640	31,645	31,645	+5	---
Community based child abuse prevention	42,858	42,859	42,859	+1	---
Abandoned Infants Assistance	11,955	11,955	11,955	---	---
Child Welfare Services	289,650	289,650	289,650	---	---
Child Welfare Training	7,409	7,409	7,409	---	---
Adoption Opportunities	27,116	27,119	27,119	+3	---
Adoption Incentive (no cap adjustment)	31,846	31,846	31,846	---	---
Adoption Awareness	12,802	12,802	12,802	---	---
Compassion Capital Fund	54,549	100,000	75,000	+20,451	-25,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Social Services and Income Maintenance Research.....	26,012	---	2,621	-23,391	+2,621
Evaluation tap funding.....	(6,000)	(6,000)	(8,000)	(+2,000)	(+2,000)
Subtotal, Program level.....	(32,012)	(6,000)	(10,621)	(-21,391)	(+4,621)
Developmental Disabilities Programs:					
State Councils.....	72,496	72,496	72,496	---	---
Protection and Advocacy.....	38,109	38,109	38,109	---	---
Voting access for individuals with disabilities...	14,879	14,879	14,879	---	---
Developmental Disabilities Projects of National Significance.....	11,542	11,529	11,529	-13	---
University Centers for Excellence in Developmental Disabilities.....	31,549	31,548	33,548	+1,999	+2,000
Subtotal, Developmental disabilities programs...	168,575	168,561	170,561	+1,986	+2,000
Native American Programs.....	44,786	44,780	44,780	-6	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Community Services:					
Grants to States for Community Services	636,793	---	320,000	-316,793	+320,000
Community Initiative Program:					
Economic Development	32,731	---	32,731	---	+32,731
Individual Development Account Initiative	24,704	24,699	24,699	-5	---
Rural Community Facilities	7,242	---	7,242	---	+7,242
Subtotal, Community Initiative Program	64,677	24,699	64,672	-5	+39,973
National Youth Sports	17,856	---	---	-17,856	---
Community Food and Nutrition	7,180	---	---	-7,180	---
Subtotal, Community Services	726,506	24,699	384,672	-341,834	+359,973
Domestic Violence Hotline	3,224	3,000	3,000	-224	---
Family Violence/Battered Women's Shelters	125,630	125,991	125,991	+361	---
Early Learning Fund	35,712	---	---	-35,712	---
Mentoring Children of Prisoners	49,598	49,993	49,993	+395	---
Independent Living Training Vouchers	46,623	59,999	50,000	+3,377	-9,999

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Abstinence Education	99,198	138,045	110,000	+10,802	-28,045
Evaluation Tap Funding	(4,500)	(4,500)	(4,500)	---	---
Subtotal, Program level	(103,698)	(142,545)	(114,500)	(+10,802)	(-28,045)
Faith-Based Center	1,375	1,400	1,400	+25	---
Program Direction	185,210	185,217	185,217	+7	---
Total, Children and Families Services Programs	9,007,770	8,386,293	8,688,707	-319,063	+302,414
Current Year	(7,607,770)	(6,997,493)	(7,288,707)	(-319,063)	(+291,214)
FY 2007	(1,400,000)	(1,388,800)	(1,400,000)	---	(+11,200)
Evaluation Tap funding	(10,500)	(10,500)	(12,500)	(+2,000)	(+2,000)
Total, Program level	9,018,270	8,396,793	8,701,207	-317,063	+304,414
PROMOTING SAFE AND STABLE FAMILIES	305,000	305,000	305,000	---	---
Discretionary Funds	98,586	105,000	99,000	+414	-6,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION					
Foster Care	4,895,500	4,685,000	4,685,000	-210,500	---
Adoption Assistance	1,770,100	1,795,000	1,795,000	+24,900	---
Independent living	140,000	140,000	140,000	---	---
Total, Payments to States	6,805,600	6,620,000	6,620,000	-185,600	---
Less Advances from Prior Year	-1,767,700	-1,767,200	-1,767,200	+500	---
Total, payments, current year	5,037,900	4,852,800	4,852,800	-185,100	---
New Advance, 1st quarter	1,767,200	1,730,000	1,730,000	-37,200	---
Total, Administration for Children & Families	26,756,635	25,934,159	26,224,251	-532,384	+290,092
Current year	(22,389,435)	(21,615,359)	(21,894,251)	(-495,184)	(+278,892)
FY 2007	(4,367,200)	(4,318,800)	(4,330,000)	(-37,200)	(+11,200)
Evaluation Tap funding	(10,500)	(10,500)	(12,500)	(+2,000)	(+2,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Total, Administration for Children & Families.	26,767,135	25,944,659	26,236,751	-530,384	+292,092
ADMINISTRATION ON AGING					
Grants to States:					
Supportive Services and Centers.....	354,136	354,136	354,136	---	---
Preventive Health.....	21,616	21,616	21,616	---	---
Protection of vulnerable older americans-Title VII	19,288	19,360	19,360	+72	---
Family Caregivers.....	155,744	155,744	155,744	---	---
Native American Caregivers Support.....	6,304	6,304	6,304	---	---
Subtotal, Caregivers.....	162,048	162,048	162,048	---	---
Nutrition:					
Congregate Meals.....	387,274	387,274	391,147	+3,873	+3,873
Home Delivered Meals.....	182,827	182,826	184,656	+1,829	+1,830

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Nutrition Services Incentive Program	148,596	148,596	150,082	+1,486	+1,486
Subtotal, Nutrition	718,697	718,696	725,885	+7,188	+7,189
Subtotal, Grants to States	1,275,785	1,275,856	1,283,045	+7,260	+7,189
Grants for Native Americans	26,398	26,398	26,398	---	---
Program Innovations	43,286	23,843	23,843	-19,443	---
Aging Network Support Activities	13,266	13,266	13,266	---	---
Alzheimer's Disease Demonstrations	11,786	11,786	11,786	---	---
White House Conference on Aging	4,520	---	---	-4,520	---
Program Administration	18,301	17,879	17,879	-422	---
Total, Administration on Aging	1,393,342	1,369,028	1,376,217	-17,125	+7,189
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT:					
Federal Funds	184,155	172,643	172,643	-11,512	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Trust Funds	5,804	5,851	5,851	+47	---
Subtotal	189,959	178,494	178,494	-11,465	---
Adolescent Family Life (Title XX)	30,900	30,742	30,742	-158	---
Minority health	50,518	47,236	47,236	-3,282	---
Office of women's health	28,818	28,715	28,715	-103	---
Minority HIV/AIDS	52,415	52,415	52,415	---	---
Health care information technology	---	---	---	---	---
Afghanistan	5,952	5,952	5,952	---	---
Embryo adoption awareness campaign	992	992	992	---	---
IT Security and Innovation Fund	14,695	14,630	---	-14,695	-14,630
Evaluation tap funding (ASPE) (NA)	(39,552)	(39,552)	(39,552)	---	---
Total, General Departmental Management	374,249	359,176	344,546	-29,703	-14,630
Federal Funds	368,445	353,325	338,695	-29,750	-14,630
Trust Funds	5,804	5,851	5,851	+47	---
Evaluation tap funding	(39,552)	(39,552)	(39,552)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
OFFICE OF MEDICARE HEARINGS AND APPEALS	57,536	80,000	60,000	+2,464	-20,000
OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY 6/	---	75,000	58,100	+58,100	-16,900
Evaluation tap funding	(16,943)	(2,750)	(16,900)	(-43)	(+14,150)
Total, Health Information Tech. program level	(16,943)	(77,750)	(75,000)	(+58,057)	(-2,750)
OFFICE OF THE INSPECTOR GENERAL:					
Federal Funds	39,930	39,813	39,813	-117	---
HIPAA funding (NA)	(160,000)	(160,000)	(160,000)	---	---
Total, Inspector General program level	(199,930)	(199,813)	(199,813)	(-117)	---
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	31,726	31,682	31,682	-44	---
Trust Funds	3,287	3,314	3,314	+27	---
Total, Office for Civil Rights	35,013	34,996	34,996	-17	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
Retirement payments	241,294	256,193	256,193	+14,899	---
Survivors benefits	14,750	15,600	15,600	+850	---
Dependents' medical care	74,592	56,759	56,759	-17,833	---
Total,Medical benefits for Commissioned Officers	330,636	328,552	328,552	-2,084	---
PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND					
HRSA homeland security activities 1/	514,618	510,500	---	-514,618	-510,500
CDC homeland security activities 1/	1,622,757	1,616,723	---	-1,622,757	-1,616,723
NIH homeland security activities 1/	47,021	97,021	---	-47,021	-97,021
Office of the Secretary homeland sercurity activities	63,821	83,589	63,589	-232	-20,000
Other PHSSEF homeland security activities	109,198	120,000	120,000	+10,802	---
Supplemental (P.L. 108-234) (emergency)	50,000	---	---	-50,000	---
Total, PHSSEF	2,407,415	2,427,833	183,589	-2,223,826	-2,244,244
Total, Office of the Secretary	3,244,779	3,345,370	1,049,596	-2,195,183	-2,295,774

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Federal Funds	3,178,152	3,256,205	980,431	-2,197,721	-2,275,774
Trust Funds	66,627	89,165	69,165	+2,538	-20,000
Total, Title II, Dept of Health & Human Services	379,200,874	473,274,722	473,836,684	+94,635,810	+561,962
Federal Funds	376,469,336	469,928,079	470,587,235	+94,117,899	+659,156
Current year	(308,367,946)	(402,825,454)	(403,473,410)	(+95,105,464)	(+647,956)
FY 2007	(68,101,390)	(67,102,625)	(67,113,825)	(-987,565)	(+11,200)
Trust Funds	2,731,538	3,346,643	3,249,449	+517,911	-97,194

Title II Footnotes:
1/ Funds provided for biodefense activities are reflected within HRSA, CDC, and NIH respectively.
2/ Includes Mine Safety and Health.
3/ Funds provided in P.L. 108-173, the 2003 Medicare Prescription Drug, Improvement & Modernization Act
4/ $1 billion available for fiscal years 2004-2005
5/ $250 million available for fiscal years 2005-2008
6/ An additional $50 million for Health IT within AHRQ

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Advance from prior year.....	(1,883,584)	(1,383,584)	(1,383,584)	(-500,000)	---
Forward funded.....	5,547,798	5,955,536	5,452,798	-95,000	-502,738
Current funded.....	3,472	3,472	3,472	---	---
Subtotal, Basic grants current year approp..	5,551,270	5,959,008	5,456,270	-95,000	-502,738
Subtotal, Basic grants total funds available	(7,434,854)	(7,342,592)	(6,839,854)	(-595,000)	(-502,738)
Basic Grants FY 2007 Advance.....	1,383,584	975,846	1,478,584	+95,000	+502,738
Subtotal, Basic grants, program level.....	6,934,854	6,934,854	6,934,854	---	---
Concentration Grants:					
Advance from prior year.....	(1,365,031)	(1,365,031)	(1,365,031)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
FY 2007 Advance	1,365,031	1,365,031	1,365,031	---	---
Subtotal, Concentration Grants program level	1,365,031	1,365,031	1,365,031	---	---
Targeted Grants:					
Advance from prior year	(1,969,843)	(2,219,843)	(2,219,843)	(+250,000)	---
FY 2007 Advance	2,219,843	2,822,581	2,269,843	+50,000	-552,738
Subtotal, Targeted Grants program level	2,219,843	2,822,581	2,269,843	+50,000	-552,738
Education Finance Incentive Grants:					
Advance from prior year	(1,969,843)	(2,219,843)	(2,219,843)	(+250,000)	---
FY 2007 Advance	2,219,843	2,219,843	2,269,843	+50,000	+50,000
Subtotal, Education Finance Incentive Grants	2,219,843	2,219,843	2,269,843	+50,000	+50,000
Subtotal, Grants to LEAs, program level	12,739,571	13,342,309	12,839,571	+100,000	-502,738
Even Start	225,095	---	200,000	-25,095	+200,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Reading First:					
State Grants (forward funded)	846,600	1,041,600	1,041,600	+195,000	---
Advance from prior year	(195,000)	(195,000)	(195,000)	---	---
FY 2007 Advance	195,000	---	---	-195,000	---
Subtotal, Reading First State Grants	1,041,600	1,041,600	1,041,600	---	---
Early Reading First	104,160	104,160	104,160	---	---
Striving readers	24,800	200,000	30,000	+5,200	-170,000
Literacy through School Libraries	19,683	19,683	19,683	---	---
High School Intervention	---	1,240,000	---	---	-1,240,000
State Agency Programs:					
Migrant	390,428	390,428	390,428	---	---
Neglected and Delinquent/High Risk Youth	49,600	49,600	49,600	---	---
Subtotal, State Agency programs	440,028	440,028	440,028	---	---
Evaluation	9,424	9,424	9,424	---	---
Comprehensive School Reform Demonstration	205,344	---	10,000	-195,344	+10,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Migrant Education:					
High School Equivalency Program	18,737	18,737	18,737	---	---
College Assistance Migrant Program	15,532	15,532	15,532	---	---
Subtotal, Migrant Education	34,269	34,269	34,269	---	---
Total, Education for the disadvantaged	14,843,974	16,431,473	14,728,735	-115,239	-1,702,738
Current Year	(7,460,673)	(9,048,172)	(7,345,434)	(-115,239)	(-1,702,738)
FY 2007	(7,383,301)	(7,383,301)	(7,383,301)	---	---
Subtotal, forward funded	(7,264,865)	(8,677,164)	(7,144,426)	(-120,439)	(-1,532,738)
IMPACT AID					
Basic Support Payments	1,075,018	1,075,018	1,102,896	+27,878	+27,878
Payments for Children with Disabilities	49,966	49,966	49,966	---	---
Facilities Maintenance (Sec. 8008)	7,838	7,838	5,000	-2,838	-2,838
Construction (Sec. 8007)	48,545	45,544	18,000	-30,545	-27,544

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Payments for Federal Property (Sec. 8002)	62,496	62,496	65,000	+2,504	+2,504
Total, Impact aid	1,243,863	1,240,862	1,240,862	-3,001	---
SCHOOL IMPROVEMENT PROGRAMS					
State Grants for Improving Teacher Quality	1,481,605	1,481,605	1,481,605	---	---
Advance from prior year	(1,435,000)	(1,435,000)	(1,435,000)	---	---
FY 2007	1,435,000	1,435,000	1,435,000	---	---
Subtotal, State Grants for Improving Teacher Quality, program level	(2,916,605)	(2,916,605)	(2,916,605)	---	---
Early Childhood Educator Professional Development	14,695	14,696	14,696	+1	---
Mathematics and Science Partnerships	178,560	269,000	190,000	+11,440	-79,000
State Grants for Innovative Education (Education Block Grant)	198,400	100,000	198,400	---	+98,400
Educational Technology State Grants	496,000	---	300,000	-196,000	+300,000
Supplemental Education Grants	18,183	18,183	18,183	---	---
21st Century Community Learning Centers	991,077	991,077	991,077	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
State Assessments/Enhanced Assessment Instruments.....	411,680	411,680	411,680	---	---
High school assessments.....	---	250,000	---	---	-250,000
Javits gifted and talented education.....	11,022	---	---	-11,022	---
Foreign language assistance.....	17,856	---	---	-17,856	---
Education for Homeless Children and Youth.....	62,496	62,496	62,496	---	---
Training and Advisory Services (Civil Rights).....	7,185	7,185	7,185	---	---
Education for Native Hawaiians.....	34,224	32,624	24,770	-9,454	-7,854
Alaska Native Education Equity.....	34,224	31,224	31,224	-3,000	---
Rural Education.....	170,624	170,624	170,624	---	---
Comprehensive Centers.....	56,825	56,825	56,825	---	---
Total, School improvement programs.....	5,619,656	5,332,219	5,393,765	-225,891	+61,546
Current Year.....	(4,184,656)	(3,897,219)	(3,958,765)	(-225,891)	(+61,546)
FY 2007.....	(1,435,000)	(1,435,000)	(1,435,000)	---	---
Subtotal, forward funded.....	(3,990,442)	(3,736,482)	(3,805,882)	(-184,560)	(+69,400)
INDIAN EDUCATION					
Grants to Local Educational Agencies.....	95,166	96,294	96,294	+1,128	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Federal Programs:					
Special Programs for Indian Children	19,595	19,595	19,595	---	---
National Activities	5,129	4,000	4,000	-1,129	---
Subtotal, Federal Programs	24,724	23,595	23,595	-1,129	---
Total, Indian Education	119,890	119,889	119,889	-1	---
INNOVATION AND IMPROVEMENT					
Troops-to-Teachers	14,793	14,793	14,793	---	---
Transition to Teaching	44,933	44,933	44,933	---	---
National Writing Project	20,336	---	20,336	---	+20,336
Teaching of Traditional American History	119,040	119,040	50,000	-69,040	-69,040
School Leadership	14,880	---	14,880	---	+14,880
Advanced Credentialing	16,864	8,000	16,864	---	+8,864
Charter Schools Grants	216,952	218,702	216,952	---	-1,750
Credit Enhancement for Charter School Facilities	36,981	36,981	36,981	---	---
Voluntary Public School Choice	26,543	26,543	26,543	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Magnet Schools Assistance	107,771	107,771	107,771	---	---
Fund for the Improvement of Education (FIE):					
Current funded	414,079	156,296	27,000	-387,079	-129,296
Teacher Incentive Fund	---	500,000	100,000	+100,000	-400,000
Ready to Learn television	23,312	23,312	---	-23,312	-23,312
Dropout Prevention Programs	4,930	---	---	-4,930	---
Close Up Fellowships	1,469	---	1,469	---	+1,469
Advanced Placement	29,760	51,500	30,000	+240	-21,500
Total, Innovation and Improvement	1,092,643	1,307,871	708,522	-384,121	-599,349
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Safe and Drug Free Schools and Communities:					
State Grants, forward funded	437,381	---	400,000	-37,381	+400,000
National Programs	152,537	267,967	152,537	---	-115,430
Alcohol Abuse Reduction	32,736	---	---	-32,736	---
Mentoring Programs	49,307	49,307	49,307	---	---
Character education	24,493	24,493	24,493	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Elementary and Secondary School Counseling	34,720	---	34,720	---	+34,720
Carol M. White Physical Education Program	73,408	55,000	73,408	---	+18,408
Civic Education	29,405	---	29,405	---	+29,405
State Grants for Incarcerated Youth Offenders	26,784	---	---	-26,784	---
Total, Safe Schools and Citizenship Education	860,771	396,767	763,870	-96,901	+367,103
Current Year	(860,771)	(396,767)	(763,870)	(-96,901)	(+367,103)
FY 2007	---	---	---	---	---
Subtotal, forward funded	(464,165)	---	(400,000)	(-64,165)	(+400,000)
ENGLISH LANGUAGE ACQUISITION					
Current funded	84,816	---	---	-84,816	---
Forward funded	590,949	675,765	675,765	+84,816	---
Total, English Language Acquisition	675,765	675,765	675,765	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	5,176,746	4,893,746	5,326,746	+150,000	+433,000
Part B advance from prior year	(5,413,000)	(5,413,000)	(5,413,000)	---	---
Grants to States Part B (FY 2007)	5,413,000	6,204,000	5,413,000	---	-791,000
Subtotal, Grants to States, program level	10,589,746	11,097,746	10,739,746	+150,000	-358,000
Preschool Grants	384,597	384,597	384,597	---	---
Grants for Infants and Families	440,808	440,808	440,808	---	---
Subtotal, State grants, program level	11,415,151	11,923,151	11,565,151	+150,000	-358,000
IDEA National Activities (current funded):					
State Improvement	50,653	---	50,653	---	+50,653
Special Education-Voc Rehab transition initiative	---	5,000	---	---	-5,000
Technical Assistance and Dissemination	52,396	49,397	49,397	-2,999	---
Personnel Preparation	90,626	90,626	90,626	---	---
Parent Information Centers	25,964	25,964	25,964	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Technology and Media Services	38,816	31,992	31,992	-6,824	---
Subtotal, IDEA special programs	258,455	202,979	248,632	-9,823	+45,653
Total, Special education	11,673,606	12,126,130	11,813,783	+140,177	-312,347
Current Year	(6,260,606)	(5,922,130)	(6,400,783)	(+140,177)	(+478,653)
FY 2007	(5,413,000)	(6,204,000)	(5,413,000)	---	(-791,000)
Subtotal, Forward funded	(6,052,804)	(5,719,151)	(6,202,804)	(+150,000)	(+483,653)
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	2,635,845	2,720,192	2,720,192	+84,347	---
Client Assistance State grants	11,901	11,901	11,901	---	---
Training	38,826	38,826	38,826	---	---
Demonstration and training programs	25,607	6,577	6,577	-19,030	---
Migrant and seasonal farmworkers	2,302	---	2,302	---	+2,302
Recreational programs	2,543	---	2,543	---	+2,543
Protection and advocacy of individual rights (PAIR)	16,656	16,656	16,656	---	---
Projects with industry	21,625	---	19,735	-1,890	+19,735

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Supported employment State grants	37,379	---	30,000	-7,379	+30,000
Independent living:					
State grants	22,816	22,816	22,816	---	---
Centers	75,392	75,392	75,392	---	---
Services for older blind individuals	33,227	33,227	33,227	---	---
Subtotal, Independent living	131,435	131,435	131,435	---	---
Program Improvement	843	843	843	---	---
Evaluation	1,488	1,488	1,488	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults	10,581	8,597	8,597	-1,984	---
National Inst. Disability and Rehab. Research (NIDRR)	107,783	107,783	107,783	---	---
Assistive Technology	29,760	15,000	29,760	---	+14,760
Subtotal, discretionary programs	438,729	339,106	408,446	-30,283	+69,340
Total, Rehabilitation services	3,074,574	3,059,298	3,128,638	+54,064	+69,340

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	16,864	16,864	17,000	+136	+136
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID):					
Operations	53,672	53,672	55,337	+1,665	+1,665
Construction	1,672	800	800	-872	---
Total, NTID	55,344	54,472	56,137	+793	+1,665
GALLAUDET UNIVERSITY	104,557	104,557	107,657	+3,100	+3,100
Total, Special Institutions for Persons with Disabilities	176,765	175,893	180,794	+4,029	+4,901
VOCATIONAL AND ADULT EDUCATION					
Vocational Education:					
Basic State Grants/Secondary & Technical Education					
State Grants, current funded	403,331	---	403,331	---	+403,331
Advance from prior year	(791,000)	(791,000)	(791,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
FY 2007	791,000	---	791,000	---	+791,000
Subtotal, Basic State Grants, program level	1,194,331	---	1,194,331	---	+1,194,331
Tech-Prep Education State Grants	105,812	---	105,812	---	+105,812
National Programs	11,757	---	11,757	---	+11,757
Tech-Prep Education Demonstration	4,899	---	---	-4,899	---
Occupational and Employment Information Program	9,307	---	---	-9,307	---
Subtotal, Vocational Education	1,326,106	---	1,311,900	-14,206	+1,311,900
Adult Education:					
State Grants/Adult basic and literacy education:					
State Grants, current funded	569,672	200,000	569,672	---	+369,672
National Programs:					
National Leadership Activities	9,096	9,096	9,096	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
National Institute for Literacy.....	6,638	6,638	6,638	---	---
Subtotal, National programs.....	15,734	15,734	15,734	---	---
Subtotal, Adult education.....	585,406	215,734	585,406	---	+369,672
Smaller Learning Communities, current funded.....	4,724	---	4,724	---	+4,724
Smaller Learning Communities, forward funded.....	89,752	---	89,752	---	+89,752
Community Technology Centers.....	4,960	---	---	-4,960	---
Total, Vocational and adult education.....	2,010,948	215,734	1,991,782	-19,166	+1,776,048
Current Year.....	(1,219,948)	(215,734)	(1,200,782)	(-19,166)	(+985,048)
FY 2007.....	(791,000)	---	(791,000)	---	(+791,000)
Subtotal, forward funded.....	(1,210,264)	(215,734)	(1,196,058)	(-14,206)	(+980,324)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA).....	(4,050)	(4,150)	(4,100)	(+50)	(-50)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Pell Grants:					
Regular Program	12,364,997	13,199,000	13,383,000	+1,018,003	+184,000
Enhanced Pell grants for State scholars	---	33,000	---	---	-33,000
Federal Supplemental Educational Opportunity Grants	778,720	778,720	778,720	---	---
Federal Work Study	990,257	990,257	990,257	---	---
Federal Perkins Loans:					
Loan Cancellations	66,132	---	66,132	---	+66,132
Presidential math and science scholars	---	50,000	---	---	-50,000
LEAP program	65,643	---	65,643	---	+65,643
Subtotal, discretionary programs	14,265,749	15,050,977	15,283,752	+1,018,003	+232,775
Total, Student Financial Assistance	14,265,749	15,050,977	15,283,752	+1,018,003	+232,775
STUDENT AID ADMINISTRATION					
Administrative Costs	119,084	939,285	124,084	+5,000	-815,201
Fed Direct Student Loan Reclassification (Leg prop)	---	-625,000	---	---	+625,000
LOANS FOR SHORT-TERM TRAINING	---	11,000	---	---	-11,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	80,338	80,338	80,338	---	---
Hispanic Serving Institutions	95,106	95,873	95,873	+767	---
Strengthening Historically Black Colleges (HBCUs)	238,576	240,500	240,500	+1,924	---
Strengthening historically black graduate insts	58,032	58,500	58,500	+468	---
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	11,904	6,500	6,500	-5,404	---
Strengthening Tribal Colleges	23,808	23,808	23,808	---	---
Subtotal, Aid for Institutional development	507,764	505,519	505,519	-2,245	---
International Education and Foreign Language:					
Domestic Programs	92,465	92,466	92,466	+1	---
Overseas Programs	12,737	12,737	12,737	---	---
Institute for International Public Policy	1,616	1,616	1,616	---	---
Subtotal, International Education & Foreign Lang	106,818	106,819	106,819	+1	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Fund for the Improvement of Postsec. Ed. (FIPSE).....	162,108	22,211	49,211	-112,897	+27,000
Minority Science and Engineering Improvement.....	8,818	8,818	8,818	---	---
Interest Subsidy Grants.....	1,488	---	---	-1,488	---
Tribally Controlled Postsec Voc/Tech Institutions.....	7,440	7,440	7,440	---	---
Federal TRIO Programs.....	836,543	369,390	836,543	---	+467,153
GEAR UP.....	306,488	---	306,488	---	+306,488
Byrd Honors Scholarships.....	40,672	---	---	-40,672	---
Javits Fellowships.....	9,797	9,797	9,797	---	---
Graduate Assistance in Areas of National Need.....	30,371	30,371	30,371	---	---
Teacher Quality Enhancement Grants.....	68,337	---	58,000	-10,337	+58,000
Child Care Access Means Parents in School.....	15,970	15,970	15,970	---	---
Community college access.....	---	125,000	---	---	-125,000
Demonstration in Disabilities / Higher Education.....	6,944	---	---	-6,944	---
Underground Railroad Program.....	2,204	---	---	-2,204	---
GPRA data/HEA program evaluation.....	980	980	980	---	---
B.J. Stupak Olympic Scholarships.....	980	---	980	---	+980
Thurgood Marshall legal education opportunity program.	2,976	---	---	-2,976	---
Total, Higher education.....	2,116,698	1,202,315	1,936,936	-179,762	+734,621

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
HOWARD UNIVERSITY					
Academic Program	205,507	205,506	207,507	+2,000	+2,001
Endowment Program	3,524	3,524	3,524	---	---
Howard University Hospital	29,759	29,759	29,759	---	---
Total, Howard University	238,790	238,789	240,790	+2,000	+2,001
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM: (CHAFL)	573	573	573	---	---
HBCU CAPITAL FINANCING PROGRAM -- Federal Adm	210	210	210	---	---
INSTITUTE OF EDUCATION SCIENCES					
Research, development and dissemination	164,194	164,194	164,194	---	---
Statistics	90,931	90,931	90,931	---	---
Regional Educational Laboratories	66,132	---	66,132	---	+66,132
Research in special education	83,104	72,566	72,566	-10,538	---
Special education studies and evaluations	---	10,000	10,000	+10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Statewide data systems	24,800	24,800	24,800	---	---
Assessment:					
National Assessment	88,985	111,485	88,985	---	-22,500
National Assessment Governing Board	5,088	5,088	5,088	---	---
Subtotal, Assessment	94,073	116,573	94,073	---	-22,500
Total, IES	523,234	479,064	522,696	-538	+43,632
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION	419,280	418,992	418,992	-288	---
OFFICE FOR CIVIL RIGHTS	89,375	91,526	91,526	+2,151	---
OFFICE OF THE INSPECTOR GENERAL	47,327	49,408	49,000	+1,673	-408
Total, Departmental management	555,982	559,926	559,518	+3,536	-408
Total: Elementary and Secondary Education Act programs	24,555,998	25,504,846	23,725,884	-830,114	-1,778,962

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
TITLE III GENERAL PROVISIONS					
Pell grant shortfall payoff 1/	---	---	4,300,000	+4,300,000	+4,300,000
Total, Title III, Department of Education	59,212,775	58,939,040	63,714,964	+4,502,189	+4,775,924
Current Year	(44,190,474)	(43,916,739)	(48,692,663)	(+4,502,189)	(+4,775,924)
FY 2007	(15,022,301)	(15,022,301)	(15,022,301)	---	---

1/ Part of the HEA reauthorization budget request.

TITLE IV - RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	4,669	4,669	4,669	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
DOMESTIC VOLUNTEER SERVICE PROGRAMS					
Volunteers in Service to America (VISTA)	94,240	96,428	96,428	+2,188	---
Volunteers in Homeland Security	4,960	---	---	-4,960	---
Teach for America	---	4,000	2,000	+2,000	-2,000
National Senior Volunteer Corps:					
Foster Grandparents Program	111,424	112,058	112,058	+634	---
Senior Companion Program	45,905	47,438	47,438	+1,533	---
Retired Senior Volunteer Program	58,528	60,288	60,288	+1,760	---
Subtotal, Senior Volunteers	215,857	219,784	219,784	+3,927	---
Program Administration	38,688	39,750	39,750	+1,062	---
Total, Domestic Volunteer Service Programs	353,745	359,962	357,962	+4,217	-2,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
National and Community Service Programs: 1/					
National service trust	142,848	146,000	146,000	+3,152	---
AmeriCorps grants	287,680	275,000	270,000	-17,680	-5,000
Innovation, assistance, and other activities	13,227	9,945	9,945	-3,282	---
Evaluation	3,522	4,000	4,000	+478	---
National Civilian Community Corps	25,296	25,500	25,500	+204	---
Learn and Serve America: K-12 and Higher Ed	42,656	40,000	40,000	-2,656	---
State Commission Administrative Grants	11,904	12,642	12,642	+738	---
Points of Light Foundation	9,920	10,000	10,000	+80	---
America's Promise	4,464	5,000	5,000	+536	---
Subtotal, National & Community Service Programs	541,517	528,087	523,087	-18,430	-5,000
National and Community Service, Salaries & expenses 1/	25,792	27,000	27,000	+1,208	---
Office of Inspector General 1/	5,952	6,000	6,000	+48	---
Total, Corp. for National and Community Service	927,006	921,049	914,049	-12,957	-7,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2008 (current) with FY 2007 comparable.....	400,000	---	400,000	---	+400,000
FY 2007 advance with FY 2006 comparable (NA).....	(400,000)	(400,000)	(400,000)	---	---
FY 2006 advance with FY 2005 comparable (NA).....	(386,880)	(400,000)	(400,000)	(+13,120)	---
Rescission of FY 2006 funds (NA).....	---	(-10,000)	(-100,000)	(-100,000)	(-90,000)
Subtotal, FY 2006 program level.....	386,880	390,000	300,000	-86,880	-90,000
Digitalization program, current funded 2/.....	39,387	---	---	-39,387	---
Previous appropriated funds (NA) 3/.....	---	(30,000)	(30,000)	(+30,000)	---
Interconnection, current funded 2/.....	39,680	---	---	-39,680	---
Previous appropriated funds (NA) 3/.....	(75,000)	(52,000)	(52,000)	(-23,000)	---
Subtotal, FY 2006 appropriation.....	79,067	---	---	-79,067	---
Subtotal, FY 2006 comparable.....	(154,067)	(82,000)	(82,000)	(-72,067)	---
FEDERAL MEDIATION AND CONCILIATION SERVICE.....	44,439	42,331	42,331	-2,108	---
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	7,809	7,809	7,809	---	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	280,564	262,240	249,640	-30,924	-12,600

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
MEDICARE PAYMENT ADVISORY COMMISSION	9,899	10,168	10,168	+269	---
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE	993	993	993	---	---
NATIONAL COUNCIL ON DISABILITY	3,344	2,800	2,800	-544	---
NATIONAL LABOR RELATIONS BOARD	249,860	252,268	252,268	+2,408	---
NATIONAL MEDIATION BOARD	11,628	11,628	11,628	---	---
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	10,510	10,510	10,510	---	---
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	107,136	97,000	97,000	-10,136	---
Less Income Tax Receipts on Dual Benefits	-7,936	-7,000	-7,000	+936	---
Subtotal, Dual Benefits	99,200	90,000	90,000	-9,200	---
Federal Payment to the RR Retirement Account	150	150	150	---	---
Limitation on Administration	102,543	102,543	102,543	---	---
Inspector General	7,196	7,196	7,196	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	20,454	20,470	20,470	+16	---
SUPPLEMENTAL SECURITY INCOME					
Federal benefit payments	38,109,000	37,487,174	37,487,174	-621,826	---
Beneficiary services	45,929	52,000	52,000	+6,071	---
Research and demonstration	35,000	27,000	27,000	-8,000	---
Administration	2,986,900	2,897,000	2,897,000	-89,900	---
Subtotal, SSI program level	41,176,829	40,463,174	40,463,174	-713,655	---
Less funds advanced in prior year	-12,590,000	-10,930,000	-10,930,000	+1,660,000	---
Subtotal, regular SSI current year	28,586,829	29,533,174	29,533,174	+946,345	---
Total, SSI, current request	28,586,829	29,533,174	29,533,174	+946,345	---
New advance, 1st quarter, FY 2007	10,930,000	11,110,000	11,110,000	+180,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Total, SSI program	39,516,829	40,643,174	40,643,174	+1,126,345	---
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	4,359,033	4,665,400	4,617,600	+258,567	-47,800
HI/SMI Trust Funds	1,256,968	1,704,000	1,643,100	+386,132	-60,900
Social Security Advisory Board	2,000	2,000	2,000	---	---
SSI	2,986,900	2,897,000	2,897,000	-89,900	---
Subtotal, regular LAE	8,604,901	9,268,400	9,159,700	+554,799	-108,700
SSI User Fee activities	124,000	119,000	119,000	-5,000	---
SSPA User Fee Activities	1,000	1,000	1,000	---	---
Total, Limitation on Administrative Expenses	8,729,901	9,388,400	9,279,700	+549,799	-108,700

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
MEDICARE REFORM FUNDING					
Medicare reform funding 4/ 5/	(446,054)	---	---	(-446,054)	---
OFFICE OF INSPECTOR GENERAL					
Federal Funds	25,542	26,000	26,000	+458	---
Trust Funds	64,836	67,000	66,805	+1,969	-195
Total, Office of Inspector General	90,378	93,000	92,805	+2,427	-195
Adjustment: Trust fund transfers from general revenues	-2,986,900	-2,897,000	-2,897,000	+89,900	---
Total, Social Security Administration	45,370,662	47,248,044	47,139,149	+1,768,487	-108,895
Federal funds	39,687,825	40,809,644	40,809,644	+1,121,819	---
Current year	(28,757,825)	(29,699,644)	(29,699,644)	(+941,819)	---
New advances, 1st quarter	(10,930,000)	(11,110,000)	(11,110,000)	(+180,000)	---
Trust funds	5,682,837	6,438,400	6,329,505	+646,668	-108,895

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Total, Title IV, Related Agencies	47,609,539	48,974,398	49,245,903	+1,636,364	+271,505
Federal Funds	41,807,064	42,416,091	42,796,491	+989,427	+380,400
Current Year	(30,477,064)	(31,306,091)	(31,286,491)	(+809,427)	(-19,600)
FY 2007 Advance	(10,930,000)	(11,110,000)	(11,110,000)	(+180,000)	---
FY 2008 Advance	(400,000)	---	(400,000)	---	(+400,000)
Trust Funds	5,802,475	6,558,307	6,449,412	+646,937	-108,895

Title IV Footnotes:
1/ FY 2006 House jurisdiction change--account moved from former VA-HUD Appropriations.
2/ Current funded
3/ Requested funds for these activities are from previously appropriated funds
4/ Funds provided in P.L. 108-173, the 2003 Medicare Prescription Drug, Improvement & Modernization Act
5/ Available in fiscal years 2004 and 2005

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
SUMMARY					
Federal Funds	488,978,653	582,299,660	588,191,637	+99,212,984	+5,891,977
Current year	(391,980,962)	(486,552,734)	(492,008,511)	(+100,027,549)	(+5,455,777)
2007 advance	(96,597,691)	(95,746,926)	(95,783,126)	(-814,565)	(+36,200)
2008 advance	(400,000)	---	(400,000)	---	(+400,000)
Trust Funds	12,366,339	13,612,965	13,406,876	+1,040,537	-206,089
Grand Total	501,344,992	595,912,625	601,598,513	+100,253,521	+5,685,888
RECAP					
Mandatory, total in bill	357,872,275	454,393,513	458,613,513	+100,741,238	+4,220,000
Less advances for subsequent years	-77,712,390	-76,897,825	-76,897,825	+814,565	---
Plus advances provided in prior years	74,061,975	77,712,390	77,712,390	+3,650,415	---
Total, mandatory, current year	354,221,860	455,208,078	459,428,078	+105,206,218	+4,220,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Discretionary, total in bill	143,472,717	141,519,112	142,985,000	-487,717	+1,465,888
Less advances for subsequent years	-19,285,301	-18,849,101	-19,285,301	---	-436,200
Plus advances provided in prior years	19,241,277	19,285,301	19,285,301	+44,024	---
Subtotal, Discretionary, current year	143,428,693	141,955,312	142,985,000	-443,693	+1,029,688
Scorekeeping adjustments:					
SSI User Fee Collection	-124,000	-119,000	-119,000	+5,000	---
Vaccines for children legislative proposal	---	-100,000	---	---	+100,000
Smallpox vaccine injury compensation (rescission)	-20,000	---	---	+20,000	---
Medical facilities guarantee and loan fund (rescission)	-66,000	---	---	+66,000	---
Health professions student loan (rescission)	-19,000	---	-15,912	+3,088	-15,912
MMA Health Care infrastructure improvement program (P.L. 109-13) (rescission)	-58,000	---	---	+58,000	---
Title V Chapter III (P.L. 109-13) (rescission)	-10,000	---	---	+10,000	---
H-1B (rescission)	-100,000	---	---	+100,000	---
Job Corps construction FY06 advance (rescission)	---	-25,000	---	---	+25,000
National Emergency Grant (healthcare premium) (rescission)	---	-20,000	-20,000	-20,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2005
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2006
(Amounts in thousands)

	FY 2005 Comparable	FY 2006 Request	Bill	Bill vs. Comparable	Bill vs. Request
Workers compensation (NY 9-11) (rescission).....	---	-5,000	-5,000	-5,000	---
Workers compensation (9-11) (rescission).....	---	-120,000	-120,000	-120,000	---
Community College initiative (rescission).....	---	---	-125,000	-125,000	-125,000
75 percent rule scoring.....	9,000	---	---	-9,000	---
Medicare eligible accruals (permanent,indefinite)	---	33,912	33,912	+33,912	---
CPB (FY 2006 Rescission).....	---	-10,000	-100,000	-100,000	-90,000
Less emergency appropriations.....	-362,600	---	---	+362,600	---
Total, discretionary.....	142,678,093	141,590,224	142,514,000	-164,093	+923,776
Adjustment to balance with 2005 enacted.....	-1,038	---	---	+1,038	---
Total, discretionary (FY 2005 enacted).....	142,677,055	141,590,224	142,514,000	-163,055	+923,776
Grand total, current year (incl FY 2005 comparable)...	496,899,953	596,798,302	601,942,078	+105,042,125	+5,143,776
Grand total, current year (incl FY 2005 enacted).....	496,898,915	596,798,302	601,942,078	+105,043,163	+5,143,776

MINORITY VIEWS

This bill is the clearest demonstration of what happens when Congress puts $140,000 tax cuts for those making more than a million dollars a year ahead of basic investments in education, healthcare, job training and job protection.

As Majority Leader Tom DeLay pointed out two months ago during debate on the conference report on the FY 2006 budget resolution,

> This is the budget that the American people voted for when they returned a Republican House, a Republican Senate and a Republican White House last November.

The average American family wants Congress to focus on creating conditions that make it easier for them to get a good education for their kids; keep secure and decent paying jobs at home; and provide affordable healthcare so that everyone has access to a doctor.

This bill is the most visible and recent evidence that this Congress isn't doing that.

Because the Republican Majority has already made a decision to borrow huge sums to provide super-sized, six-digit tax cuts to the most fortunate people in our society, they have to produce the kind of cuts we see in this bill.

This spring, the Majority party in the House passed a budget resolution that provides $16 billion less than the amount necessary just to maintain current service levels for non-defense programs. At the same time, that budget resolution extended and expanded on the four years of successive tax cut bills that have reduced overall federal revenues to the lowest level since at least 1965, measured relative to the size of the economy. This bill implements that budget plan.

On the budget resolution, the House Majority voted to cut an abstract category called "domestic discretionary spending". This bill, and other domestic appropriations bills, contains the very real cuts in specific programs that the House previously voted for in the abstract.

In nominal dollar terms, this bill provides $1.6 billion less than the comparable FY 2005 level.* After adjusting for inflation and population growth, it represents a $5.7 billion cut in real purchasing power. As a result, this bill cuts ongoing services that

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*In computing the comparable level for FY 2005, we include about $1 billion in costs for administration of the new Medicare drug benefit that were covered in FY 2005 by a one-time special appropriation made in the authorizing legislation but which must be covered through regular discretionary appropriations in this bill starting in FY 2006. The figure used in the text refers to spending on programs, leaving aside rescissions, FY 2005 emergency designations, and other "scorekeeping adjustments".

Americans rely on to have a decent quality of life, engaging fully in work, family and their communities.

This bill is so inadequate it even cuts deeply into the President's signature programs in training, healthcare and education. The bill cuts his Community College skills training initiative in half. It cuts the $300 million increase he proposed for Community Health Centers by two-thirds, and it completely eliminates his $1.5 billion High School reform initiative.

We do not doubt that Chairman Regula and the Majority members of the Subcommittee tried to do the best they could with the budget figure they were given. The problem does not lie so much with how the Majority selected the particular education or health care or job training programs to be cut, as with the overall budget policy that mandates cuts in such high priority programs.

WORKERS

• The bill disinvests in job training and help for the unemployed—cutting these programs by $346 million below the current level while 7.6 million Americans remain out of work.

• It again cuts Adult Training Grants by another $31 million (3.4 percent) below the 2005 level to $866 million—a 9 percent cut below the $955 million provided in FY 1998 and the lowest funding level in 10 years.

• It cuts the U.S. Employment Service, which provides essential information about job openings to people looking for work, by $116 million (13.7 percent) below the current level and $67 million (8.4 percent) below the FY 2001 level. The bill would eliminate job search assistance for 2.5 million people.

• It further cuts critical services for at-risk youth—the very group the President says he and the First Lady are making a priority. Youth Training Grants serving high school drop outs are cut by $36 million (3.7 percent) below the current level to $950 million, eliminating training and work experience for 12,000 youth. The bill provides nearly 33 percent less funding for youth training than provided in FY 2001.

• It even cuts Job Corps below its current funding level. Job Corps is one of the most successful job training programs ever—placing 85 percent of disadvantaged, young adults into jobs and college, and taking them off the street.

• The bill eliminates the $50 million Youthful Offender initiative, eliminating skills training for 9,500 young people who have gotten in trouble with the law.

• On the worker protection front, the Republican Majority has gutted the program that is supposed to act as a whistle blower on countries that compete for American jobs with child and slave labor. Eleven years after NAFTA, labor abuses continue in Mexico, China, and Central America. But, this bill takes the cop off the beat by cutting International Labor Affairs by 87 percent.

HEALTH

On healthcare, the Committee bill—like the President's budget—takes a step backward in efforts to maintain basic health services for the 45 million people without health insurance. In fact, it includes slightly less than proposed by the President for the Health

Resources and Services Administration, the HHS agency whose mission it is to improve access to health care.

• The bill wipes out almost all of the HHS Title VII health professions training programs. In total, these programs see a reduction from $300 million to $47 million, a cut of 84 percent. Of 12 programs in this category, only two remain. Some of the grants being terminated help students from minority and disadvantaged backgrounds attend health professions schools to alleviate the shortage of doctors and dentists in low-income and minority communities. Others provide training opportunities for medical students and residents in rural and other under-served areas, to encourage them to go into practice in those areas.

• It also eliminates the Healthy Communities Access Program, which tries to repair some of the holes in the health care safety net and help health centers and public hospitals and other providers build more effective local systems of care for the uninsured.

• The bill cuts funding to help improve health care in rural areas by 41 percent. This includes a 73 percent cut in Rural Health Outreach grants, meaning no new grants and a big cut in ongoing projects.

• It cuts the Maternal and Child Health Block Grant by $24 million—producing a 20 percent reduction in per-capita purchasing power relative to four years earlier. This program helps states provide prenatal care for mothers and preventive health services and medical treatment for children lacking other sources of health care, including children with disabilities and other special needs.

• The bill reduces the increase requested by the President for Community Health Centers by two-thirds, from $304 million to $100 million. More than half of the remaining increase has already been committed by the Department of HHS to fund applications for new health center sites and services that have been approved but for which FY 2005 funds were not available. Under the bill, relatively small amounts will be available in FY 2006 to cover rising health care costs at existing centers or to fund additional applications for new or expanded health centers.

• The measure eliminates the $100 million contribution to the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis, which had been included in the NIH budget for the past four years.

• With just a couple of exceptions, most health care programs that aren't cut by the bill have their funding frozen, with no increases to cover rising health care costs or caseloads or anything else. For example, the Ryan White AIDS programs—other than drug assistance—receive slightly less funding (in nominal dollars) than three years earlier, even though the number of patients with AIDS has been rising by more than 6 percent per year.

As for research at the National Institutes of Health to try to find cures for diseases like Parkinson's disease or Alzheimer's, the Committee essentially adopted the President's budget. It provided an increase of only 0.5 percent—the smallest percentage increase in 36 years, and 2.6 percent short of what NIH estimates would be needed just to keep up with inflation in research costs. One result will be that NIH can support about 505 fewer research grants than just two years earlier.

For the programs of the Centers for Disease Control that help protect the public against infectious and other diseases, some of the largest cuts come in assistance to state and local health departments. In particular, the Preventive Health Block Grant is cut by $31 million or 24 percent, relative to the FY 2005 enacted level. These grants are used by states and localities for basic public health functions such as responding to disease outbreaks, immunizing children, and improving care for people with chronic diseases like diabetes and asthma. Further, grants that help health departments improve their preparedness against bio-terrorism and other public health emergencies are cut by $75 million.

Most other CDC programs have their funding frozen. This includes prevention and control of HIV/AIDS, sexually transmitted diseases, tuberculosis, and most other infectious diseases, as well as environmental health. There is a welcome addition of $50 million for immunization against the flu, but no increase at all is provided for childhood immunization, despite rising vaccine costs.

HUMAN SERVICES

In the human services area, the Committee cuts in half the Community Services Block Grant, a program aimed at helping the poorest people in our communities who often have no other place to turn. This is an improvement over the President's plan to abolish the program entirely, but it still leaves more than 1,000 local community services agencies seriously short of resources to assist low-income people. The purpose of this block grant is to provide flexible funds to meet whatever a local community considers their most important needs, whether it be for job training, emergency food aid, programs for low-income seniors, or home weatherization.

The bill also cuts the Low-Income Energy Assistance Program (LIHEAP) by almost $200 million—even though there's no reason to expect that we won't have another winter of sky-high heating oil and natural gas prices. Over the past four years, the average cost of heating a home with oil has almost doubled, and the share of that cost covered by the average LIHEAP grant has fallen by half, from 49 percent to 25 percent.

Further, the legislation includes an increase of just 0.7 percent for Head Start—less than what would be needed to keep up with rising costs for teacher salaries, heating, transportation for children and other necessary expenses. It freezes appropriations for the Child Care Block Grant—marking the fourth year in a row that this block grant has been either frozen or cut and leading to a 13 percent reduction below FY 2002 in terms of inflation-adjusted per capita purchasing power. It provides only a one percent increase for seniors' nutrition programs, such as Meals on Wheels, and no increase at all for other key programs at the Administration on Aging.

EDUCATION

On the education front, the Republican Majority has essentially imposed the first freeze on education funding in a decade. At the same time, No Child Left Behind requires our schools to do more for a record 55 million school children. This bill, however, offers them little additional help. It takes a number of actions that shift

more of the burden of financing education to the local property tax, even as Federal mandates to those same communities grow.

• It cuts No Child Left Behind by $806 million (3.3 percent) below the current level. Under this bill, the NCLB funding shortfall will be $13.2 billion next year and over $40 billion since enactment.

• The bill cuts the $603 million increase the Administration proposed for Title 1 to help low-income children improve their reading and math skills to only $100 million. The Administration's request was already inadequate. However, under this bill, Title 1 funding will be $9.9 billion below NCLB's funding promise for FY 2006.

• The Republican Majority again breaks its funding promise on IDEA, the program that is aimed at helping local communities pay for the costs of educational services to disabled children mandated by Federal law. The bill is $3.9 billion below the Republican promise in the IDEA Improvement Act of 2004 to put special education funding on a glidepath to full funding. It even cuts the $508 million increase requested by the Administration to only $150 million. The entire idea of IDEA was to raise the federal share of special education costs to 40 percent over time. Under this bill, the federal share of special education costs will actually drop from 18.6 percent this year to 18.1 percent next year.

• The bill freezes After School Centers, virtually for the fourth year in a row at $991 million even though only 38 percent of all after school applications nationwide could be funded last year. We are turning away children when more than 14 million kids are unsupervised after school each day.

• It slashes Education Technology by $196 million (39.5 percent) on top of a $196 million cut last year. One in four states have no other dedicated technology funds to track NCLB student achievement data, improve teachers' use of technology, and close the achievement gap through online learning.

• It eliminates Comprehensive School Reform grants to 1,000 high-poverty schools by eliminating the program. Rigorous independent evaluations have shown that comprehensive school reform models such as Success for All, America's Choice, High Schools That Work, First Things First, and Talent Development are making a significant difference in helping schools implement integrated, schoolwide reform strategies. This bill turns its back on these schools.

• The bill cuts investments in teachers. It freezes the main NCLB program to put qualified teachers in every classroom—Teacher Quality State Grants—at $2.9 billion for the 3rd consecutive year of a freeze or cut. The bill denies 80 percent of the Administration's $500 million request to provide an incentive for the best teachers to teach in the most challenging high-poverty schools. It cuts funds requested for math and science teachers by $79 million (29 percent). It even cuts teacher training in American history by $69 million (58 percent).

• It freezes Impact Aid payments to 1,300 school districts for over 1 million military and other Federally-connected children, funding Impact Aid at approximately 35 percent below the maximum payments authorized for FY 2006. The bill also freezes flexible innovative education grants, English language training, civic

education, State assessments, and rural education. Some of these programs have been frozen for four years in a row.

• Although the Republican Majority promised low-income students a $100 increase in the maximum Pell Grant in the 2006 Budget Resolution, this bill provides only half that. The $50 increase would offset only 2 percent of the additional $2,300 in four-year public college costs since 2001.

PUBLIC BROADCASTING

While we are pleased that the Committee adopted the Democratic amendment to restore $400 million in fiscal year 2008 advance appropriations for the Corporation for Public Broadcasting, this bill still includes harmful cuts in Federal support for local television and radio stations, and for acclaimed children's programs such as Sesame Street, Mr. Rogers, and Reading Rainbow.

This bill rescinds $100 million or 25 percent of the funds Congress has already enacted for the Corporation for Public Broadcasting for FY 2006. In addition, out of this reduced appropriation, the bill asks public broadcasters to absorb up to $82 million for the mandatory costs of digital conversion and replacement of the public television satellite interconnection system. In all, the bill would cut federal assistance to stations by as much 46 percent below the prior FY 2006 enacted level. These cuts come at a time when commercial broadcasters are engaged in a race to the bottom to bolster ratings, while public broadcasting offers us refreshing, innovative, educational and in-depth alternative programming.

CONCLUSION

What is at stake in this bill is not just the question of how much money will be provided. We are really facing the larger question of how well we will meet our obligations to the country's future. The President wants to blow up Social Security's guarantees as we know them and force Americans to count on their personal investments for their retirement. He has expended great time and energy to convince Americans they must invest for their future.

The country needs to do the same thing. We have to count on our investments. However, this bill walks away from the investment we should be making in our human capital. One year of cuts might be tolerated. But, the LHHS bill is targeted for deeper and deeper cuts over time. One needs to look no further than No Child Left Behind.

• Four years ago, we fell $4.2 billion short of the NCLB funding promise.
• Three years ago, we fell $5.4 billion short.
• Two years ago, the gap was $7.6 billion.
• Last year, the gap grew to $9.8 billion.
• Under this bill, the gap will exceed $13 billion.

The same disinvestment is now occurring in programs such as job training, health professions training, child care, after school centers, and teacher training. And, this quiet erosion in these needed investments will get worse under the Majority's long-term plan.

This is a prescription for America walking away from our commitment to equal opportunity and a better quality of life for all Americans. The only guarantee we are providing them in this bill

is that greater access to better jobs and higher wages, affordable healthcare and quality educational and lifetime opportunities will not be achieved.

THE DEMOCRATIC ALTERNATIVE

The Democratic Amendment offered during Appropriations Committee consideration of this bill would have invested an additional $11.8 billion for priority job training, education and health programs, and fully offset these funds by reducing super-sized, six-digit tax cuts that provide the greatest benefit to those who need it the least. It also included $11.8 billion for deficit reduction. Under the Democratic Amendment, the average tax cut of a person making more than a million dollars would have been reduced from about $140,000 to $36,500. Unfortunately, the Democratic Amendment was defeated on a party line vote of 29 to 35.

The Democratic Amendment invested an additional $7.8 billion to provide real educational opportunity. The Amendment provided:

- $3 billion more for Title 1 reading and math services for nearly 1 million additional low-income students;
- $250 million more for teacher and school improvement, which would have resulted in 22,000 additional teachers receiving high-quality professional development and prevented 1,000 high-poverty schools from losing ongoing comprehensive school reform grants;
- $939 million more for after school centers, child care and Head Start centers to help working families obtain high-quality childcare, an early "headstart" on education, and after-school learning opportunities for their children;
- $1.56 billion more for special education to keep us on a glidepath toward full funding, instead of losing ground as this bill would do; and
- A $450 increase in the maximum Pell Grant for the lowest income students.

The Democratic Amendment invested an additional $738 million to provide more unemployed Americans with the job search assistance and training they need for the Jobs of the 21th Century. The Amendment:

- Restored the $125 million cut from the President's signature job training initiative so that workers can qualify for the high-skills jobs that employers in growth industries have found difficult to fill;
- lnvested more in science, math and technology education programs today so that we will have a technologically proficient workforce tomorrow; and
- Reversed the 87 percent cut in the Labor Department funding that helps countries improve their labor standards and eliminate abusive child labor.

In terms of heath care and human services, the Democratic Amendment avoided most of the cuts made in the Committee bill and included additional funds for certain high priority investments. The Amendment:

- Restored funding for the health professions programs, which help increase the number of minorities in medical and dental schools and encourage medical students to go into pri-

mary care and consider practice in rural and underserved areas;

• Fully funded the President's request for Community Health Centers, so that the many communities applying for funds to start or expand a health center have a better chance of actually receiving assistance;

• Expanded programs to address the special health needs of rural areas, rather than cutting these programs 41 percent as the Committee's bill does;

• Restored funding for grants to state and local health departments to help combat infectious diseases and other health threats and improve preparedness against bioterrorist attack or natural epidemic;

• Invested in biomedical research at NIH by providing a sufficient increase to keep up with inflation in research costs and to avoid the need to reduce the number of research grants supported;

• Restored the $100 million contribution to the Global AIDS Fund;

• Reversed cuts in the LlHEAP energy assistance program, in order to help low-income families and senior citizens avoid having to choose between heating and eating next winter; and

• Raised funding for Community Services Block Grant to its FY 2002 level of $650 million to help local organizations operating in almost every county in the U.S. provide basic services to poor people.

One particular focus of the Democratic Amendment was increases in a series of programs that help young mothers and families in difficult circumstances care for infants and children, in part to reduce some of the economic pressures that might cause a woman to decide not to carry a pregnancy to term. We hear many expressions of concern for life. These concerns need to go beyond the rhetorical and attack the real life conditions that can lead a woman to make another choice. Lectures from politicians will not help unless we extend a hand to assist women to overcome economic pressures and other life challenges that sometimes make a pregnancy and the thought of another child seem overwhelming. Concern about life cannot end at the checkbook's edge.

That is why the Amendment—

• Added $175 million to the Maternal and Child Health Block Grant, to restore its purchasing power to the FY 2002 level, and added $98 million to double the Healthy Start program; both of these programs support prenatal and infant health services and help young, low-income mothers learn to care for their babies and gain access to the services they need.

• Added $300 million to Child Care grants, restoring purchasing power to FY 2002, to help low-income families secure safe and affordable child care.

• Added $418 million to restore the purchasing power of the Community Services Block Grant, to help local community-based agencies meet basic needs of low-income families, such as emergency assistance with food and other needs, parenting education, child care, and job training and placement.

- Added $126 million to double grants to states and tribes for family violence prevention programs and to provide shelter to victims of violence and their children.
- Added $212 million to restore the purchasing power of adult job training grants to FY 2002 levels, to help parents acquire the skills needed to obtain well-paying jobs to support their families.

This Amendment also would have reversed a number of harmful cuts that would result in costs passed down to state and local governments, already squeezed by a wide array of cuts in programs across the Federal government that provide important services to the public.

What is at stake in this bill is not just the question of how much money will be provided for education, healthcare, or job training. We are really facing the larger question of who we are as a people and what kind of nation we want to be. The Democratic Amendment sought to move us in the right direction.

DAVID R. OBEY.
STENY HOYER.
ROSA DELAURO.
JESSE JACKSON, JR.
LUCILLE ROYBAL-ALLARD.

HONORING AMERICAN VALUES AMENDMENT: STRENGTHENING AMERICA'S FUTURE, ENSURING TAX FAIRNESS, AND PRESERVING FISCAL RESPONSIBILITY

	Dollars in billions
Critical Investments by Program:	
Providing Educational Opportunities for America's Children	**7.844**
Supporting reading and math instruction for low-income children (Title I)	3.000
Helping working families obtain a "headstart" on education and after-school learning opportunities for their children	0.639
Afterschool	*0.500*
Headstart	*0.139*
Supporting effective school improvement strategies (Comprehensive School Reform, Teacher Quality State Grants)	0.345
Increasing Pell Grants to more closely keep up with inflation (maximum Pell Grant of $4,550)	1.900
Increasing assistance to local communities for children with disabilities (IDEA)	1.560
Alleviating the impact of military dependents on local schools (Impact Aid)	0.100
Helping working families obtain high-quality childcare (Childcare)	0.300
Providing America's Workers with the Tools and Training to Compete in the 21st Century	**0.738**
Preserving training and employment services to equip Americans for the 21st century economy	0.438
Employment and Training (Adult, Youth, Dislocated Workers, and Employment Service)	*0.232*
Community College Initiative for skills training in high-growth industries	*0.125*
International Labor	*0.081*
Investing in science, math and technology education for the workforce of tomorrow	0.300
Math and science partnerships	*0.100*
Education technology	*0.200*
Meeting America's Health Care Needs	**2.180**
Maintaining core health "safety net" programs to meet rising costs and the needs of children and others losing coverage under Medicaid and employer-provided insurance	0.626
Rural health programs	*0.054*
Healthy Communities Access Program	*0.085*
State Healthcare Access Planning Grants	*0.015*
Healthy Start	*0.098*
Mental health programs at SAMSHA	*0.032*
National Health Service Corps	*0.030*
Title X Family Planning	*0.010*
Ryan White	*0.060*
Community Health Centers	*0.242*
Preserving critical investments in medical research at NIH (NIH)	0.850
Providing critical dental services for children and others lacking access to dental care (National Health Service Corps, Community Health Centers and Rural Health Outreach Grants)	0.050
Controlling infectious diseases and expanding immunizations	0.176
Preventative Health and Health Services Block Grant	*0.031*
CDC infectious disease control program	*0.045*
Childhood immunizations	*0.050*
Influenza immunizations	*0.050*

HONORING AMERICAN VALUES AMENDMENT: STRENGTHENING AMERICA'S FUTURE, ENSURING TAX FAIRNESS, AND PRESERVING FISCAL RESPONSIBILITY

	Dollars in billions
Relieving the acute shortage of doctors and dentists in rural and other underserved areas and increasing the numbers of minority health professionals (Title VII Health Professions Training Programs)	0.253
Investing to alleviate the looming shortage of nurses (Nurse education training programs)	0.050
Improving maternal and infant health care (Maternal and Child Health Block Grant)	0.175
Improving our Hometown Response Capabilities	**0.105**
State and Local Public Health Preparedness Grants	*0.105*
Meeting the Needs of America's Communities	**0.964**
Helping States provide energy assistance for the poor (LIHEAP)	0.215
Alleviating the impact of refugees on State and local communities (Refugee and Entrant Assistance Program)	0.041
Helping communities to ameliorate the causes and conditions of poverty (CSBG)	0.330
Improving services for seniors (Administration on Aging -- Meals on Wheels, etc.)	0.043
Delivering enriching and innovative education, information, and entertainment programs to millions of families and children (Corporation for Public Broadcasting - $100 million in 2006, $400 million in 2008)	0.100
Expanding domestic violence prevention	0.126
Providing sufficient funds for timely processing of Social Security claims	0.109
Total, Critical Investments in America's Future	**11.831**
Ensuring Tax Fairness	**23.662**
Reducing the Deficit to East the Burden on Future Generations	**11.831**

SHORTFALLS IN THE FY 2006 LHHS BILL

COMPARED TO NO CHILD LEFT BEHIND ACT AND IDEA AUTHORIZATIONS

(Estimates, dollars rounded to nearest $000; amounts may not sum to totals)

	NCBL Total	Title 1	After School	Math & Science	Teacher Quality	Safe and Drug-Free
Alabama	-$197,315,440	-$145,846,000	-$18,531,000	-$4,545,000	-$4,259,000	-$3,805,000
Alaska	-$45,620,460	-$30,063,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Arizona	-$258,047,818	-$192,249,000	-$23,942,000	-$5,737,000	-$5,470,000	-$4,878,000
Arkansas	-$125,371,439	-$91,300,000	-$11,812,000	-$2,919,000	-$2,696,000	-$2,343,000
California	-$1,836,486,414	-$1,395,117,000	-$168,301,000	-$35,873,000	-$34,369,000	-$32,357,000
Colorado	-$129,098,373	-$93,029,000	-$11,567,000	-$2,655,000	-$3,047,000	-$2,694,000
Connecticut	-$101,075,988	-$73,405,000	-$9,862,000	-$1,691,000	-$2,098,000	-$2,142,000
Delaware	-$46,419,350	-$30,867,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
District of Columbia	-$58,940,364	-$43,602,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Florida	-$673,453,087	-$513,098,000	-$58,384,000	-$13,397,000	-$13,315,000	-$12,730,000
Georgia	-$411,486,625	-$307,912,000	-$39,052,000	-$7,766,000	-$7,678,000	-$7,434,000
Hawaii	-$55,970,169	-$40,328,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Idaho	-$50,749,579	-$34,242,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Illinois	-$557,213,047	-$422,259,000	-$51,293,000	-$9,234,000	-$9,762,000	-$9,789,000
Indiana	-$179,189,974	-$132,572,000	-$16,277,000	-$3,489,000	-$4,147,000	-$3,290,000
Iowa	-$68,698,647	-$46,688,000	-$6,169,000	-$1,382,000	-$1,718,000	-$1,356,000
Kansas	-$81,274,729	-$57,766,000	-$7,398,000	-$1,524,000	-$1,800,000	-$1,629,000
Kentucky	-$189,377,808	-$140,156,000	-$17,924,000	-$3,880,000	-$3,685,000	-$3,447,000
Louisiana	-$288,334,116	-$219,378,000	-$26,787,000	-$5,863,000	-$5,186,000	-$4,924,000
Maine	-$55,770,404	-$37,179,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Maryland	-$180,689,775	-$136,180,000	-$16,520,000	-$2,790,000	-$3,436,000	-$3,793,000
Massachusetts	-$218,938,156	-$163,156,000	-$21,381,000	-$3,578,000	-$4,071,000	-$4,126,000
Michigan	-$436,779,330	-$333,202,000	-$40,574,000	-$7,012,000	-$7,590,000	-$7,582,000
Minnesota	-$108,269,487	-$75,028,000	-$9,931,000	-$2,184,000	-$2,896,000	-$2,604,000
Mississippi	-$166,940,981	-$121,948,000	-$15,871,000	-$3,914,000	-$3,432,000	-$2,979,000
Missouri	-$196,861,531	-$141,088,000	-$18,727,000	-$4,150,000	-$4,357,000	-$3,927,000
Montana	-$53,824,598	-$34,166,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Nebraska	-$61,068,983	-$39,200,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Nevada	-$77,548,559	-$57,986,000	-$6,698,000	-$1,521,000	-$1,659,000	-$1,616,000
New Hampshire	-$45,908,373	-$28,870,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
New Jersey	-$262,063,266	-$191,138,000	-$25,273,000	-$4,408,000	-$5,369,000	-$5,526,000
New Mexico	-$110,412,227	-$82,379,000	-$10,395,000	-$2,390,000	-$2,147,000	-$2,005,000
New York	-$1,265,647,697	-$997,121,000	-$115,848,000	-$17,693,000	-$16,835,000	-$19,485,000
North Carolina	-$298,251,453	-$218,402,000	-$27,860,000	-$6,729,000	-$6,777,000	-$6,173,000
North Dakota	-$44,443,331	-$28,628,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,230,000
Ohio	-$382,063,469	-$284,061,000	-$36,260,000	-$6,923,000	-$7,825,000	-$7,557,000
Oklahoma	-$145,778,546	-$101,731,000	-$13,157,000	-$3,235,000	-$3,121,000	-$2,687,000
Oregon	-$123,911,634	-$91,399,000	-$11,746,000	-$2,412,000	-$2,571,000	-$2,304,000
Pennsylvania	-$481,183,656	-$368,361,000	-$45,032,000	-$7,792,000	-$8,474,000	-$8,561,000
Puerto Rico	-$514,905,625	-$409,854,000	-$45,744,000	-$12,589,000	-$9,465,000	-$5,599,000
Rhode Island	-$53,913,971	-$37,277,000	-$6,169,000	-$1,300,000	-$1,273,000	-$2,117,000
South Carolina	-$179,308,324	-$135,091,000	-$17,154,000	-$3,793,000	-$3,665,000	-$2,218,000
South Dakota	-$50,851,240	-$34,104,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,883,000
Tennessee	-$208,882,634	-$154,391,000	-$19,648,000	-$4,718,000	-$4,692,000	-$3,433,000
Texas	-$1,207,991,925	-$912,657,000	-$113,250,000	-$24,571,000	-$23,100,000	-$14,225,000
Utah	-$70,133,508	-$43,066,000	-$6,169,000	-$1,401,000	-$1,732,000	-$9,880,000
Vermont	-$41,356,533	-$26,023,000	-$6,169,000	-$1,300,000	-$1,273,000	-$1,299,000
Virginia	-$216,201,749	-$157,478,000	-$20,811,000	-$4,392,000	-$4,950,000	-$4,715,000
Washington	-$179,263,041	-$129,080,000	-$16,840,000	-$3,831,000	-$4,264,000	-$4,054,000
West Virginia	-$104,436,260	-$77,332,000	-$9,941,000	-$1,807,000	-$1,641,000	-$3,412,000
Wisconsin	-$172,417,671	-$126,847,000	-$15,253,000	-$2,810,000	-$3,417,000	-$4,753,000
Wyoming	-$43,403,184	-$27,029,000	-$6,169,000	-$1,300,000	-$1,273,000	-$2,369,000
Total	-$13,282,958,000	-$9,910,429,000	-$1,258,923,000	-$260,000,000	-$258,395,000	-$250,000,000

Note: Estimates from the Congressional Research Service based on data provided by the U.S. Department of Education.

SHORTFALLS IN THE FY 2006 LHHS BILL

COMPARED TO NO CHILD LEFT BEHIND ACT AND IDEA AUTHORIZATIONS

(Estimates, dollars rounded to nearest $000; amounts may not sum to totals)

	Language Acquisition	Education Technology	Assessments	Innovative Education	Rural Education	IDEA Part B
Alabama	-$368,291	-$10,174,000	-$1,268,149	-$5,092,000	-$3,427,000	
Alaska	-$100,720	-$3,387,000	-$219,740	-$1,746,000	-$132,000	-$57,581,000
Arizona	-$1,903,621	-$13,146,000	-$1,881,197	-$6,804,000	-$2,037,000	-$11,985,000
Arkansas	-$237,844	-$6,486,000	-$790,595	-$3,117,000	-$3,670,000	-$59,955,000
California	-$17,845,467	-$92,410,000	-$11,916,947	-$43,192,000	-$5,105,000	-$41,938,000
Colorado	-$1,194,018	-$6,351,000	-$1,457,355	-$5,183,000	-$1,921,000	-$452,690,000
Connecticut	-$537,677	-$5,415,000	-$1,044,311	-$3,920,000	-$961,000	-$51,707,000
Delaware	-$104,679	-$3,387,000	-$208,671	-$1,746,000	-$134,000	-$42,098,000
District of Columbia	-$111,475	-$3,387,000	-$121,889	-$1,746,000	$0	-$10,985,000
Florida	-$4,756,697	-$32,058,000	-$5,013,390	-$18,024,000	-$2,677,000	-$5,523,000
Georgia	-$1,584,707	-$21,443,000	-$2,809,918	-$10,287,000	-$5,520,000	-$229,038,000
Hawaii	-$198,689	-$3,387,000	-$338,480	-$1,746,000	$0	-$105,399,000
Idaho	-$257,492	-$3,387,000	-$438,087	-$1,746,000	-$707,000	-$15,061,000
Illinois	-$2,943,079	-$28,164,000	-$3,903,968	-$14,725,000	-$5,140,000	-$19,927,000
Indiana	-$902,991	-$8,938,000	-$1,919,983	-$7,374,000	-$280,000	-$170,799,000
Iowa	-$353,990	-$3,387,000	-$773,657	-$3,215,000	-$3,656,000	-$85,706,000
Kansas	-$291,385	-$4,062,000	-$770,344	-$3,177,000	-$2,857,000	-$38,655,000
Kentucky	-$287,701	-$9,841,000	-$1,139,107	-$4,543,000	-$4,475,000	-$34,209,000
Louisiana	-$406,733	-$14,709,000	-$1,339,383	-$5,359,000	-$4,382,000	-$56,722,000
Maine	$0	-$3,387,000	-$333,404	-$1,746,000	-$3,153,000	-$67,322,000
Maryland	-$813,776	-$9,071,000	-$1,718,999	-$6,367,000	$0	-$17,326,000
Massachusetts	-$1,346,863	-$11,740,000	-$1,677,293	-$6,843,000	-$1,019,000	-$70,919,000
Michigan	-$1,398,503	-$22,278,000	-$3,085,827	-$11,880,000	-$2,177,000	-$89,880,000
Minnesota	-$791,182	-$5,453,000	-$1,440,305	-$5,796,000	-$2,146,000	-$143,140,000
Mississippi	-$120,997	-$8,714,000	-$853,984	-$3,460,000	-$5,648,000	-$60,578,000
Missouri	-$549,600	-$10,283,000	-$1,581,931	-$6,500,000	-$5,698,000	-$42,765,000
Montana	$0	-$3,387,000	-$227,598	-$1,746,000	-$4,326,000	-$74,599,000
Nebraska	-$258,100	-$3,387,000	-$483,883	-$2,010,000	-$5,758,000	-$13,029,000
Nevada	-$818,149	-$3,677,000	-$793,410	-$2,626,000	-$154,000	-$23,643,000
New Hampshire	-$129,931	-$3,387,000	-$381,442	-$1,746,000	-$1,422,000	-$22,547,000
New Jersey	-$2,458,120	-$13,877,000	-$2,655,146	-$9,825,000	-$1,534,000	-$15,026,000
New Mexico	-$631,607	-$5,708,000	-$551,620	-$2,316,000	-$1,889,000	-$114,447,000
New York	-$6,409,231	-$63,610,000	-$5,547,466	-$20,841,000	-$2,258,000	-$30,326,000
North Carolina	-$1,201,193	-$15,298,000	-$2,608,260	-$9,405,000	-$3,798,000	-$240,363,000
North Dakota	$0	-$3,387,000	-$141,331	-$1,746,000	-$569,000	-$111,937,000
Ohio	-$791,772	-$19,910,000	-$3,279,697	-$13,035,000	-$2,421,000	-$8,920,000
Oklahoma	-$587,770	-$7,224,000	-$949,776	-$3,983,000	-$9,103,000	-$151,083,000
Oregon	-$630,952	-$6,449,000	-$1,040,682	-$3,930,000	-$1,429,000	-$50,681,000
Pennsylvania	-$1,075,623	-$24,726,000	-$3,472,033	-$13,355,000	-$335,000	-$44,708,000
Puerto Rico	-$345,693	-$25,117,000	-$1,269,932	-$4,922,000	$0	-$148,390,000
Rhode Island	-$280,383	-$3,387,000	-$300,588	-$1,746,000	-$64,000	-$36,649,000
South Carolina	-$314,067	-$9,419,000	-$1,224,257	-$4,688,000	-$1,742,000	-$13,846,000
South Dakota	-$60,822	-$3,387,000	-$209,418	-$1,746,000	-$719,000	-$59,232,000
Tennessee	-$557,777	-$10,788,000	-$1,643,857	-$6,355,000	-$2,656,000	-$10,626,000
Texas	-$9,774,016	-$62,184,000	-$7,287,909	-$27,847,000	-$13,096,000	-$79,796,000
Utah	-$347,327	-$3,387,000	-$817,181	-$3,220,000	-$114,000	-$343,609,000
Vermont	$0	-$3,387,000	-$159,533	-$1,746,000	$0	-$40,001,000
Virginia	-$1,126,809	-$11,427,000	-$2,159,940	-$8,213,000	-$929,000	-$8,600,000
Washington	-$1,022,580	-$9,247,000	-$1,782,461	-$6,953,000	-$2,189,000	-$102,775,000
West Virginia	-$77,025	-$5,459,000	-$442,235	-$1,819,000	-$2,506,000	-$79,810,000
Wisconsin	-$734,424	-$8,375,000	-$1,499,247	-$6,243,000	-$2,486,000	-$24,046,000
Wyoming	$0	-$3,387,000	-$125,184	-$1,746,000	-$5,000	-$69,278,000
Total	-$74,235,000	-$700,000,000	-$90,000,000	-$351,600,000	-$129,376,000	-$3,908,901,000

Note: Estimates from the Congressional Research Service based on data provided by the U.S. Department of Education.

ESTIMATED ALLOCATIONS FOR PUBLIC TELEVISION AND RADIO STATIONS

Grantee	Location	State	Formula station grants at $400 million	Formula station grants under LHHS Bill	Difference	
					Dollars	Percentage
KSKA-FM	Anchorage	AK	$188,087	$101,572	-$86,516	-46.0%
KNBA-FM	Anchorage	AK	$303,857	$163,975	-$139,882	-46.0%
KBRW-AM	Barrow	AK	$229,478	$124,203	-$105,274	-45.9%
KYUK-AM	Bethel	AK	$156,174	$85,007	-$71,167	-45.6%
KCUK-FM	Chevak	AK	$100,960	$55,484	-$45,476	-45.0%
KUAC-FM	Fairbanks	AK	$144,385	$78,204	-$66,181	-45.8%
KDLG-AM	Dillingham	AK	$118,158	$64,180	-$53,978	-45.7%
KZPA-AM	Fort Yukon	AK	$149,500	$149,500	$0	0.0%
KIYU-AM	Galena	AK	$150,000	$150,000	$0	0.0%
KHNS-FM	Haines	AK	$97,272	$53,012	-$44,260	-45.5%
KBBI-AM	Homer	AK	$139,077	$75,365	-$63,711	-45.8%
KTOO-FM	Juneau	AK	$133,022	$72,128	-$60,894	-45.8%
KRBD-FM	Ketchikan	AK	$119,824	$65,071	-$54,754	-45.7%
KMXT-FM	Kodiak	AK	$110,135	$59,890	-$50,245	-45.6%
KOTZ-AM	Kotzebue	AK	$154,132	$83,915	-$70,217	-45.6%
KSKO-AM	Mcgrath	AK	$96,680	$52,695	-$43,985	-45.5%
KFSK-FM	Petersburg	AK	$103,607	$56,399	-$47,208	-45.6%
KSDP-AM	Sand Point	AK	$150,000	$150,000	$0	0.0%
KCAW-FM	Sitka	AK	$117,128	$63,629	-$53,499	-45.7%
KUHB-FM	St. Paul	AK	$150,000	$150,000	$0	0.0%
KTNA-FM	Talkeetna	AK	$100,000	$100,000	$0	0.0%
KNSA-AM	Unalakleet	AK	$150,000	$150,000	$0	0.0%
KIAL-AM	Unalaska	AK	$100,000	$100,000	$0	0.0%
KCHU-AM	Valdez	AK	$103,861	$56,535	-$47,326	-45.6%
KSTK-FM	Wrangell	AK	$96,180	$52,428	-$43,752	-45.5%
KAKM-TV	Anchorage	AK	$699,504	$415,224	-$284,279	-40.6%
KYUK-TV	Bethel	AK	$682,520	$452,082	-$230,437	-33.8%
KUAC-TV	Fairbanks	AK	$688,363	$410,855	-$277,507	-40.3%
KTOO-TV	Juneau	AK	$661,322	$404,762	-$256,560	-38.8%
		AK Total	$6,193,226	$3,996,116	-$2,197,110	-35.5%
WBHM-FM	Birmingham	AL	$180,935	$97,547	-$83,388	-46.1%
WJAB-FM	Huntsville	AL	$152,574	$82,782	-$69,792	-45.7%
WLRH-FM	Huntsville	AL	$124,933	$67,602	-$57,330	-45.9%
WLJS-FM	Jacksonville	AL	$16,007	$8,797	-$7,210	-45.0%
WHIL-FM	Mobile	AL	$121,733	$65,892	-$55,842	-45.9%
WVAS-FM	Montgomery	AL	$176,267	$95,451	-$80,816	-45.8%
WTSU-FM	Montgomery-Troy	AL	$147,490	$79,864	-$67,626	-45.9%
WUAL-FM	Tuscaloosa	AL	$205,985	$111,142	-$94,843	-46.0%
AL PUBLIC TV	Birmingham	AL	$1,608,448	$891,323	-$717,125	-44.6%
		AL Total	$2,734,372	$1,500,400	-$1,233,972	-45.1%
KUAF-FM	Fayetteville	AR	$175,327	$94,748	-$80,578	-46.0%
KASU-FM	Jonesboro	AR	$121,752	$61,124	-$60,628	-49.8%
KUAR-FM	Little Rock	AR	$138,222	$74,708	-$63,514	-46.0%
KABF-FM	Little Rock	AR	$57,978	$21,411	-$36,566	-63.1%
AR ETV	Little Rock	AR	$1,201,561	$666,910	-$534,651	-44.5%
		AR Total	$1,694,840	$918,902	-$775,938	-45.8%
KVZK-TV	Pago Pago	AS	$548,425	$339,570	-$208,854	-38.1%
		AS Total	$548,425	$339,570	-$208,854	-38.1%
KNAU-FM	Flagstaff	AZ	$252,759	$136,152	-$116,607	-46.1%
KBAQ-FM	Mesa	AZ	$239,923	$129,089	-$110,834	-46.2%

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ESTIMATED ALLOCATIONS FOR PUBLIC TELEVISION AND RADIO STATIONS

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KJZZ-FM	Phoenix	AZ	$568,285	$304,667	-$263,618	-46.4%
KUAZ-FM	Tucson	AZ	$289,309	$155,696	-$133,613	-46.2%
KXCI-FM	Tucson	AZ	$110,330	$59,794	-$50,536	-45.8%
KAWC-AM	Yuma	AZ	$107,690	$58,383	-$49,307	-45.8%
KAET-TV	Phoenix	AZ	$1,594,415	$885,813	-$708,602	-44.4%
KUAT-TV	Tucson	AZ	$918,197	$509,721	-$408,476	-44.5%
KGHR-FM	Tuba City	AZ	$100,960	$55,484	-$45,476	-45.0%
		AZ Total	$4,181,869	$2,294,799	-$1,887,071	-45.1%
KHSU-FM	Arcata	CA	$133,620	$72,448	-$61,173	-45.8%
KPFA-FM	Berkeley	CA	$528,144	$283,403	-$244,741	-46.3%
KCHO-FM	Chico	CA	$170,822	$92,340	-$78,482	-45.9%
KSJV-FM	Fresno	CA	$352,821	$189,856	-$162,965	-46.2%
KKJZ-FM	Long Beach	CA	$266,612	$142,953	-$123,659	-46.4%
KPFK-FM	Los Angeles	CA	$421,202	$226,220	-$194,982	-46.3%
KUSC-FM	Los Angeles	CA	$448,244	$240,073	-$208,171	-46.4%
KVMR-FM	Nevada City	CA	$103,573	$56,181	-$47,392	-45.8%
KCSN-FM	Northridge	CA	$78,203	$28,828	-$49,375	-63.1%
KAZU-FM	Pacific Grove	CA	$86,231	$46,908	-$39,323	-45.6%
KZYX-FM	Philo	CA	$110,527	$60,099	-$50,428	-45.6%
KPCC-FM	Pasadena	CA	$547,509	$293,151	-$254,358	-46.5%
KMUD-FM	Garberville	CA	$104,060	$56,642	-$47,419	-45.6%
KXPR-FM	Sacramento	CA	$243,853	$131,190	-$112,663	-46.2%
KVCR-FM	San Bernardino	CA	$16,007	$8,797	-$7,210	-45.0%
KXJZ-FM	Sacramento	CA	$292,344	$157,119	-$135,225	-46.3%
KRCB-FM	Santa Rosa	CA	$106,611	$58,005	-$48,605	-45.6%
KPBS-FM	San Diego	CA	$496,255	$265,745	-$230,510	-46.4%
KALW-FM	San Francisco	CA	$131,574	$70,747	-$60,827	-46.2%
KQED-FM	San Francisco	CA	$1,361,665	$728,488	-$633,177	-46.5%
KCBX-FM	San Luis Obispo	CA	$115,402	$62,506	-$52,896	-45.8%
KCSM-FM	San Mateo	CA	$194,640	$104,469	-$90,171	-46.3%
KUSP-FM	Santa Cruz	CA	$144,516	$78,074	-$66,442	-46.0%
KBBF-FM	Santa Rosa	CA	$115,482	$62,949	-$52,533	-45.5%
KCRW-FM	Santa Monica	CA	$1,452,602	$777,113	-$675,489	-46.5%
KVPR-FM	Fresno	CA	$142,256	$76,866	-$65,391	-46.0%
KRCB-TV	Rohnert Park-Cotati	CA	$411,195	$250,708	-$160,486	-39.0%
KOCE-TV	Huntington Beach	CA	$1,622,182	$902,453	-$719,729	-44.4%
KEET-TV	Eureka	CA	$664,200	$427,746	-$236,453	-35.6%
KVPT-TV	Fresno	CA	$738,400	$409,661	-$328,739	-44.5%
KCET-TV	Los Angeles	CA	$4,388,168	$2,441,769	-$1,946,399	-44.4%
KLCS-TV	Los Angeles	CA	$793,258	$441,144	-$352,114	-44.4%
KIXE-TV	Redding	CA	$659,764	$405,130	-$254,634	-38.6%
KVIE-TV	Sacramento	CA	$1,533,386	$852,083	-$681,303	-44.4%
KVCR-TV	San Bernardino	CA	$732,485	$407,323	-$325,162	-44.4%
KPBS-TV	San Diego	CA	$2,087,947	$1,160,705	-$927,242	-44.4%
KQED-TV	San Francisco	CA	$2,668,244	$1,484,604	-$1,183,640	-44.4%
KTEH-TV	San Jose	CA	$934,204	$519,581	-$414,623	-44.4%

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KCSM-TV	San Mateo	CA	$667,807	$371,327	-$296,480	-44.4%
KSDS-FM	San Diego	CA	$85,296	$46,002	-$39,294	-46.1%
KUFW-FM	Woodlake	CA	$545,669	$292,974	-$252,695	-46.3%
		CA Total	$26,696,978	$14,784,380	-$11,912,598	-44.6%
KRZA-FM	Alamosa	CO	$95,459	$52,043	-$43,417	-45.5%
KAJX-FM	Aspen	CO	$104,547	$56,902	-$47,645	-45.6%
KDNK-FM	Carbondale	CO	$67,307	$36,989	-$30,318	-45.0%
KGNU-FM	Boulder	CO	$86,795	$46,803	-$39,992	-46.1%
KRCC-FM	Colorado Springs	CO	$123,077	$66,610	-$56,467	-45.9%
KSJD-FM	Cortez	CO	$16,007	$8,797	-$7,210	-45.0%
KBUT-FM	Crested Butte	CO	$67,307	$36,989	-$30,318	-45.0%
KVOD-FM	Denver	CO	$731,749	$392,072	-$339,676	-46.4%
KUVO-FM	Denver	CO	$175,124	$94,640	-$80,484	-46.0%
KUNC-FM	Greeley	CO	$228,750	$123,315	-$105,436	-46.1%
KSUT-FM	Ignacio	CO	$194,854	$105,690	-$89,164	-45.8%
KVNF-FM	Paonia	CO	$94,090	$51,310	-$42,779	-45.5%
KOTO-FM	Telluride	CO	$100,895	$54,949	-$45,946	-45.5%
KBDI-TV	Broomfield	CO	$610,669	$354,960	-$255,708	-41.9%
KRMA-TV	Denver	CO	$1,117,918	$621,124	-$496,794	-44.4%
		CO Total	$3,814,547	$2,103,193	-$1,711,353	-44.9%
WSHU-FM	Fairfield	CT	$307,989	$165,077	-$142,911	-46.4%
WPKT-FM	Meriden	CT	$323,513	$173,379	-$150,135	-46.4%
WMNR-FM	Monroe	CT	$93,139	$50,195	-$42,943	-46.1%
WHUS-FM	Storrs	CT	$16,007	$8,797	-$7,210	-45.0%
CT PUBLIC TV	Hartford	CT	$1,842,687	$1,023,835	-$818,852	-44.4%
		CT Total	$2,583,335	$1,421,283	-$1,162,052	-45.0%
WAMU-FM	Washington	DC	$639,203	$342,181	-$297,022	-46.5%
WPFW-FM	Washington	DC	$286,098	$154,179	-$131,919	-46.1%
WHUT-TV	Washington	DC	$840,551	$466,911	-$373,640	-44.5%
		DC Total	$1,765,853	$963,271	-$802,582	-45.5%
WXEL-FM	West Palm Beach	FL	$156,548	$84,101	-$72,447	-46.3%
WGCU-FM	Ft Myers	FL	$244,084	$131,313	-$112,770	-46.2%
WQCS-FM	Fort Pierce	FL	$167,116	$90,158	-$76,958	-46.1%
WUFT-FM	Gainesville	FL	$219,163	$117,988	-$101,175	-46.2%
WJCT-FM	Jacksonville	FL	$208,749	$112,419	-$96,329	-46.1%
WFIT-FM	Melbourne	FL	$61,605	$33,334	-$28,271	-45.9%
WDNA-FM	Miami	FL	$80,833	$29,841	-$50,992	-63.1%
WLRN-FM	Miami	FL	$327,069	$175,280	-$151,789	-46.4%
WUCF-FM	Orlando	FL	$16,007	$8,797	-$7,210	-45.0%
WMFE-FM	Orlando	FL	$261,689	$140,727	-$120,962	-46.2%
WKGC-FM	Panama City	FL	$102,852	$55,796	-$47,057	-45.8%
WUWF-FM	Pensacola	FL	$160,569	$86,658	-$73,912	-46.0%
WFSU-FM	Tallahassee	FL	$285,270	$153,536	-$131,734	-46.2%
WMNF-FM	Tampa	FL	$143,473	$71,795	-$71,678	-50.0%
WUSF-FM	Tampa	FL	$391,809	$210,303	-$181,505	-46.3%
WBCC-TV	Cocoa	FL	$416,022	$257,923	-$158,099	-38.0%
WCEU-TV	Daytona-New Smyrna Beach	FL	$647,485	$359,913	-$287,572	-44.4%

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WXEL-TV	West Palm Beach	FL	$762,414	$423,025	-$339,389	-44.5%
WUFT-TV	Gainesville	FL	$790,100	$438,432	-$351,668	-44.5%
WJCT-TV	Jacksonville	FL	$879,759	$488,329	-$391,430	-44.5%
WPBT-TV	Miami	FL	$2,196,041	$1,178,754	-$1,017,287	-46.3%
WLRN-TV	Miami	FL	$1,176,320	$654,006	-$522,314	-44.4%
WMFE-TV	Orlando	FL	$584,022	$324,594	-$259,428	-44.4%
WSRE-TV	Pensacola	FL	$699,738	$388,144	-$311,594	-44.5%
WFSU-TV	Tallahassee	FL	$1,116,257	$619,944	-$496,313	-44.5%
WEDU-TV	Tampa	FL	$826,182	$459,148	-$367,034	-44.4%
WGCU-TV	Ft. Myers	FL	$837,718	$464,933	-$372,785	-44.5%
WUSF-TV	Tampa	FL	$757,069	$420,686	-$336,383	-44.4%
		FL Total	$14,515,966	$7,979,879	-$6,536,086	-45.0%
WUGA-FM	Athens	GA	$179,941	$97,016	-$82,925	-46.1%
WABE-FM	Atlanta	GA	$834,727	$447,336	-$387,391	-46.4%
WRFG-FM	Atlanta	GA	$24,011	$13,195	-$10,815	-45.0%
WCLK-FM	Atlanta	GA	$325,448	$175,219	-$150,228	-46.2%
WJSP-FM	Warm Springs	GA	$172,941	$86,440	-$86,501	-50.0%
WSVH-FM	Savannah	GA	$108,774	$58,962	-$49,812	-45.8%
WPBA-TV	Atlanta	GA	$750,028	$416,768	-$333,260	-44.4%
GA PUBLIC TV	Atlanta	GA	$3,293,136	$1,828,373	-$1,464,763	-44.5%
		GA Total	$5,689,006	$3,123,309	-$2,565,696	-45.1%
KPRG-FM	Hagåtña	GU	$79,864	$43,704	-$36,160	-45.3%
KGTF-TV	Hagåtña	GU	$664,355	$427,983	-$236,371	-35.6%
		GU Total	$744,219	$471,687	-$272,532	-36.6%
KHPR-FM	Honolulu	HI	$229,051	$122,869	-$106,182	-46.4%
KKCR-FM	Hanalei	HI	$100,960	$55,484	-$45,476	-45.0%
HI PUBLIC TV	Honolulu	HI	$947,560	$525,808	-$421,752	-44.5%
		HI Total	$1,277,572	$704,161	-$573,411	-44.9%
WOI-FM	Ames	IA	$346,234	$186,134	-$160,100	-46.2%
KUNI-FM	Cedar Falls	IA	$244,988	$131,997	-$112,991	-46.1%
KCCK-FM	Cedar Rapids	IA	$136,340	$73,702	-$62,638	-45.9%
KIWR-FM	Council Bluffs	IA	$95,568	$51,901	-$43,667	-45.7%
KSUI-FM	Iowa City	IA	$246,263	$132,679	-$113,584	-46.1%
KWIT-FM	Sioux City	IA	$153,481	$83,067	-$70,413	-45.9%
KBBG-FM	Waterloo	IA	$126,212	$68,486	-$57,726	-45.7%
IA PUBLIC TV	Des Moines	IA	$2,151,563	$1,193,575	-$957,988	-44.5%
		IA Total	$3,500,649	$1,921,541	-$1,579,107	-45.1%
KBSU-FM	Boise	ID	$214,620	$115,759	-$98,861	-46.1%
KBSW-FM	Twin Falls	ID	$144,815	$78,433	-$66,381	-45.8%
KAID-TV	Boise	ID	$1,145,028	$633,929	-$511,099	-44.6%
		ID Total	$1,504,463	$828,121	-$676,341	-45.0%
WSIU-FM	Carbondale	IL	$192,342	$103,847	-$88,495	-46.0%
WEFT-FM	Champaign	IL	$16,007	$8,797	-$7,210	-45.0%
WBEZ-FM	Chicago	IL	$1,139,608	$609,752	-$529,856	-46.5%
WNIJ-FM	Dekalb	IL	$281,321	$151,425	-$129,897	-46.2%
WSIE-FM	Edwardsville	IL	$67,167	$24,785	-$42,382	-63.1%
WDCB-FM	Glen Ellyn	IL	$138,584	$74,495	-$64,089	-46.2%
WIUM-FM	Macomb	IL	$202,533	$109,296	-$93,237	-46.0%
WGLT-FM	Normal	IL	$146,263	$79,008	-$67,255	-46.0%
WCBU-FM	Peoria	IL	$133,886	$72,390	-$61,496	-45.9%

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WQUB-FM	Quincy	IL	$92,994	$50,724	-$42,270	-45.5%
WVIK-FM	Rock Island	IL	$128,105	$69,298	-$58,806	-45.9%
WUIS-FM	Springfield	IL	$164,194	$88,796	-$75,398	-45.9%
WILL-FM	Urbana	IL	$395,951	$212,518	-$183,433	-46.3%
WRTE-FM	Chicago	IL	$122,831	$66,879	-$55,953	-45.6%
WSIU-TV	Carbondale	IL	$841,675	$467,135	-$374,540	-44.5%
WEIU-TV	Charleston	IL	$691,621	$412,082	-$279,538	-40.4%
WTTW-TV	Chicago	IL	$2,804,855	$1,560,524	-$1,244,331	-44.4%
WYCC-TV	Chicago	IL	$912,127	$507,190	-$404,937	-44.4%
WMEC-TV	Macomb	IL	$722,782	$427,744	-$295,038	-40.8%
WQPT-TV	Moline	IL	$680,034	$407,981	-$272,054	-40.0%
WTVP-TV	Peoria	IL	$692,025	$383,852	-$308,173	-44.5%
WILL-TV	Urbana	IL	$856,748	$475,523	-$381,225	-44.5%
		IL Total	$11,423,654	$6,364,040	-$5,059,614	-44.3%
WFIU-FM	Bloomington	IN	$232,906	$125,337	-$107,569	-46.2%
WVPE-FM	Elkhart	IN	$140,639	$76,001	-$64,638	-46.0%
WNIN-FM	Evansville	IN	$87,102	$47,374	-$39,728	-45.6%
WBNI-FM	Fort Wayne	IN	$130,152	$70,393	-$59,759	-45.9%
WFYI-FM	Indianapolis	IN	$283,472	$152,375	-$131,097	-46.2%
WBAA-FM	West Lafayette	IN	$181,515	$98,057	-$83,458	-46.0%
WBST-FM	Muncie	IN	$152,148	$82,154	-$69,993	-46.0%
WVUB-FM	Vincennes	IN	$126,549	$68,667	-$57,882	-45.7%
WTIU-TV	Bloomington	IN	$922,833	$512,300	-$410,533	-44.5%
WNIN-TV	Evansville	IN	$664,676	$404,631	-$260,045	-39.1%
WFWA-TV	Ft. Wayne	IN	$688,332	$410,844	-$277,488	-40.3%
WFYI-TV	Indianapolis	IN	$955,798	$530,646	-$425,152	-44.5%
WYIN-TV	Gary-Merrillville	IN	$417,703	$258,554	-$159,149	-38.1%
WIPB-TV	Muncie	IN	$724,141	$401,725	-$322,416	-44.5%
WNIT-TV	South Bend	IN	$701,456	$416,035	-$285,422	-40.7%
WVUT-TV	Vincennes	IN	$663,065	$404,612	-$258,454	-39.0%
		IN Total	$7,072,487	$4,059,704	-$3,012,783	-42.6%
KHCC-FM	Hutchinson	KS	$254,866	$137,279	-$117,587	-46.1%
KANU-FM	Lawrence	KS	$255,444	$137,388	-$118,056	-46.2%
KANZ-FM	Garden City	KS	$177,201	$95,751	-$81,450	-46.0%
KRPS-FM	Pittsburg	KS	$131,931	$71,544	-$60,387	-45.8%
KMUW-FM	Wichita	KS	$151,969	$82,059	-$69,910	-46.0%
KOOD-TV	Hays-Bunker Hill	KS	$690,948	$417,121	-$273,828	-39.6%
KTWU-TV	Topeka	KS	$672,132	$372,782	-$299,350	-44.5%
KPTS-TV	Wichita-Hutchinson	KS	$698,840	$414,952	-$283,888	-40.6%
		KS Total	$3,033,332	$1,728,875	-$1,304,457	-43.0%
WKYU-FM	Bowling Green	KY	$210,802	$113,718	-$97,085	-46.1%
WNKU-FM	Highland Heights	KY	$104,483	$56,261	-$48,222	-46.2%
WUKY-FM	Lexington	KY	$148,877	$80,406	-$68,472	-46.0%
WFPK-FM	Louisville	KY	$301,871	$162,213	-$139,658	-46.3%
WMKY-FM	Morehead	KY	$175,695	$94,946	-$80,750	-46.0%
WKMS-FM	Murray	KY	$149,155	$80,754	-$68,401	-45.9%
WEKU-FM	Richmond	KY	$174,604	$94,362	-$80,242	-46.0%

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WMMT-FM	Whitesburg	KY	$90,347	$49,309	-$41,038	-45.4%
WKYU-TV	Bowling Green	KY	$657,137	$364,437	-$292,700	-44.5%
KY ETV	Lexington	KY	$2,905,820	$1,611,811	-$1,294,009	-44.5%
		KY Total	$4,918,792	$2,708,216	-$2,210,576	-44.9%
WBRH-FM	Baton Rouge	LA	$81,278	$44,260	-$37,018	-45.5%
WRKF-FM	Baton Rouge	LA	$114,897	$62,236	-$52,661	-45.8%
KSLU-FM	Hammond	LA	$91,538	$49,746	-$41,792	-45.7%
KRVS-FM	Lafayette	LA	$96,165	$52,220	-$43,945	-45.7%
KEDM-FM	Monroe	LA	$123,940	$67,271	-$56,668	-45.7%
WWNO-FM	New Orleans	LA	$166,661	$89,508	-$77,153	-46.3%
WWOZ-FM	New Orleans	LA	$250,463	$134,924	-$115,538	-46.1%
KDAQ-FM	Shreveport	LA	$164,464	$88,940	-$75,524	-45.9%
LA PUBLIC TV	Baton Rouge	LA	$1,564,535	$868,405	-$696,130	-44.5%
WLAE-TV	New Orleans	LA	$520,031	$311,340	-$208,691	-40.1%
WYES-TV	New Orleans	LA	$511,013	$283,752	-$227,261	-44.5%
		LA Total	$3,684,986	$2,052,604	-$1,632,382	-44.3%
WFCR-FM	Amherst	MA	$306,548	$164,714	-$141,834	-46.3%
WBUR-FM	Boston	MA	$1,518,781	$812,499	-$706,282	-46.5%
WGBH-FM	Boston	MA	$614,107	$328,762	-$285,345	-46.5%
WUMB-FM	Boston	MA	$155,440	$83,508	-$71,931	-46.3%
WICN-FM	Worcester	MA	$78,993	$42,632	-$36,362	-46.0%
WGBH-TV	Boston	MA	$8,491,594	$4,724,187	-$3,767,407	-44.4%
WOMR-FM	Provincetown	MA	$67,307	$36,989	-$30,318	-45.0%
		MA Total	$11,232,769	$6,193,290	-$5,039,478	-44.9%
WBJC-FM	Baltimore	MD	$181,937	$97,676	-$84,260	-46.3%
WEAA-FM	Baltimore	MD	$171,663	$92,989	-$78,673	-45.8%
WYPR-FM	Baltimore	MD	$297,495	$159,467	-$138,029	-46.4%
WESM-FM	Princess Anne	MD	$138,477	$75,544	-$62,933	-45.4%
WSCL-FM	Salisbury	MD	$119,909	$64,916	-$54,993	-45.9%
MD PUBLIC TV	Baltimore	MD	$2,683,106	$1,490,908	-$1,192,198	-44.4%
		MD Total	$3,592,587	$1,981,501	-$1,611,086	-44.8%
WMEH-FM	Bangor	ME	$292,254	$157,270	-$134,983	-46.2%
WMEA-FM	Portland	ME	$233,803	$125,816	-$107,987	-46.2%
WMPG-FM	Gorham	ME	$16,007	$8,797	-$7,210	-45.0%
ME PUBLIC TV	Bangor-Orono	ME	$1,084,531	$601,781	-$482,750	-44.5%
		ME Total	$1,626,595	$893,665	-$732,930	-45.1%
WUOM-FM	Ann Arbor	MI	$464,939	$249,407	-$215,532	-46.4%
WDET-FM	Detroit	MI	$321,788	$172,456	-$149,332	-46.4%
WKAR-FM	East Lansing	MI	$271,852	$146,161	-$125,690	-46.2%
WGVU-AM	Grand Rapids	MI	$16,007	$8,797	-$7,210	-45.0%
WGVU-FM	Allendale	MI	$88,279	$48,003	-$40,276	-45.6%
WIAA-FM	Interlochen	MI	$236,360	$127,383	-$108,976	-46.1%
WMUK-FM	Kalamazoo	MI	$234,489	$126,183	-$108,306	-46.2%
WNMU-FM	Marquette	MI	$195,607	$105,592	-$90,014	-46.0%
WCMU-FM	Mount Pleasant	MI	$289,034	$155,549	-$133,485	-46.2%
WBLV-FM	Twin Lake	MI	$131,460	$71,093	-$60,367	-45.9%
WEMU-FM	Ypsilanti	MI	$206,103	$111,005	-$95,098	-46.1%
WTVS-TV	Detroit	MI	$1,593,527	$885,553	-$707,974	-44.4%
WKAR-TV	East Lansing	MI	$1,018,844	$565,732	-$453,112	-44.5%

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WFUM-TV	Flint	MI	$703,634	$390,313	-$313,321	-44.5%
WGVU-TV	Grand Rapids-Allendale	MI	$856,666	$475,477	-$381,189	-44.5%
WNMU-TV	Marquette	MI	$716,399	$422,533	-$293,865	-41.0%
WCMU-TV	Mt. Pleasant	MI	$726,921	$402,892	-$324,029	-44.6%
WDCQ-TV	University Center	MI	$701,522	$416,062	-$285,459	-40.7%
		MI Total	$8,773,429	$4,880,193	-$3,893,237	-44.4%
KBPR-FM	Brainerd	MN	$323,221	$173,829	-$149,392	-46.2%
KSJR-FM	Collegeville	MN	$240,959	$129,843	-$111,116	-46.1%
KUMD-FM	Duluth	MN	$132,981	$72,106	-$60,875	-45.8%
WSCD-FM	Duluth	MN	$305,649	$164,433	-$141,216	-46.2%
KAXE-FM	Grand Rapids	MN	$125,152	$67,920	-$57,233	-45.7%
KFAI-FM	Minneapolis	MN	$75,822	$40,936	-$34,886	-46.0%
KBEM-FM	Minneapolis	MN	$76,002	$13,331	-$62,670	-82.5%
KSJN-FM	Minneapolis	MN	$2,755,610	$1,474,249	-$1,281,360	-46.5%
KUOM-AM	Minneapolis	MN	$93,762	$47,090	-$46,672	-49.8%
KCCM-FM	Moorhead	MN	$218,753	$117,969	-$100,784	-46.1%
KLSE-FM	Rochester	MN	$319,701	$171,947	-$147,754	-46.2%
KWCM-TV	Appleton	MN	$657,181	$406,934	-$250,247	-38.1%
KSMQ-TV	Austin	MN	$656,695	$412,832	-$243,863	-37.1%
KAWE-TV	Bemidji	MN	$661,673	$404,714	-$256,960	-38.8%
WDSE-TV	Duluth	MN	$694,344	$413,143	-$281,201	-40.5%
KTCA-TV	St. Paul-Minneapolis	MN	$2,290,525	$1,273,443	-$1,017,082	-44.4%
		MN Total	$9,628,029	$5,384,719	-$4,243,310	-44.1%
KRCU-FM	Cape Girardeau	MO	$90,923	$49,417	-$41,506	-45.6%
KBIA-FM	Columbia	MO	$177,589	$95,958	-$81,631	-46.0%
KOPN-FM	Columbia	MO	$67,307	$36,989	-$30,318	-45.0%
KJLU-FM	Jefferson City	MO	$160,286	$87,206	-$73,080	-45.6%
KCUR-FM	Kansas City	MO	$255,722	$137,536	-$118,185	-46.2%
KKFI-FM	Kansas City	MO	$16,007	$8,797	-$7,210	-45.0%
KXCV-FM	Maryville	MO	$138,402	$75,004	-$63,397	-45.8%
KUMR-FM	Rolla	MO	$128,669	$69,800	-$58,869	-45.8%
KDHX-FM	St Louis	MO	$16,007	$8,797	-$7,210	-45.0%
KWMU-FM	St Louis	MO	$338,310	$181,697	-$156,613	-46.3%
KSMU-FM	Springfield	MO	$193,378	$104,401	-$88,977	-46.0%
KTBG-FM	Warrensburg	MO	$91,555	$49,755	-$41,800	-45.7%
KCPT-TV	Kansas City	MO	$883,950	$490,662	-$393,288	-44.5%
KETC-TV	St. Louis	MO	$1,158,925	$643,690	-$515,235	-44.5%
KOZK-TV	Springfield	MO	$681,224	$408,363	-$272,861	-40.1%
KMOS-TV	Warrensburg-Sedalia	MO	$716,413	$422,540	-$293,873	-41.0%
		MO Total	$5,114,667	$2,870,613	-$2,244,054	-43.9%
WUSM-FM	Hattiesburg	MS	$16,007	$8,797	-$7,210	-45.0%
WURC-FM	Holly Springs	MS	$148,193	$80,740	-$67,454	-45.5%
WJSU-FM	Jackson	MS	$133,045	$72,340	-$60,705	-45.6%
WMPN-FM	Jackson	MS	$213,544	$115,183	-$98,360	-46.1%
WPRL-FM	Lorman	MS	$157,975	$85,970	-$72,005	-45.6%
MS ETV	Jackson	MS	$1,420,839	$787,422	-$633,417	-44.6%
		MS Total	$2,089,603	$1,150,452	-$939,150	-44.9%

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KEMC-FM	Billings	MT	$180,812	$97,681	-$83,130	-46.0%
KGVA-FM	Harlem	MT	$100,960	$55,484	-$45,476	-45.0%
KUFM-FM	Missoula	MT	$187,550	$101,285	-$86,266	-46.0%
KUSM-TV	Bozeman	MT	$741,169	$411,201	-$329,968	-44.5%
KGPR-FM	Great Falls	MT	$16,007	$8,797	-$7,210	-45.0%
		MT Total	$1,226,499	$674,448	-$552,051	-45.0%
WCQS-FM	Asheville	NC	$175,709	$94,953	-$80,756	-46.0%
WUNC-FM	Chapel Hill	NC	$412,349	$221,286	-$191,062	-46.3%
WFAE-FM	Charlotte	NC	$259,679	$139,652	-$120,026	-46.2%
WDAV-FM	Davidson	NC	$320,035	$171,925	-$148,110	-46.3%
WNCU-FM	Durham	NC	$148,246	$80,468	-$67,778	-45.7%
WRVS-FM	Elizabeth City	NC	$131,708	$71,925	-$59,783	-45.4%
WFSS-FM	Fayetteville	NC	$142,194	$77,232	-$64,962	-45.7%
WTEB-FM	New Bern	NC	$166,485	$89,821	-$76,664	-46.0%
WZRU-FM	Roanoke Rapids	NC	$84,133	$46,236	-$37,897	-45.0%
WSHA-FM	Raleigh	NC	$112,152	$61,168	-$50,984	-45.5%
WNCW-FM	Spindale	NC	$176,655	$95,259	-$81,396	-46.1%
WHQR-FM	Wilmington	NC	$139,759	$75,530	-$64,229	-46.0%
WFDD-FM	Winston Salem	NC	$191,219	$103,046	-$88,173	-46.1%
UNC-TV	Chapel Hill	NC	$3,108,323	$1,724,507	-$1,383,816	-44.5%
WTVI-TV	Charlotte	NC	$830,866	$461,120	-$369,746	-44.5%
		NC Total	$6,399,511	$3,514,129	-$2,885,381	-45.1%
KEYA-FM	Belcourt	ND	$120,484	$65,923	-$54,560	-45.3%
KCND-FM	Bismarck	ND	$161,343	$87,271	-$74,072	-45.9%
ND PUBLIC TV	Fargo	ND	$863,420	$477,716	-$385,704	-44.7%
KABU-FM	Fort Totten	ND	$100,960	$55,484	-$45,476	-45.0%
		ND Total	$1,246,207	$686,394	-$559,813	-44.9%
KUCV-FM	Lincoln	NE	$214,669	$115,785	-$98,884	-46.1%
KZUM-FM	Lincoln	NE	$73,148	$39,912	-$33,235	-45.4%
KIOS-FM	Omaha	NE	$103,181	$55,971	-$47,209	-45.8%
KVNO-FM	Omaha	NE	$135,149	$73,065	-$62,084	-45.9%
NE ETV	Omaha	NE	$1,682,115	$937,958	-$744,157	-44.2%
KUON-TV	Lincoln	NE	$1,156,223	$647,824	-$508,399	-44.0%
		NE Total	$3,364,484	$1,870,516	-$1,493,968	-44.4%
NH PUBLIC RADIO	Concord	NH	$340,431	$182,831	-$157,600	-46.3%
NH PUBLIC TV	Durham	NH	$1,363,719	$757,408	-$606,311	-44.5%
		NH Total	$1,704,150	$940,239	-$763,911	-44.8%
WBJB-FM	Lincroft	NJ	$66,723	$36,071	-$30,652	-45.9%
WBGO-FM	Newark	NJ	$581,241	$311,994	-$269,246	-46.3%
WWFM-FM	Trenton	NJ	$123,830	$66,606	-$57,224	-46.2%
NJ NETWORK	Trenton	NJ	$2,982,369	$1,658,086	-$1,324,283	-44.4%
WNJT-FM	Trenton	NJ	$103,011	$55,881	-$47,130	-45.8%
		NJ Total	$3,857,174	$2,128,638	-$1,728,536	-44.8%
KANW-FM	Albuquerque	NM	$118,108	$64,353	-$53,755	-45.5%
KUNM-FM	Albuquerque	NM	$246,767	$132,948	-$113,819	-46.1%
KCIE-FM	Dulce	NM	$138,646	$75,635	-$63,011	-45.4%
KRWG-FM	Las Cruces	NM	$144,367	$78,194	-$66,173	-45.8%
KABR-AM	Magdalena	NM	$100,960	$55,484	-$45,476	-45.0%

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KENW-FM	Portales	NM	$101,023	$55,018	-$46,005	-45.5%
KTDB-FM	Ramah-Pine Hill	NM	$136,009	$74,225	-$61,784	-45.4%
KNME-TV	Albuquerque	NM	$964,866	$535,312	-$429,554	-44.5%
KRWG-TV	Las Cruces	NM	$704,550	$417,338	-$287,212	-40.8%
KENW-TV	Portales	NM	$715,443	$422,105	-$293,338	-41.0%
KGLP-FM	Gallup	NM	$67,307	$36,989	-$30,318	-45.0%
		NM Total	$3,438,047	$1,947,600	-$1,490,446	-43.4%
KCEP-FM	Las Vegas	NV	$180,794	$97,872	-$82,922	-45.9%
KNPR-FM	Las Vegas	NV	$408,177	$219,256	-$188,921	-46.3%
KUNV-FM	Las Vegas	NV	$64,849	$32,721	-$32,128	-49.5%
KUNR-FM	Reno	NV	$160,660	$86,906	-$73,754	-45.9%
KLVX-TV	Las Vegas	NV	$1,110,345	$616,400	-$493,945	-44.5%
KNPB-TV	Reno	NV	$715,639	$396,993	-$318,646	-44.5%
		NV Total	$2,640,464	$1,450,148	-$1,190,316	-45.1%
WAMC-FM	Albany	NY	$537,971	$288,458	-$249,513	-46.4%
WSKG-FM	Binghamton	NY	$123,669	$66,927	-$56,743	-45.9%
WFUV-FM	New York	NY	$369,975	$198,222	-$171,753	-46.4%
WNYE-FM	Brooklyn	NY	$16,007	$8,797	-$7,210	-45.0%
WBFO-FM	Buffalo	NY	$269,433	$144,868	-$124,565	-46.2%
WNED-FM	Buffalo	NY	$196,853	$106,059	-$90,794	-46.1%
WSLU-FM	Canton	NY	$254,069	$136,853	-$117,216	-46.1%
WEOS-FM	Geneva	NY	$67,307	$36,989	-$30,318	-45.0%
WJFF-FM	Jeffersonville	NY	$67,307	$36,989	-$30,318	-45.0%
WCNY-FM	Syracuse	NY	$106,620	$57,811	-$48,810	-45.8%
WBAI-FM	New York	NY	$539,990	$289,937	-$250,053	-46.3%
WNYC-FM	New York	NY	$2,205,017	$1,179,436	-$1,025,581	-46.5%
WRVO-FM	Oswego	NY	$207,086	$111,530	-$95,555	-46.1%
WXXI-FM	Rochester	NY	$202,578	$109,120	-$93,458	-46.1%
WMHT-FM	Schenectady	NY	$138,761	$74,997	-$63,765	-46.0%
WLIU-FM	Southampton	NY	$180,879	$97,517	-$83,362	-46.1%
WAER-FM	Syracuse	NY	$136,863	$73,981	-$62,881	-45.9%
WSKG-TV	Binghamton	NY	$701,957	$414,269	-$287,688	-41.0%
WNYE-TV	Brooklyn	NY	$827,534	$459,900	-$367,634	-44.4%
WNED-TV	Buffalo	NY	$1,036,411	$575,508	-$460,903	-44.5%
WNET-TV	New York-Newark, NJ	NY	$13,201,903	$7,348,639	-$5,853,264	-44.3%
WCFE-TV	Plattsburgh	NY	$708,896	$419,209	-$289,687	-40.9%
WXXI-TV	Rochester	NY	$906,283	$503,091	-$403,192	-44.5%
WMHT-TV	Schenectady	NY	$979,766	$543,984	-$435,782	-44.5%
WCNY-TV	Syracuse	NY	$830,143	$460,717	-$369,426	-44.5%
WNPE-TV	Watertown	NY	$694,391	$413,161	-$281,230	-40.5%
		NY Total	$25,507,669	$14,156,970	-$11,350,699	-44.5%
WAPS-FM	Akron	OH	$69,016	$37,296	-$31,719	-46.0%
WOUB-FM	Athens	OH	$183,488	$91,681	-$91,807	-50.0%
WGUC-FM	Cincinnati	OH	$350,142	$188,024	-$162,118	-46.3%
WCPN-FM	Cleveland	OH	$403,290	$216,036	-$187,254	-46.4%
WVXU-FM	Cincinnati	OH	$362,274	$194,511	-$167,763	-46.3%
WCBE-FM	Columbus	OH	$160,172	$86,445	-$73,727	-46.0%
WOSU-FM	Columbus	OH	$381,698	$204,897	-$176,801	-46.3%
WDPR-FM	West Carrollton	OH	$122,408	$66,252	-$56,155	-45.9%

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WKSU-FM	Kent	OH	$443,897	$238,155	-$205,741	-46.3%
WMUB-FM	Oxford	OH	$174,111	$93,899	-$80,213	-46.1%
WGTE-FM	Toledo	OH	$164,965	$89,008	-$75,957	-46.0%
WCSU-FM	Wilberforce	OH	$155,392	$84,289	-$71,103	-45.8%
WYSO-FM	Yellow Springs	OH	$149,320	$80,642	-$68,677	-46.0%
WYSU-FM	Youngstown	OH	$141,956	$76,705	-$65,251	-46.0%
WNEO-TV	Alliance	OH	$859,570	$477,093	-$382,477	-44.5%
WOUB-TV	Athens	OH	$913,480	$507,096	-$406,384	-44.5%
WBGU-TV	Bowling Green-Lima	OH	$830,511	$460,922	-$369,589	-44.5%
WCET-TV	Cincinnati	OH	$955,177	$530,301	-$424,876	-44.5%
WVIZ-TV	Cleveland	OH	$1,534,490	$852,697	-$681,793	-44.4%
WOSU-TV	Columbus	OH	$1,202,429	$667,901	-$534,528	-44.5%
WPTD-TV	Dayton	OH	$1,021,831	$567,394	-$454,437	-44.5%
WGTE-TV	Toledo	OH	$777,230	$431,270	-$345,960	-44.5%
		OH Total	$11,356,847	$6,242,515	-$5,114,332	-45.0%
KCSC-FM	Edmond	OK	$102,266	$55,482	-$46,784	-45.7%
KCCU-FM	Lawton	OK	$147,994	$80,133	-$67,861	-45.9%
KGOU-FM	Norman	OK	$123,573	$66,875	-$56,698	-45.9%
KOSU-FM	Stillwater	OK	$145,640	$78,875	-$66,765	-45.8%
KWGS-FM	Tulsa	OK	$126,997	$68,706	-$58,291	-45.9%
OK ETV	Oklahoma City	OK	$1,297,218	$720,146	-$577,072	-44.5%
KRSC-TV	Claremore	OK	$656,332	$410,494	-$245,838	-37.5%
		OK Total	$2,600,020	$1,480,712	-$1,119,308	-43.0%
KSOR-FM	Ashland	OR	$549,722	$294,941	-$254,781	-46.3%
KMUN-FM	Astoria	OR	$92,675	$50,554	-$42,121	-45.5%
KRVM-FM	Eugene	OR	$85,086	$46,296	-$38,790	-45.6%
KLCC-FM	Eugene	OR	$232,768	$125,463	-$107,305	-46.1%
KMHD-FM	Gresham	OR	$100,823	$54,711	-$46,112	-45.7%
KBOO-FM	Portland	OR	$90,124	$33,241	-$56,882	-63.1%
KBPS-FM	Portland	OR	$131,176	$70,941	-$60,235	-45.9%
KOPB-FM	Portland	OR	$748,896	$401,241	-$347,655	-46.4%
KSYS-TV	Medford	OR	$680,395	$417,767	-$262,628	-38.6%
OR PUBLIC TV	Portland	OR	$1,642,954	$910,526	-$732,428	-44.6%
		OR Total	$4,354,619	$2,405,681	-$1,948,938	-44.8%
WDIY-FM	Allentown	PA	$72,666	$39,248	-$33,418	-46.0%
WQLN-FM	Erie	PA	$92,089	$50,041	-$42,049	-45.7%
WITF-FM	Harrisburg	PA	$354,353	$190,276	-$164,078	-46.3%
WLCH-FM	Lancaster	PA	$107,864	$58,876	-$48,989	-45.4%
WHYY-FM	Philadelphia	PA	$514,217	$275,350	-$238,868	-46.5%
WRTI-FM	Philadelphia	PA	$254,572	$136,515	-$118,057	-46.4%
WXPN-FM	Philadelphia	PA	$579,848	$310,443	-$269,405	-46.5%
WQED-FM	Pittsburgh	PA	$201,719	$108,661	-$93,058	-46.1%
WYEP-FM	Pittsburgh	PA	$128,449	$69,076	-$59,373	-46.2%
WDUQ-FM	Pittsburgh	PA	$262,174	$140,986	-$121,187	-46.2%
WVIA-FM	Scranton	PA	$129,702	$70,152	-$59,549	-45.9%
WPSU-FM	State College	PA	$143,144	$77,540	-$65,604	-45.8%
WLVT-TV	Allentown	PA	$889,719	$493,872	-$395,847	-44.5%
WQLN-TV	Erie	PA	$690,515	$383,012	-$307,503	-44.5%
WITF-TV	Harrisburg	PA	$1,114,615	$619,030	-$495,585	-44.5%

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ESTIMATED ALLOCATIONS FOR PUBLIC TELEVISION AND RADIO STATIONS

Grantee	Location	State	Formula station grants at $400 million	Formula station grants under LHHS Bill	Difference	
					Dollars	Percentage
WHYY-TV	Philadelphia-Wilmington DE	PA	$1,796,487	$999,138	-$797,349	-44.4%
WYBE-TV	Philadelphia	PA	$582,004	$323,259	-$258,745	-44.5%
WQED-TV	Pittsburgh	PA	$1,903,383	$1,057,993	-$845,390	-44.4%
WVIA-TV	Scranton-Wilkes-Barre	PA	$838,829	$465,551	-$373,278	-44.5%
WPSX-TV	Clearfield-University Park	PA	$1,234,435	$685,713	-$548,722	-44.5%
		PA Total	$11,890,785	$6,554,732	-$5,336,053	-44.9%
WIPR-FM	Hato Rey	PR	$462,669	$248,593	-$214,076	-46.3%
WRTU-FM	San Juan	PR	$316,656	$170,518	-$146,138	-46.2%
WMTJ-TV	Fajardo	PR	$783,648	$435,478	-$348,170	-44.4%
WIPR-TV	San Juan	PR	$2,727,946	$1,516,876	-$1,211,070	-44.4%
		PR Total	$4,290,919	$2,371,465	-$1,919,454	-44.7%
WSBE-TV	Providence	RI	$789,069	$437,858	-$351,211	-44.5%
		RI Total	$789,069	$437,858	-$351,211	-44.5%
WLTR-FM	Columbia	SC	$158,461	$85,530	-$72,931	-46.0%
SC ETV	Columbia	SC	$3,335,315	$1,851,339	-$1,483,976	-44.5%
		SC Total	$3,493,775	$1,936,869	-$1,556,906	-44.6%
KLND-FM	Little Eagle	SD	$136,733	$74,612	-$62,121	-45.4%
KUSD-FM	Vermillion	SD	$195,800	$105,696	-$90,104	-46.0%
SD PUBLIC TV	Vermillion	SD	$1,160,238	$641,887	-$518,351	-44.7%
		SD Total	$1,492,772	$822,195	-$670,577	-44.9%
WUTC-FM	Chattanooga	TN	$128,619	$69,573	-$59,045	-45.9%
WETS-FM	Johnson City	TN	$101,935	$51,152	-$50,783	-49.8%
WUOT-FM	Knoxville	TN	$165,059	$89,058	-$76,001	-46.0%
WKNO-FM	Memphis	TN	$208,493	$112,283	-$96,210	-46.1%
WMOT-FM	Murfreesboro	TN	$99,051	$49,719	-$49,332	-49.8%
WPLN-FM	Nashville/Cookeville	TN	$295,545	$158,831	-$136,715	-46.3%
WTCI-TV	Chattanooga	TN	$699,012	$415,023	-$283,990	-40.6%
WSJK-TV	Knoxville-Sneedville	TN	$724,884	$426,409	-$298,475	-41.2%
WLJT-TV	Lexington-Martin	TN	$665,887	$404,715	-$261,171	-39.2%
WKNO-TV	Memphis	TN	$698,622	$387,523	-$311,099	-44.5%
WDCN-TV	Nashville	TN	$939,525	$521,590	-$417,935	-44.5%
WCTE-TV	Cookeville	TN	$656,378	$409,115	-$247,263	-37.7%
		TN Total	$5,383,010	$3,094,991	-$2,288,019	-42.5%
KUT -FM	Austin	TX	$405,846	$217,809	-$188,037	-46.3%
KVLU-FM	Beaumont	TX	$93,562	$50,828	-$42,734	-45.7%
KAMU-FM	College Station	TX	$119,705	$65,007	-$54,698	-45.7%
KETR-FM	Commerce	TX	$144,271	$78,143	-$66,129	-45.8%
KEDT-FM	Corpus Christi	TX	$95,932	$52,095	-$43,836	-45.7%
KERA-FM	Dallas	TX	$393,972	$211,460	-$182,512	-46.3%
KTEP-FM	El Paso	TX	$137,025	$74,268	-$62,757	-45.8%
KMBH-FM	Harlingen	TX	$112,876	$61,555	-$51,321	-45.5%
KPFT-FM	Houston	TX	$101,922	$50,895	-$51,027	-50.1%

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KTSU-FM	Houston	TX	$166,429	$90,191	-$76,238	-45.8%
KUHF-FM	Houston	TX	$491,284	$263,087	-$228,197	-46.4%
KTPB-FM	Kilgore	TX	$85,117	$46,313	-$38,805	-45.6%
KNCT-FM	Killeen	TX	$88,179	$47,950	-$40,229	-45.6%
KOHM-FM	Lubbock	TX	$136,084	$73,765	-$62,319	-45.8%
KOCV-FM	Odessa	TX	$16,007	$8,797	-$7,210	-45.0%
KPVU-FM	Prairie View	TX	$122,965	$66,950	-$56,015	-45.6%
KPAC-FM	San Antonio	TX	$305,708	$164,264	-$141,443	-46.3%
KTXK-FM	Texarkana	TX	$16,007	$8,797	-$7,210	-45.0%
KACV-TV	Amarillo	TX	$691,319	$411,967	-$279,352	-40.4%
KLRU-TV	Austin	TX	$1,094,439	$607,802	-$486,637	-44.5%
KLRN-TV	San Antonio	TX	$867,046	$481,254	-$385,792	-44.5%
KAMU-TV	College Station	TX	$1,122,198	$623,251	-$498,947	-44.5%
KEDT-TV	Corpus Christi	TX	$656,431	$408,779	-$247,652	-37.7%
KERA-TV	Dallas	TX	$1,426,473	$792,584	-$633,889	-44.4%
KCOS-TV	El Paso	TX	$659,208	$405,343	-$253,866	-38.5%
KMBH-TV	Harlingen	TX	$665,612	$404,692	-$260,920	-39.2%
KUHT-TV	Houston	TX	$1,528,304	$849,255	-$679,049	-44.4%
KNCT-TV	Killeen-Belton	TX	$656,342	$410,662	-$245,680	-37.4%
KTXT-TV	Lubbock	TX	$657,485	$406,551	-$250,934	-38.2%
KOCV-TV	Odessa	TX	$656,411	$408,895	-$247,515	-37.7%
KWBU-TV	Waco	TX	$719,047	$423,730	-$295,317	-41.1%
KWBU-FM	Waco	TX	$98,174	$53,294	-$44,880	-45.7%
KNON FM	Dallas	TX	$20,009	$10,996	-$9,013	-45.0%
KACU-FM	Abilene	TX	$94,859	$51,722	-$43,137	-45.5%
		TX Total	$14,646,249	$8,382,952	-$6,263,296	-42.8%
KUSU-FM	Logan	UT	$155,606	$84,204	-$71,402	-45.9%
KZMU-FM	Moab	UT	$16,007	$8,797	-$7,210	-45.0%
KPCW-FM	Park City	UT	$202,129	$108,880	-$93,249	-46.1%
KBYU-FM	Provo	UT	$290,867	$156,329	-$134,538	-46.3%
KRCL-FM	Salt Lake City	UT	$95,271	$47,840	-$47,431	-49.8%
KUER-FM	Salt Lake City	UT	$192,922	$103,957	-$88,965	-46.1%
KULC-TV	Ogden	UT	$2,424,232	$1,348,321	-$1,075,911	-44.4%
KBYU-TV	Provo-Salt Lake City	UT	$1,356,735	$754,621	-$602,114	-44.4%
KUED-TV	Salt Lake City	UT	$1,486,354	$824,223	-$662,131	-44.5%
		UT Total	$6,220,123	$3,437,171	-$2,782,952	-44.7%
WETA-FM	Arlington	VA	$715,219	$382,827	-$332,392	-46.5%
WETA-TV	Arlington	VA	$3,077,579	$1,712,087	-$1,365,492	-44.4%
WTJU-FM	Charlottesville	VA	$16,007	$8,797	-$7,210	-45.0%
WMRA-FM	Harrisonburg	VA	$197,399	$106,551	-$90,849	-46.0%
WHRV-FM	Norfolk	VA	$241,122	$129,730	-$111,392	-46.2%
WNSB-FM	Norfolk	VA	$24,011	$13,195	-$10,815	-45.0%
WCVE-FM	Richmond	VA	$223,400	$120,254	-$103,146	-46.2%
WVTF-FM	Roanoke	VA	$318,214	$171,151	-$147,062	-46.2%
WVLS-FM	Monterey	VA	$100,000	$100,000	$0	0.0%
WVPT-TV	Harrisonburg-Staunton	VA	$652,176	$353,468	-$298,708	-45.8%
WHRO-TV	Hampton-Norfolk	VA	$854,507	$474,277	-$380,230	-44.5%
WCVE-TV	Richmond	VA	$1,131,845	$628,113	-$503,732	-44.5%

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WBRA-TV	Roanoke	VA	$756,494	$419,476	-$337,018	-44.5%
		VA Total	$8,307,973	$4,619,926	-$3,688,046	-44.4%
WTJX-TV	St. Thomas	VI	$712,177	$403,770	-$308,407	-43.3%
		VI Total	$712,177	$403,770	-$308,407	-43.3%
WVPS-FM	Burlington	VT	$543,510	$291,619	-$251,891	-46.3%
VT PUBLIC TV	Burlington	VT	$858,623	$476,186	-$382,437	-44.5%
		VT Total	$1,402,133	$767,805	-$634,328	-45.2%
KBCS-FM	Bellevue	WA	$16,007	$8,797	-$7,210	-45.0%
KDNA-FM	Yakima	WA	$155,827	$84,822	-$71,005	-45.6%
KSER-FM	Everett	WA	$12,105	$4,895	-$7,210	-59.6%
KAOS-FM	Olympia	WA	$16,007	$8,797	-$7,210	-45.0%
KWSU-AM	Pullman	WA	$282,444	$152,025	-$130,419	-46.2%
KUOW-FM	Seattle	WA	$597,053	$320,049	-$277,003	-46.4%
KPBX-FM	Spokane	WA	$189,833	$102,505	-$87,328	-46.0%
KPLU-FM	Tacoma	WA	$509,053	$272,995	-$236,058	-46.4%
KWSU-TV	Pullman	WA	$803,067	$445,649	-$357,418	-44.5%
KCTS-TV	Seattle	WA	$1,971,273	$1,095,774	-$875,499	-44.4%
KSPS-TV	Spokane	WA	$986,089	$547,503	-$438,586	-44.5%
KBTC-TV	Tacoma	WA	$757,204	$420,762	-$336,442	-44.4%
		WA Total	$6,295,964	$3,464,573	-$2,831,391	-45.0%
WOJB-FM	Reserve	WI	$136,715	$74,602	-$62,113	-45.4%
WLSU-FM	La Crosse	WI	$131,315	$71,215	-$60,100	-45.8%
WERN-FM	Madison	WI	$552,422	$296,185	-$256,237	-46.4%
WHA-AM	Madison	WI	$471,051	$252,675	-$218,376	-46.4%
WORT-FM	Madison	WI	$110,370	$59,815	-$50,554	-45.8%
WUWM-FM	Milwaukee	WI	$218,842	$117,410	-$101,432	-46.3%
WHAD-FM	Milwaukee	WI	$311,428	$167,323	-$144,105	-46.3%
WYMS-FM	Milwaukee	WI	$20,009	$10,996	-$9,013	-45.0%
WXPR-FM	Rhinelander	WI	$108,991	$59,278	-$49,713	-45.6%
WI PUBLIC TV	Green Bay	WI	$1,153,104	$645,581	-$507,523	-44.0%
WHA -TV	Madison	WI	$1,373,167	$768,557	-$604,610	-44.0%
WMVS-TV	Milwaukee	WI	$1,648,221	$915,991	-$732,230	-44.4%
		WI Total	$6,235,635	$3,439,629	-$2,796,006	-44.8%
WVPN-FM	Charleston	WV	$429,810	$230,623	-$199,187	-46.3%
WVMR-AM	Dunmore	WV	$100,000	$100,000	$0	0.0%
WSWP-TV	Grandview-Beckley	WV	$1,003,252	$556,801	-$446,451	-44.5%
		WV Total	$1,533,061	$887,424	-$645,637	-42.1%
KUWR-FM	Laramie	WY	$253,602	$136,603	-$116,999	-46.1%
KCWC-TV	Lander-Riverton	WY	$678,345	$422,695	-$255,650	-37.7%
		WY Total	$931,947	$559,298	-$372,649	-40.0%

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